

NHS Fife Finance, Performance & Resources Committee

Tue 16 January 2024, 09:30 - 11:30

MS Teams

Agenda

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

0 min

Verbal *Alistair Morris*

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

0 min

Verbal *Alistair Morris*

09:30 - 09:35 3. Minutes of Previous Meeting held on Tuesday 14 November 2023

5 min


Enclosed *Alistair Morris*

 Item 3.0 - Finance Performance Resources Committee Minutes (unconfirmed) 20231114.pdf (6 pages)

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

0 min

Enclosed *Alistair Morris*

 Item 4.0 - Finance, Performance & Resources Committee Action List.pdf (1 pages)

09:35 - 09:55 5. QUALITY / PERFORMANCE

20 min


5.1. Reform, Transform, Perform Framework

Presentation *Carol Potter*

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 (19 pages)


5.3. Financial Performance Report at 30 November 2023

Enclosed *Maxine Michie*

 Item 5.3 - SBAR Financial Performance Report at 30 November 2023.pdf (11 pages)

5.4. Funding for Critical Posts

Enclosed *Carol Potter*

 Item 5.4 - SBAR Funding for Critical Posts.pdf (11 pages)

5.5. Decarbonisation of NHS Fife Fleet

Enclosed *Neil McCormick*

- 📄 Item 5.5 - SBAR Decarbonisation of NHS Fife Fleet.pdf (6 pages)
- 📄 Item 5.5 - Appendix 1 Decarbonisation of NHS Fife Fleet.pdf (3 pages)
- 📄 Item 5.5 - Appendix 2 Decarbonisation of NHS Fife Fleet.pdf (3 pages)
- 📄 Item 5.5 - Appendix 3 Decarbonisation of NHS Fife Fleet.pdf (10 pages)

09:55 - 10:15 6. GOVERNANCE MATTERS

20 min

6.1. Corporate Risks Aligned to Finance, Performance & Resources Committee, including Deep Dive: Prioritisation & Management of Capital Funding

Enclosed *Margo McGurk / Neil McCormick*

- 📄 Item 6.1 - SBAR Corporate Risks Aligned to the Finance, Performance & Resources Committee.pdf (6 pages)
- 📄 Item 6.1 - Appendix 1 Corporate Risks Aligned to the Finance, Performance & Resources Committee.pdf (8 pages)
- 📄 Item 6.1 - Appendix 2 Corporate Risks Aligned to the Finance, Performance & Resources Committee.pdf (4 pages)
- 📄 Item 6.1 - Appendix 3 Corporate Risks Aligned to the Finance, Performance & Resources Committee.pdf (1 pages)
- 📄 Item 6.1 - Appendix 4 Corporate Risks Aligned to the Finance, Performance & Resources Committee.pdf (2 pages)

6.2. Internal Control Evaluation Report 2023/24

Enclosed *Margo McGurk / Jocelyn Lyall*

- 📄 Item 6.2 - SBAR Internal Control Evaluation Report 2023-24.pdf (3 pages)
- 📄 Item 6.2 - Appendix 1 Internal Control Evaluation Report 2023-24.pdf (36 pages)

6.3. Review of Draft Annual Workplan 2024/25

Enclosed *Margo McGurk*

- 📄 Item 6.3 - SBAR Review of Draft Annual Workplan 202425.pdf (3 pages)
- 📄 Item 6.3 - Appendix 1 Review of Draft Annual Workplan 202425.pdf (4 pages)

6.4. Delivery of Annual Workplan 2023/24

Enclosed *Margo McGurk*

- 📄 Item 6.4 - Delivery of Annual Workplan 2023-24.pdf (5 pages)

10:15 - 10:55 7. STRATEGY / PLANNING

40 min

7.1. Fife Capital Investment Group Report 2023/24

Enclosed *Maxine Michie*

- 📄 Item 7.1 - SBAR Fife Capital Investment Group Report 2023-24.pdf (4 pages)

7.2. Population Health & Wellbeing Strategy – 2023/24 Mid Year Review

Enclosed *Margo McGurk*

- 📄 Item 7.2 - SBAR Population Health & Wellbeing Strategy – 202324 Mid Year Review.pdf (5 pages)
- 📄 Item 7.2 - Appendix 1 Population Health & Wellbeing Strategy – 202324 Mid Year Review.pdf (46 pages)

7.3. Annual Delivery Plan 2024/25 & Medium Term Financial Plan 2024-2027

Enclosed *Margo McGurk*

- 📄 Item 7.3 - SBAR Annual Delivery Plan 2024-25 & Medium Term Financial Plan 2024-2027.pdf (7 pages)

7.4. Urgent Care Services Fife (UCSF) – Urgent Care Transport Services Contract Renewal

Enclosed Nicky Connor

Item 7.4 - SBAR Urgent Care Services Fife (UCSF) Urgent Care Transport Services Contract Renewal .pdf (6 pages)

10:55 - 11:05 8. ANNUAL REPORTS / OTHER REPORTS

10 min

8.1. Annual Procurement Report 2022/23

Enclosed Margo McGurk

Item 8.1 - SBAR Annual Procurement Report 2022-23.pdf (3 pages)

Item 8.1 - Appendix 1 Annual Procurement Report 22-23.pdf (10 pages)

11:05 - 11:15 9. LINKED COMMITTEE MINUTES

10 min

9.1. Fife Capital Investment Group held on 8 November 2023 (confirmed)

Enclosed

Item 9.1 - Fife Capital Investment Group Minutes held on 8 November 2023 (Confirmed).pdf (5 pages)

9.2. IJB Finance, Performance & Scrutiny Committee held on 10 November 2023 (unconfirmed)

Enclosed

Item 9.2 - IJB Finance, Performance & Scrutiny Committee Minutes held on 10 November 2023 (unconfirmed).pdf (7 pages)

9.3. Primary Medical Services Sub Committee Minutes held on 5 December 2023 (unconfirmed)

Enclosed

Item 9.3 - Primary Medical Services Sub Committee Minutes held on 5 December 2023 (unconfirmed).pdf (7 pages)

9.4. Procurement Governance Board held on 1 December 2023 (unconfirmed)

Enclosed

Item 9.4 - Procurement Governance Board Minutes held on 1 December 2023 (unconfirmed).pdf (4 pages)

9.5. Pharmacy Practices Committee held on 27 October 2023 (unconfirmed)

Enclosed

Item 9.5 - Pharmacy Practices Committee Minutes held on 27 October 2023 (unconfirmed).pdf (54 pages)

11:15 - 11:25 10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10 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

11:25 - 11:30 11. ANY OTHER BUSINESS

5 min

Verbal

11:30 - 11:30

0 min

12. Date of Next Meeting: Tuesday 12 March 2024 from 9.30am – 12pm via MS Teams

Fife NHS Board

Unconfirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 14 NOVEMBER 2023 AT 9.30AM VIA MS TEAMS

Alistair Morris Chair

Present:

Alistair Morris, Non-Executive Director (Chair)	Margo McGurk, Director of Finance & Strategy
Alastair Grant, Non-Executive Director	Dr Chris McKenna, Medical Director
John Kemp, Non-Executive Director	Carol Potter, Chief Executive
Joy Tomlinson, Director of Public Health	Aileen Lawrie, Area Clinical Forum Representative

In Attendance:

Ben Hannan, Director of Pharmacy & Medicines
Claire Dobson, Director of Acute Services
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property & Asset Management
Maxine Michie, Deputy Director of Finance
Nicky Connor, Director of Health & Social Care
Fiona Forrest, Deputy Director of Pharmacy (*observing*)
Kevin Booth, Head of Financial Services & Procurement (*item 5.5 only*)
David Miller, Director of Workforce (*item 5.1 only*)
Kerrie Donald, Executive Assistant (Minutes)

Chair's Opening Remarks

Members were advised that the meeting will be recorded for the purposes of the minute.

1. Apologies for Absence

Apologies were noted from member Lynne Parsons (Employee Director) and Janette Keenan (Director of Nursing).

2. Declaration of Members' Interests

There were no members' interests to declare.

3. Minute of the last Meeting held on 19 September 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. QUALITY / PERFORMANCE

5.1 Bank & Agency Staffing

The Director of Workforce joined the meeting and presented the paper. A report has been created to detail all bank shifts booked for the next few months and has been circulated to teams for review. The outcome from the review of shifts will be discussed in detail at the Bank and Agency Programme Board.

The Chair noted his concern at the limited progress against the savings target and a discussion ensued on the potential impact and consequences.

The Deputy Director of Finance highlighted the positive impact on medical staffing in relation to the investment in gateway doctors noting for the second month in a row, there has been no required spend on agency locums and also the junior doctor rota has remained compliant. This could deliver a £600k saving between November 2023 and the end of March 2024.

Following a deep dive into nursing staff requests, it was noted requests for supplementary staffing continue at the same rate as the beginning of the year with very little change noted.

Following a query from the Chair, the Medical Director described the remuneration levels where junior doctor rotas become non-compliant.

The Director of Acute Services highlighted various actions which have been taken to support delivering compliance including service managers incorporating a wellbeing role to ensure junior doctors are taking their breaks on time however feedback has advised while doctors are taking their breaks.

Following a query from A Grant, Non-Executive member, the Director of Finance & Strategy highlighted most boards in Scotland are facing significant financial challenge and NHS Fife should continue to implement the mitigating actions currently in place to ensure Fife can be as close as possible to achieving the financial forecast within the opening financial plan.

Following comments from Committee members, the Director of Workforce highlighted the length of time to recruit has been raised nationally noting as part of the anchor work across Scotland, the whole recruitment system including JobTrain is being reviewed to assess what works and what needs to be improved. The Director of Health & Social care further noted support and training on rostering and financial governance is given on a regular basis further noting patient safety is always the priority.

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

5.2 Financial Performance & Sustainability Report

The Director of Finance & Strategy provided an in-depth review of the current financial situation noting at the end of September 2023 (Quarter 2), NHS Fife are reporting £15.2m overspend with a projected Health Board forecast outturn of £23m if pressure systems continue.

The Chair, highlighted letters have been received from the Director of Health Finance and Governance, Scottish Government regarding current and forecast financial position noting the Chief Executive has responded to ensure Scottish Government are fully aware of the position.

Following a query from the Chair regarding repayment of brokerage, the Director of Finance & Strategy advised as part of the Medium Term Financial Plan, NHS Fife have confirmed they will not be in a position to repay brokerage until the Board is in recurring financial balance.

The Chair thanked the Director of Finance & Strategy for the report and the wider executive team noting the actions currently being pursued to manage the forecast financial position.

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

5.3 Integrated Performance & Quality Report

The Director of Acute Services reported significant challenges with 4-hour emergency access in September 2023 mainly due to hospital capacity. A reduction in the 12 week treatment time guarantee was also reported noting an improvement in patients seen within the 12 weeks, which reflects the number of patients being referred as urgent. However, it was highlighted this then has a knock on effect for patients waiting on routine procedures.

It was reported challenges continue with 26, 52 and 78 weeks noting these are trending upwards as capacity does not meet the demand however there is focus on productive opportunities such as ensuring patients still require the procedure they are listed for and are completing patient initiated reviews. A reduction in outpatients was reported for August 2023 however demand remains unrelenting and long waits continue to increase. Gaps within Gastroenterology and Urology were noted as areas of particular concern however work with the National Elective Coordination Unit on validating outpatient waiting lists has commenced.

Following a query from the Chair, the Director of Acute Services noted a paper is being prepared regarding the prediction of future waiting times which will be brought to the Committee in due course.

Action: Director of Acute Services

The Director of Health & Social Care provided an overview of the Delayed Discharge section of the report, highlighting a 0.1% increase from the previous month however noted challenges continue. It was reported the partnership continues to improve discharges to support whole system flow into community areas noting one of the key areas causing challenge is in relation to accessing care home beds however, joint

working with independent providers continues to ensure support is provided for patients with complex needs.

The Director of Health & Social Care confirmed the expansion of the Hospital @ Home Service is being progressed by the Unscheduled Care Board (co-chaired with the Director of Acute Services).

Following a query from the Chair, the Director of Health & Social Care noted the sustainability of the independent sector has been escalated to Scottish Government for ongoing discussions however no care homes in Fife have been highlighted as having any significant challenges. It was further highlighted any care homes who do experience challenge are encouraged to engage with the Partnership early to provide support and stabilisation where that is possible.

The Committee took **assurance** from the report, and discussed, examined and considered the NHS Fife performance as summarised in the IPQR.

5.4 Financial Improvement & Sustainability Programme Progress Report

The Deputy Director of Finance noted the content of the paper was covered during the discussion on agenda item 5.2.

The Chair noted himself and Non-Executive Director A. Grant visited the Finance team and commended the team on their positive and innovative attitude to the challenges currently within the system.

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

5.5 Procurement Key Performance Indicators

The Head of Financial Services & Procurement joined the meeting and provided an overview of the paper.

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

6. GOVERNANCE MATTERS

6.1 Corporate Risks Aligned to Finance, Performance & Resources Committee

The Director of Finance & Strategy presented the paper noting Risk 13 'Delivery of a balanced in-year financial position' has been updated to reflect the increasing level of challenge.

It was reported the Risk and Opportunities Group are working to further improve the deep dive process. It was further highlighted the Associate Director Digital & Information, and the team have created a dashboard reporting layer which will be incorporated into the next report.

The Chair welcomed the introduction of the new dashboard to add to the effectiveness of risk reporting.

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

6.1.1 Deep Dive: Cancer Waiting Times

The Director of Acute Services presented the deep dive paper highlighting due to an increase in patient referrals and complex cancer pathways, NHS Fife is experiencing a deterioration in cancer waiting times 62 and 31 day performance which is impacting on patient experience.

The Director of Acute Services described the actions within the paper which are being progressed to address this.

Following a query from the Chair, the Medical Director noted the complex landscape of cancer treatment, highlighting the delivery of cancer investigations is continually evolving due to innovation and change nationally which inevitably has an impact on Boards.

Following a query from J Kemp, the Director of Acute Services noted the additional funding received for cancer waiting times is received on a non-recurring basis however the staff and consumables costs associated with delivering planned care are recurring.

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

6.2 Review of General Policies & Procedures

The Head of Corporate Governance presented the paper noting work has commenced to consolidate a number of the policies into a single Estates policy.

The Director of Director of Property & Asset Management noted all out of date policies are in the process of being reviewed and will be completed before the end of December 2023.

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

6.3 Delivery of Annual Workplan 2023/24

The Committee **approved** the tracked workplan.

7. STRATEGY / PLANNING

7.1 Annual Delivery Plan Quarterly Performance Report 2023/24 – Q2

The Director of Finance & Strategy introduced the report noting the report highlighted the RAG status noted within the report describes the planned deliverables/actions rather than outcomes.

The Chair highlighted the 200 deliverables within the ADP and whether some further prioritisation is required. The committee discussed this and noted the range of deliverables and that some were more challenging and will take more time to deliver in full.

The Chief Executive noted the ADP report will be developed further to include information on impact over time.

The Committee **discussed** and took **assurance** from the Annual Delivery Plan 2023/24.

7.2 Fife Capital Investment Group Reports 2023/24

The Deputy Director of Finance presented the report highlighting funding from NHS Education for Scotland (NES) has been confirmed to commence the ScotCOM Medical Education Programme. It was noted discussions have taken place with Scottish Government to confirm the revenue funding received from NES will be transferred to Capital funding, with the majority being received in 2024/25.

The Medical Director further noted an update on the development of the project would be provided at the next Committee.

Action: Medical Director

The Committee took **assurance** from the Fife Capital Investment Group Report.

8. LINKED COMMITTEE / GROUP MINUTES

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

- 8.1 Fife Capital Investment Group held on 27 September 2023 (unconfirmed)
- 8.2 IJB Finance, Performance & Scrutiny Committee held on 15 September 2023 (unconfirmed)
- 8.3 Primary medical Services Sub-Committee held on 5 September 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 16 January 2024** from 9.30am – 12pm via MS Teams.

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

FINANCE, PERFORMANCE & RESOURCES COMMITTEE – ACTION LIST
Meeting Date: Tuesday 16 January 2024



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	14/11/2023	IPQR	Director of Acute Services to bring a paper regarding the prediction of waiting times to a future FP&R Committee.	CD	March 2024	2024/25 Planned Care Plan being developed and will be presented to a future FP&R Committee.	
2.	14/11/2023	ScotCOM Medical Education Programme	Medical Director to provide further updated on the development of the ScotCOM Medical Education Programme.	CMcK		Update to be provided in due course.	

Meeting:	Finance, Performance & Resources Committee
Meeting date:	16 January 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 October, although there are some measures with a significant time lag and a few which are available up to the end of November.

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 have been 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	£23m	High level of risk in relation to the delivery of our revenue resource limit target without significant brokerage from Scottish Government.
Capital Resource Limit	Monthly	£12.077m	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 Position at November IPQR will be available for discussion at the meeting on 16 January.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 04 January 2024 and approved for release by the Director of Finance & Strategy.

2.4 Recommendation

The report is being presented to the FPR Committee for:

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

3 List of appendices

None

Report Contact

Bryan Archibald

Planning and Performance Manager

Email bryan.archibald@nhs.scot

Fife Integrated Performance & Quality Report

FINANCE, PERFORMANCE & RESOURCES

**Position (where applicable) at November 2023
Produced in December 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
03 January 2024

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

a. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	2	3	-	-	◀▶	High
To improve the quality of health and care services	6	5	1	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	19	13	6	0	0		

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

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

Summary Statement on Risk Profile

On 28/11/23, the Board approved the addition to the Corporate Risk Register of the corporate risk associated with: **Preparation for the Implementation of the Health and Care (Staffing) (Scotland) Act 2019**

This risk is assessed as Moderate level.

It is mapped to Strategic Priority 'To improve the quality of health and care services' and will be reported for assurance purposes to the Staff Governance Committee.

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.

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	Oct-23	63	○	▼	▼	●
	Major/Extreme Adverse Events - % Actions Closed on Time	50%		Month	Oct-23	25.5%	●	▼	▼	●
	HSMR	N/A	-	Year Ending	Jun-23	0.96	●	—	—	●
	Inpatient Falls	6.95	(L)	Month	Oct-23	7.36	○	▼	▲	●
	Inpatient Falls with Harm	1.44	(L)	Month	Oct-23	1.88	○	▼	▲	●
	Pressure Ulcers	0.89	(L)	Month	Oct-23	1.44	○	▼	▼	●
	SAB - HAI/HCAI	18.8	(N)	Month	Oct-23	12.8	○	▼	▼	● QE Jun-23
	C Diff - HAI/HCAI	6.5	(N)	Month	Oct-23	3.2	○	▲	▲	● QE Jun-23
	ECB - HAI/HCAI	33.0	(N)	Month	Oct-23	44.6	○	▼	▼	● QE Jun-23
	S1 Complaints Closed in Month on Time	80%		Month	Oct-23	54.8%	●	▶	▼	● 2021/22
	S2 Complaints Closed in Month on Time	33%		Month	Oct-23	24.0%	○	▲	▲	● 2021/22
S2 Complaints Due in Month and Closed On Time	N/A	-	Month	Oct-23	20.0%	●	▲	▲	●	
Operational Performance	IVF Treatment Waiting Times	90%		Month	Sep-23	100.0%	●	▶	▶	●
	4-Hour Emergency Access (A&E)	95%	(N)	Month	Nov-23	74.1%	○	▶	▲	● Oct-23
	4-Hour Emergency Access (ED)	82.5%	(L)	Month	Nov-23	66.6%	●	▼	▲	● Oct-23
	Patient TTG % <= 12 Weeks	100%		Month	Oct-23	40.5%	●	▲	▲	● Sep-23
	New Outpatients % <= 12 Weeks	95%		Month	Oct-23	42.7%	●	▼	▼	● Sep-23
	Diagnostics % <= 6 Weeks	100%		Month	Oct-23	50.0%	●	▲	▼	● Sep-23
	Cancer 31-Day DTT	95%		Month	Oct-23	91.8%	○	▼	▲	● QE Jun-23
	Cancer 62-Day RTT	95%		Month	Oct-23	86.6%	○	▲	▲	● QE Jun-23
	Detect Cancer Early	29%		Year Ending	Dec-22	27.6%	●	▼	▲	● 2020, 2021
	Freedom of Information Requests	85%		Month	Nov-23	97.1%	●	▲	▲	●
	Delayed Discharge % Bed Days Lost (All)	N/A	-	Month	Nov-23	11.9%	●	▼	▲	● Oct-23
	Delayed Discharge % Bed Days Lost (Standard)	5%		Month	Nov-23	7.5%	○	▼	▲	● Oct-23
Antenatal Access	80%		Quarter	Sep-23	92.1%	●	▼	▼	● CY 2022	
Finance	Revenue Resource Limit Performance	(£23m)	-	Month	Nov-23	(£19.414m)	●	—	—	●
	Capital Resource Limit Performance	£12.077m	-	Month	Nov-23	£5.010m	●	—	—	●
Staff Governance	Sickness Absence	4.00%		Month	Oct-23	7.39%	○	▼	▼	● YE Jun-23
	Personal Development Plan & Review (P DPR)	80%	(L)	Month	Nov-23	42.6%	●	▲	▲	●
	Vacancies - Medical & Dental	N/A		Quarter	Sep-23	9.4%	●	▲	▼	●
	Vacancies - Nursing & Midwifery	N/A		Quarter	Sep-23	6.5%	●	▲	▲	●
	Vacancies - AHPs	N/A		Quarter	Sep-23	8.0%	●	▲	▲	●
Public Health & Wellbeing	Smoking Cessation (FY 2023/24)	473	(N)	YTD	Jul-23	61	●	—	—	● YT Mar-23
	CAMHS Waiting Times	90%		Month	Oct-23	74.3%	○	▲	▼	● QE Jun-23
	Psychological Therapies Waiting Times	90%		Month	Oct-23	66.8%	○	▼	▼	● QE Jun-23
	Drugs & Alcohol Waiting Times	90%		Month	Sep-23	89.3%	●	▲	▼	● QE Jun-23
	Flu Vaccination (Winter, Age 65+)	85%		Month	Nov-23	66.6%	●	▲	—	●
	COVID Vaccination (Winter, Age 65+)	85%		Month	Nov-23	65.7%	●	▲	—	●
	Immunisation: 6-in-1 at Age 12 Months	95%		Quarter	Jun-23	93.8%	○	▲	▼	● QE Jun-23
Immunisation: MMR2 at 5 Years	92%		Quarter	Jun-23	89.8%	○	▲	▼	● QE Jun-23	

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 & Actual Activity and Long Waits

Better than Projected | Worse than Projected

Better/Worse may be higher or lower, depending on context

		Month End			Quarter End	Month End			Quarter End	Quarter End
		Jul-23	Aug-23	Sep-23	Sep-23	Oct-23	Nov-23	Dec-23	Dec-23	Mar-24
ED 4-hour Performance (VHK only)	Projected	71.8%	73.1%	74.6%		75.8%	77.0%	78.5%		
	Actual	69.0%	72.2%	65.1%		66.8%	70.1%			
	Variance	-2.8%	-0.9%	-9.5%		-9.0%	-6.9%			
Elective Activity Diagnostics	Projected	5,121	5,121	5,121	15,363	5,121	5,121	5,121	15,363	15,363
	Actual	5,048	5,422	5,118	15,588	5,412				
	Variance	-73	301	-3	225	291				
Elective Activity New Outpatients	Projected	7,565	7,340	7,432	22,337	7,421	7,432	7,421	22,274	22,308
	Actual	6,414	7,942	7,224	21,580	7,090				
	Variance	-1,151	602	-208	-757	-331				
Elective Activity TTG	Projected	1,144	1,144	1,145	3,433	1,162	1,162	1,163	3,487	3,492
	Actual	918	1,294	1,077	3,289	1,109				
	Variance	-226	150	-68	-144	-53				
Long Waits Diagnostics > 26 weeks	Projected	94	79	63	63	42	26	10	10	0
	Actual	152	165	165	165	160				
	Variance	58	86	102	102	118				
Long Waits New Outpatients > 104 weeks	Projected	0	0	74	74	120	166	212	212	352
	Actual	1	2	2	2	2				
	Variance	1	2	-72	-72	-118				
Long Waits New Outpatients > 78 weeks	Projected	213	276	339	339	509	679	849	849	1358
	Actual	117	186	255	255	301				
	Variance	-96	-90	-84	-84	-208				
Long Waits TTG > 104 weeks	Projected	21	43	67	67	102	136	173	173	351
	Actual	20	20	17	17	25				
	Variance	-1	-23	-50	-50	-77				
Long Waits TTG > 78 weeks	Projected	203	258	305	305	388	465	547	547	893
	Actual	99	127	133	133	154				
	Variance	-104	-131	-172	-172	-234				
Arthroplasty 4 joint sessions	Projected				25.0%				25.0%	25.0%
	Actual	17.0%	14.0%							
	Variance									
Same Day Procedures Knee Arthroplasty	Projected				1.9%				1.9%	1.9%
	Actual									
	Variance									
Same Day Procedures Hip Arthroplasty	Projected				4.3%				4.3%	4.3%
	Actual									
	Variance									
Cancer Waiting Times 31-Day	Projected				94.1%				94.3%	94.5%
	Actual	94.7%	90.6%							
	Variance									
Cancer Waiting Times 62-Day	Projected				82.8%				85.0%	85.4%
	Actual	77.9%	77.1%							
	Variance									
CAMHS 18 Weeks RTT	Projected	85.0%	85.0%	70.0%		70.0%	70.0%	60.0%		
	Actual	71.0%	66.5%	68.4%		67.9%				
	Variance	-14.0%	-18.5%	-1.6%		-2.1%				
CAMHS Waiting List <= 18 weeks	Projected	230	218	228	228	232	257	235	235	200
	Actual	201	179	197	197	184				
	Variance	-29	-39	-31	-31	-48				
CAMHS Waiting List > 18 weeks	Projected	113	133	98	98	77	86	42	42	0
	Actual	82	90	91	91	87				
	Variance	-31	-43	-7	-7	10				
Psychological Therapies 18 Weeks RTT	Projected	65.2%	65.1%	73.5%		69.3%	68.2%	71.0%		
	Actual	53.4%	54.3%	54.8%		54.3%				
	Variance	-11.8%	-10.8%	-18.7%		-15.0%				
Psychological Therapies Waiting List <= 18 weeks	Projected	888	888	888	888	888	888	888	888	888
	Actual	1408	1497	1480	1480	1404				
	Variance	520	609	592	592	516				
Psychological Therapies Waiting List > 18 weeks	Projected	1625	1591	1569	1569	1609	1596	1680	1680	1604
	Actual	1227	1260	1219	1219	1184				
	Variance	-398	-331	-350	-350	-425				
Psychological Therapies Waiting List > 52 weeks	Projected	201	183	165	165	147	129	111	111	57
	Actual	262	262	251	251	278				
	Variance	61	79	86	86	131				

d. Assessment

OPERATIONAL PERFORMANCE



To improve the quality of health and care services

6



Moderate

		Target	Current
4-Hour Emergency Access	<i>National Standard: 95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>	95.0%	74.1%
	<i>Local target by March 2024: 82.5% of ED patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>	82.5%	66.6%

A&E (all sites)

Performance in November remained at 74.1% which is below the 95% national target but just above the 24-month average of 73.3% and higher than in November 2022 (70.1%).

Unplanned attendances decreased further from 7068 in October to 6968 in November (11.7% reduction since Aug-23) although average per day increased slightly to 232 (+4 compared to month previous; no change compared to year previous). Planned attendances saw an increase from 407 in September to 486 in October.

There were 378 8-hour breaches recorded in November (30% less than was reported in October and 39% less than the year previous); and 129 12-hour breaches (43% less than October and 57% less than year previous).

In terms of Breach reasons, 'Wait for a bed' saw a decrease from 785 to 724: as a percentage of total breaches in November, this accounted for 40.1%. 'Wait for diagnostic test or results' increased slightly from 160 to 168: 'Wait for first assessment' increased slightly from 494 to 526.

ED (VHK only)

Performance in November was 66.6% compared to 66.8% in October. Unplanned attendances decreased slightly from 5506 in October to 5404 in November (-102 compared to month previous; -50 compared to year previous). Planned attendances in November were 197 (+24 compared to October).

Service Narrative

Attendance remained high in November, although 8-hour breaches were reduced. Progress is being made following options appraisal for FNC to improve prevention of admission and 0 days length of stay, which will see this service realign to Acute, ECD. A further area of improvement is decision making overnight within ED, staffing models being reviewed to ensure senior clinical decision makers can be present. Winter pressures remain a focus for discussion and planning. Joint paper with HSCP approved at EDG on 07/12/2023.

Patient TTG (Waiting)

All patients should be treated (inpatient or daycase setting) within 12 weeks of decision to treat

100%

40.5%

Monthly performance increased from 40.0% in September 2023 to 40.5% in October.

Waiting list numbers continue to trend upwards for waits of 'over 12 week' with a rise of 1941 since October 2022, Waits 'over 26 weeks' & 'over 52 weeks' also continue to trend upwards.

Waits 'over 104 weeks' increased to 25, this remains below projected figures.

The overall waiting list increased by 1.0% from September to October.

Service Narrative

The available core capacity continues to be unable to meet the demand with activity being less than projected in the first 6 months mainly in Cardiology, Gynaecology, Plastics, Surgical Paediatrics, Breast, and Vascular. This remains as a result of a combination of vacancies, reduced demand in some specialities (Vascular and Breast) and reconfiguration of services (Orthopaedics and Gynaecology).

It is anticipated that with pressures in unscheduled care, staff absence and vacancies there will continue to be a deterioration in waiting times. However, this will be at a slower pace with the number of patients waiting over 52, 78 and 104 weeks being less than predicted at the end of March. The main specialities of concern for long waits remain Orthopaedics, General Surgery, Urology, Gynaecology and Plastic Surgery. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 78 weeks, however, 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.

		Target	Current
<p>There has been a sustained improvement in maximising the use of capacity for day cases at Queen Margaret Hospital and efforts continue to look for productive opportunities to maximise throughput in theatres and to validate the waiting lists. There has been renewed engagement with the National Elective Coordination Unit to find a solution for specialist urogynaecological procedures and it is anticipated that these long waiting patients will be treated by the end of March 2024.</p>			
New Outpatients	<i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i>	95%	42.7%
<p>Monthly performance decreased for the 7th Month in a row, reducing from 43.3% in September 2023 to 42.7% in October. Waits for over 12, 26, 52 and 78 weeks all saw increases: 'over 52 weeks' increased by 8.1% to 2750 (+132 on projection), though this remains below the projected figures. Waits 'over 104 weeks remained at 2 (Gastroenterology & General Surgery).</p> <p>The largest number of over 78 weeks waits are in Gastroenterology (108) & Neurology (158)</p> <p>The overall waiting list increased by 1.0% from September to 31281 patients.</p> <p>Service Narrative</p> <p>The available core capacity continues to be unable to meet the demand with activity being 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. There has been some improvement in sickness absence and additional efforts to remobilise capacity which should have a positive impact on activity in the next quarter.</p> <p>As anticipated there continues to be a deterioration in waiting times in line with projections although the number waiting over 52 weeks is now increasing faster than projected. 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. The focus continues to be on urgent and urgent suspicious of cancer patients as well as the long waiting patients, however, as routine waiting times increase there are proportionally more patients being assessed as urgent which is leading to increasing waits for routine patients.</p> <p>There has been a continued focus on productive opportunities to maximise use of capacity and to validate the waiting lists as well as recruiting to vacant consultant posts. Further engagement with the National Elective Coordination Unit has taken place and options are being explored to support those specialities with the most challenging recruitment issues.</p>			
Diagnostics	<i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>	100%	50.0%
<p>Monthly performance increased for the 3rd month in a row from 48.9% in September to 50% in October, the highest performance since April 2023 for patients waiting less than 6 weeks.</p> <p>Endoscopy saw a decrease in performance (from 52.2% to 49.0%). Imaging saw an increase in performance (from 48.5% to 50.0%).</p> <p>In terms of waiting list numbers, Imaging has decreased to 8340. MRI saw numbers decrease from 1555 in September to 1535 in October. CT saw a decrease to 949 the lowest figure since Oct 22 the fifth successive month of decrease; Ultrasound saw a slight decrease to 5856. Endoscopy waiting list continues to decrease from 720 in August to 628 in October (the lowest figure since Jan23). The diagnostic waiting list overall decreased from 9326 in September to 8968 in October.</p> <p>The number of those waiting over 6 weeks decreased from 4769 in September to 4484 in October.</p> <p>Service Narrative</p> <p>In Radiology the available core capacity overall continues to be unable to meet the increasing demand. Activity has been greater than expected in the first 6 months particularly in CT due to the unexpected presence of CT van required for emergency capacity, additional evening list and recruitment of locums in Ultrasound. It is anticipated that this increase in activity will not be sustained as staffing challenges in Ultrasound are predicted to worsen. As the proportion of urgent outpatient referrals remains high and the demand for inpatient scans continues waiting times for routine outpatient imaging will deteriorate for all modalities albeit at a slower rate than expected. 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 continues with action taken to expedite referrals as required. Efforts continue to recruit to the vacant ultrasound posts.</p> <p>In Endoscopy demand for new tests has been slightly lower than expected. Activity for the first 6 months has been less than projected, however, the capacity figure includes all the available endoscopy capacity which is used flexibly to manage emergency, Urgent, urgent suspicious of cancer, surveillance and new referrals. The numbers of patients waiting over 6 weeks is slowly improving however there has not been the anticipated improvement in the numbers waiting over 26 and 52 weeks as the proportion of new urgent and urgent surveillance referrals has increased. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been</p>			

		Target	Current
experiencing long waits. Clinical validation of the waiting lists continues with action taken to expedite referrals as required.			
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%	91.8%
<p>Monthly performance in October 2023 decreased from 92.2% in September to 91.8% which is below target. The number of eligible referrals increased from 115 in September to 122 in October, this is 30 more than the same month in 2022.</p> <p>There were 10 breaches in October 2023, 8 attributable to Urology (5 for 'Prostate', 1 for 'Other', 2 for Bladder) and 2 attributable to 'Breast'.</p> <p>The most recent quarterly publication from Public Health Scotland, covering the quarter ending June 2023, showed that NHS Fife was in the mid-range of all Mainland Health Boards.</p> <p>Service Narrative</p> <p>All 10 breaches were surgical and dependant on theatre and surgeon capacity. Robotic surgery capacity remains an issue, however, additional theatre sessions are taking place and we can assess the impact of these additional sessions. Range 10-143 days with an on average breached by 59 days.</p>			
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%	86.6%
<p>Monthly performance in October 2023 increased from 65.4% in September to 86.6% in September, the highest since April 2023.</p> <p>The number of eligible referrals increased from 81 in September to 82 in October, this is 22 more than the same month in 2022.</p> <p>There were 11 breaches in October 2023 with 6 of these (54.5%) attributable to Prostate. The other breaches were 2 'Colorectal', 2 'Head & Neck' and 1 'Upper GI'.</p> <p>The most recent quarterly publication from Public Health Scotland, covering the quarter ending June 2023, showed that NHS Fife was in the mid-range of all Mainland Health Boards.</p> <p>Service Narrative</p> <p>Urgent suspected cancer referrals remain stubbornly high, particularly in breast, colorectal, Lung and urology. In terms of performance Urology remains our biggest challenge with 6 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 was initiated in August, to improve waits from referral to MDT, impact will be measured in due course.</p> <p>The range of breaches for prostate 66 - 242 days, average 138 days.</p> <p>There were further breaches seen, 2 Colorectal, 2 H&N and 1 UGI HPB. These breaches were due to lack of resources for appointments within ENT, extensive staging, investigations and planning timescales for radiotherapy. Range for all breaches 66- 242 days, average 112 days.</p>			
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%	7.5%
<p>The percentage of Bed Days lost to 'Standard' delays increased to 7.5% between October and November 2023. This is above the 5% target and above the 24-month average of 6.3% but remains within control limits.</p> <p>The number of Bed Days lost to 'Standard' delays in November increased by 325 compared with October (+17%).</p> <p>The number of Bed Days lost to 'Code 9' delays in November increased by 181 compared with October (+16%).</p> <p>Comparing year-on-year, the overall numbers in delay at census point were similar for both Nov-23 and Nov-22 (both for 'Standard' and 'Code 9' delays). Acute saw 3 'Standard' delays in Nov23 (compared to zero the year previous); Community saw 33% less 'Code 9' delays than the year previous (similar numbers of 'Standard' delays); and MH/LD saw 2 less 'Standard' delays (-13%) and 9 more 'Code 9' delays (+64%).</p> <p>Service Narrative</p> <p>Achievements: Whole system essential flow verification that continues to ensure an integrated, multi-professional and coordinated approach to patient centred discharge planning. Clear escalation processes that ensure everything that is required for discharge is in place. All staff continue to work collaboratively and have a visible presence at daily ward MDTs to ensure PDDs remain aligned to the discharge plan for patients and service users in line with Home First Principles. The discharge profile from acute hospital remains significantly higher than the previous year with performance exceeding 100 discharges for six consecutive weeks. Electronic referral system to the discharge hub has been implemented as a test of change in Ward 32 within the acute setting to allow referrals to happen out of hours and to ensure timely assessment.</p> <p>Challenges: Community ward closures from respiratory and non-respiratory outbreaks continue to impact flow. Complex patients with high care needs and significant frailty on assessment bed pathway remain challenging to place.</p>			

FINANCE



To deliver value and sustainability

6



Moderate

Forecast

Current

Revenue Expenditure

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

(£23)

(£19.414m)

A £19.414m revenue overspend is reported at the end of November for Health Board retained services and reflects as previously reported the Scottish Government additional funding relating to NRAC parity and New Medicine Funding which has been allocated to support achieving financial balance.

There is no change to the main drivers of the overspend previously reported although we have seen a slight reduction in supplementary staffing expenditure across both medical and nursing staff groups. However, spend on supplementary staffing, external SLAs, ongoing Covid Legacy costs and the cost of surge continue to provide financial challenge particularly within the Acute Services Division. Moreover, Inflation and the cost-of-living pressures remain higher than the levels identified in the Financial Plan, and we continue to be challenged to deliver the in year savings programme. We are currently working with Scottish Government colleagues and have requested additional support and benchmarking data from their Finance Delivery Unit on several high expenditure areas.

Current projections continue to indicate a forecast outturn of £23m which is significantly more than our current approved financial plan position of £10.9m overspend. Following our Q1 and Q2 reviews with Scottish Government, they have requested we continue to identify more actions between now and the financial year end to improve our forecast outturn and move towards break even.

Capital Expenditure

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

£12.077m

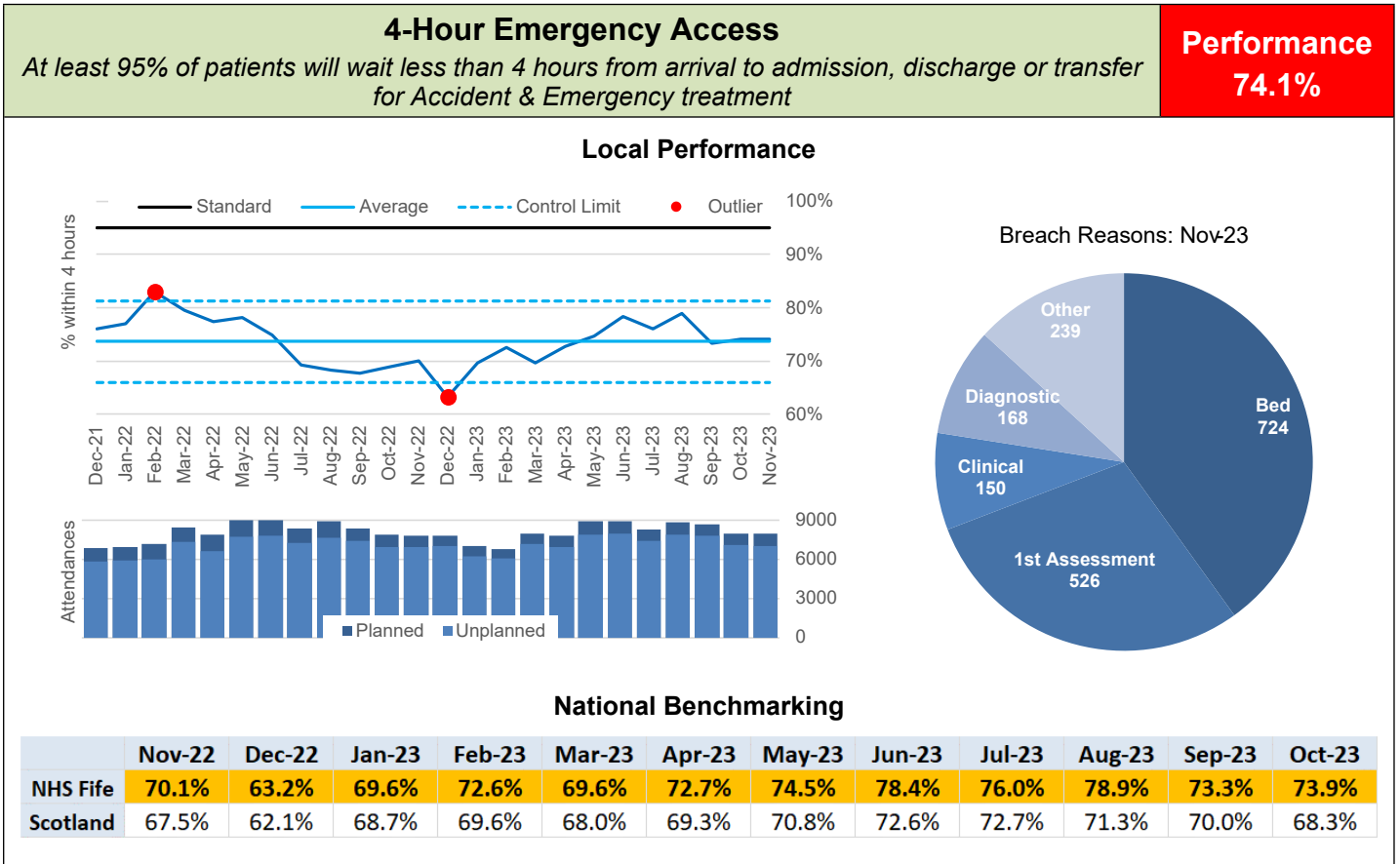
£5.010m

The Capital Forecast for November 2023 reflects our core capital allocation of £7.764m as advised by Scottish Government plus anticipated allocations for several specific projects as discussed at FCIG reflecting a total capital expenditure plan of £12.077m. A relatively low level of capital expenditure has been incurred for the period which is not unusual at this stage in the financial year. The majority of capital expenditure generally occurs in the final quarter of the financial year. Spend to November includes completion of the refurbishment works within theatres at QMH, statutory compliance works and the implementation of LIMS and HEPMA.

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

OPERATIONAL PERFORMANCE

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					Jan-24
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				Jan-24
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach					Mar-24
Key Milestones	ED Staffing model proposal to EDG				Jan-24
	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				Mar-24
	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				Mar-24
Improve Same Day Emergency Care and rapid assessment pathways					Jun-24
Key Milestones	Sustainable staffing model in RTU				Jan-24
	Develop and integrated pathway between RTU and OPAT/ECAS with seamless pathways from Primary Care				Sep-23
	Expansion of ECAS out of hours				Jun-24
	Increase to 7-day service OPAT				Jun-24

OPERATIONAL PERFORMANCE

Develop a workforce and delivery model that is financially sustainable		Dec-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	Dec-23
	Develop options appraisal for submission to FNC SOG	Dec-23
	Identify upskilling opportunities for the FNC to strengthen confidence and build capacity of staff	Dec-23
	Delivery of the model agreed following appraisal and ratification at FNC SOG.	Dec-23
Improve existing pathways and develop new pathways that ensure patients receive the right care at the right time		Dec-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	Dec-23
	Develop internal communication plans to ensure people access are in the right place, at the right time	Oct-23
	Test, evaluate, and implement pathways using a data driven and QI approach	Dec-23
Develop data metrics and KPIs that assure and promote confidence in the effectiveness of the FNC		Dec-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	Dec-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	Dec-23
	Develop KPI dashboard for FNC following approval	Dec-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	Dec-23
	Work with the FNC to ensure they are technically able to book appointments for patients in to MIU / ED	Sep-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	Dec-23
	Provide training to refresh / upskill staff in use of Near Me	Dec-23

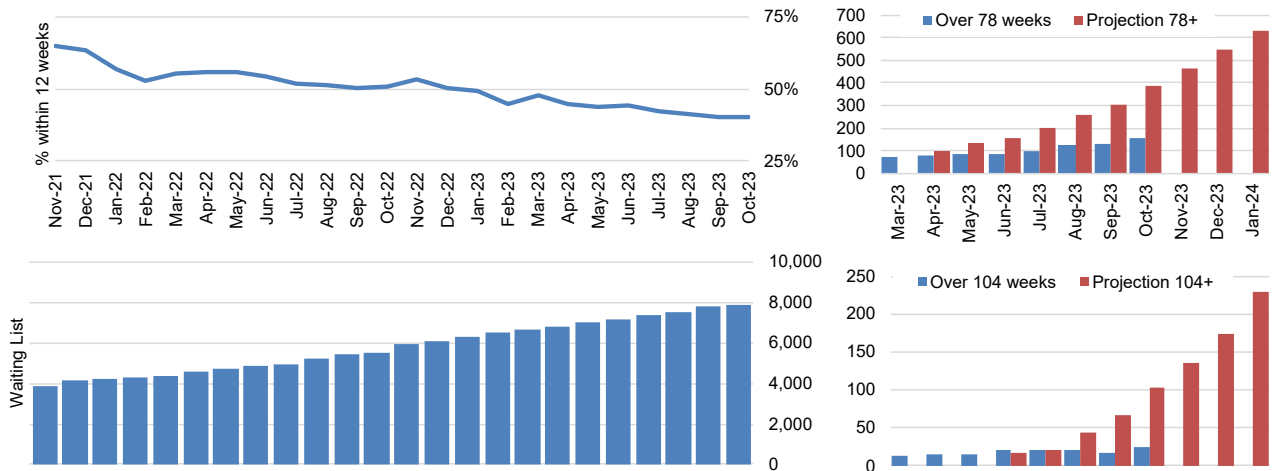
OPERATIONAL PERFORMANCE

Patient TTG

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

Performance
40.5%

Local Performance



National Benchmarking

	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23
NHS Fife	52.0%	69.4%	69.3%	65.0%	57.1%	55.6%	52.2%	51.3%	47.8%	45.1%	40.3%
Scotland	35.6%	39.8%	38.4%	35.4%	34.7%	32.0%	32.2%	31.7%	32.3%	32.2%	31.8%

Key Deliverable		End Date
<div style="display: flex; justify-content: space-around;"> Off track At risk On track Complete Suspended </div>		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)	Mar-24
	Reduce unwarranted variation and adopt minimum standards per procedure across theatre productivity, day case activity and start and finish times	Mar-24
	Roll-out of Buddy Health digital platform in Orthopaedics for Preassessment	Feb-24
Develop, Enhance and re-invigorate Regional Networks		Dec-23
Key Milestones	Development of regional working with OMFS	Feb-24
	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	Mar-24
	Good links with Lothian and SE Networks for Cancer	Dec-23
	Regional working with Forth Valley for Breast Service	Mar-24
	Refresh small volume SLAs to streamline decision making	Mar-24
Operationalise NTC		Mar-24
Key Milestones	Operationalise Lothian patients being treated in NTC	Nov-23
	Development of a regional network to help support image guided injection	Mar-24
	Identify high volume pathways for redesign	Mar-24

OPERATIONAL PERFORMANCE

Maximising Scheduled Care capacity		Mar-24
Key Milestones	Explore re-allocation QMH to reduce high volume backlog in specialties	Mar-24
	Deliver actions within System Flow Improvement Plan to protect planned care capacity (SSSU)	Mar-24
	Identify and remove barriers to optimise BADS procedures within a day case setting in QMH	Mar-24
	Capital investment to create procedure room in QMH Day Surgery facility	Sep-23
Validation of waiting lists for patients waiting over 52 weeks including engagement with the National Elective Co-ordination Unit (NECU) to support validation		Dec-23
Key Milestones	Contact with NECU team	Apr-23
	Procure Electronic system for administrative Validation	Apr-23
	Agree implementation plan with Digital team	Oct-23
	Date set for NECU team to present to Senior Leaders in Acute Division	Sep-23
	Obtain NECU protocols	Sep-23
	Amend local systems and processes in line with NECU protocols	Oct-23
	Implement Digital solution	Dec-23
Embedding potential alternatives for treatment		Apr-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	Dec-23
	Develop a plan of how to scale up test of change	Dec-23
	Access to 'The well' for priority specialties	Mar-24

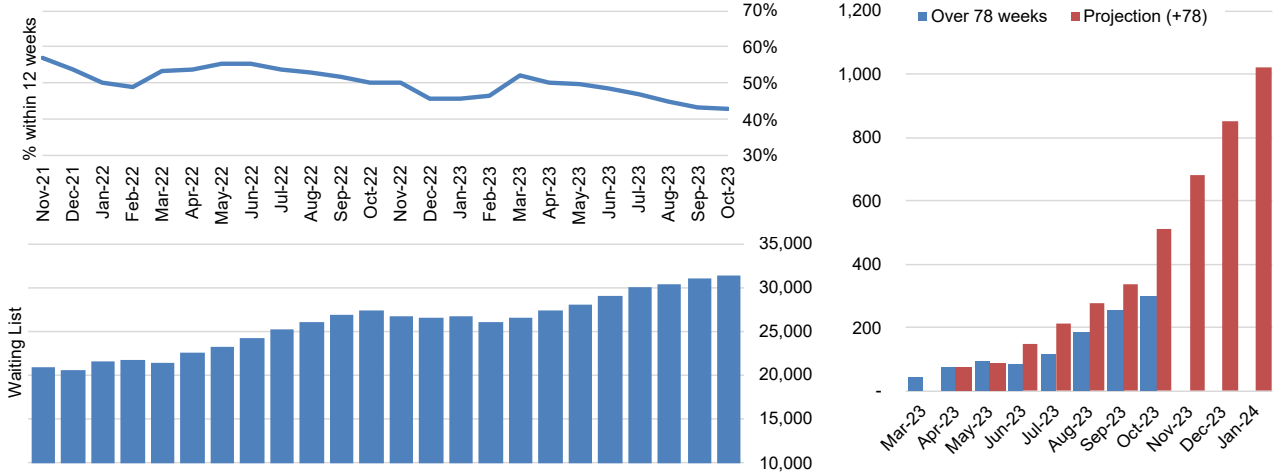
OPERATIONAL PERFORMANCE

New Outpatients

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

Performance
42.7%

Local Performance



National Benchmarking

	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23
NHS Fife	52.6%	62.2%	57.9%	53.5%	53.4%	54.8%	51.0%	45.6%	51.5%	48.1%	43.3%
Scotland	48.5%	53.8%	48.9%	47.1%	50.1%	49.5%	47.0%	44.1%	47.1%	45.5%	42.6%

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 Milesto	Engagement with national ENT Access QI project				Feb-24
	Review processes to optimise space and templates in line with Royal College recommendations				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				Dec-23
	Commence review of outcomes and communications for 2 services (Dermatology, Urology), roll out in one service (Dermatology)				Dec-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				Dec-23
	Commence review of outcomes and communications for 2 services (Dermatology, Urology), roll out in one service (Dermatology)				Dec-23

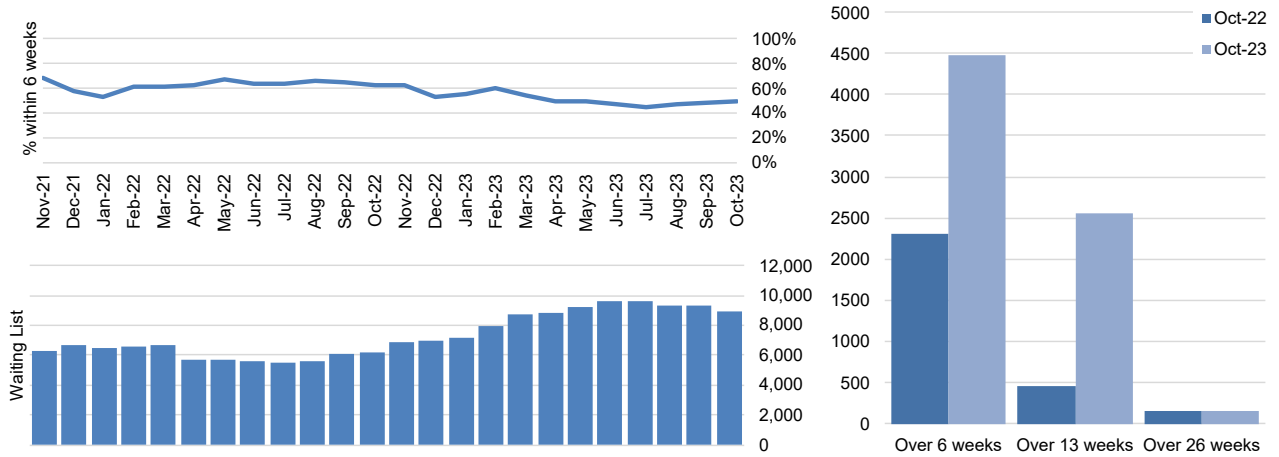
OPERATIONAL PERFORMANCE

Diagnostics Waiting Times

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

Performance
50.0%

Local Performance



National Benchmarking

	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23
NHS Fife	80.7%	90.7%	75.8%	57.9%	61.7%	63.6%	64.7%	53.4%	54.7%	47.0%	48.9%
Scotland	61.4%	62.6%	57.8%	49.6%	49.6%	47.5%	47.9%	45.9%	52.1%	49.9%	49.8%

Key Deliverable						End Date
Off track	At risk	On track	Complete	Suspended	Proposed	
Expanding Endoscopy capacity and workforce						Mar-24
Key Milestones	Develop MDT Improvement Project Team to identify areas for streamlining to national drivers as well as local needs					Jan-24
	Testing and delivery of improved booking processes					Jan-24
	Implementation of Nurse Cystoscopy pathway					Dec-23
	Recruitment of full-time education co-ordinator and introduction of monthly training session for all Endoscopy staff					Dec-23
	Development of existing RCDS pathways					Mar-24
	Review and re-vetting of Surveillance backlog					Mar-24
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					Mar-24
	Access funding streams e.g. cancer waiting times funding to support the delivery of additional activity in CT					Mar-24
	Develop equipment and workforce plan					Mar-24

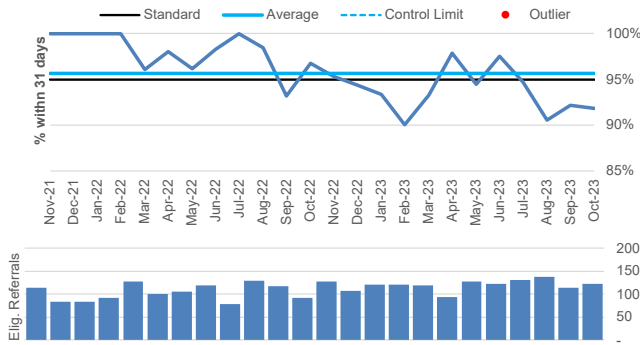
OPERATIONAL PERFORMANCE

Cancer

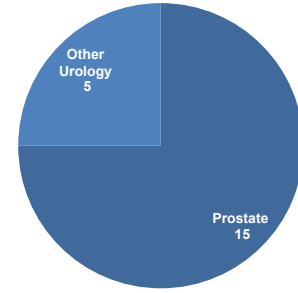
31-Day DTT
95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment

Performance
91.8%

Local Performance



Breaches; QE Sep-23



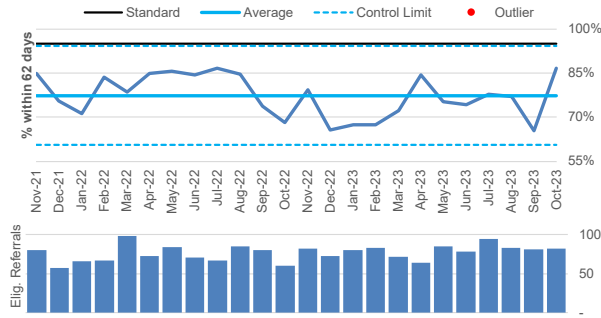
National Benchmarking

	Sep-20	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23
NHS Fife	98.6%	99.0%	98.9%	99.0%	98.9%	100.0%	98.4%	97.6%	96.8%	94.8%	92.7%	96.7%
Scotland	98.4%	98.6%	97.9%	98.1%	96.7%	97.1%	96.3%	95.5%	94.4%	94.1%	94.0%	95.2%

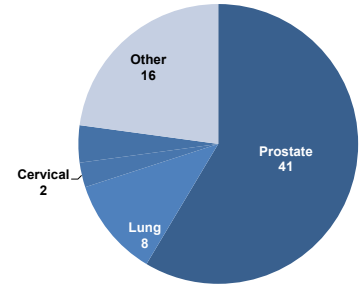
62-Day RTT
95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral

Performance
86.6%

Local Performance



Breaches; QE Sep-23



National Benchmarking

	Sep-20	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23
NHS Fife	86.2%	84.5%	81.4%	80.3%	89.3%	82.3%	78.4%	84.5%	81.4%	72.6%	69.4%	78.8%
Scotland	87.3%	86.2%	83.0%	84.1%	83.1%	79.1%	76.9%	76.3%	75.1%	71.7%	69.4%	73.7%

OPERATIONAL PERFORMANCE

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				Mar-24
	Introduce ACRT into cancer services				Mar-24
	Develop the Regrading Framework				Dec-23
	Ensure all MDT Terms of Reference are up to date				Dec-23
	Improved digital tracking solution				Mar-24
To ensure routine adherence to optimal diagnostic pathways					Mar-24
Key Milestones	Recruit to additional cancer lung posts				Dec-23
	Measure improvement				Dec-23
	Recruit to urology posts				Aug-23

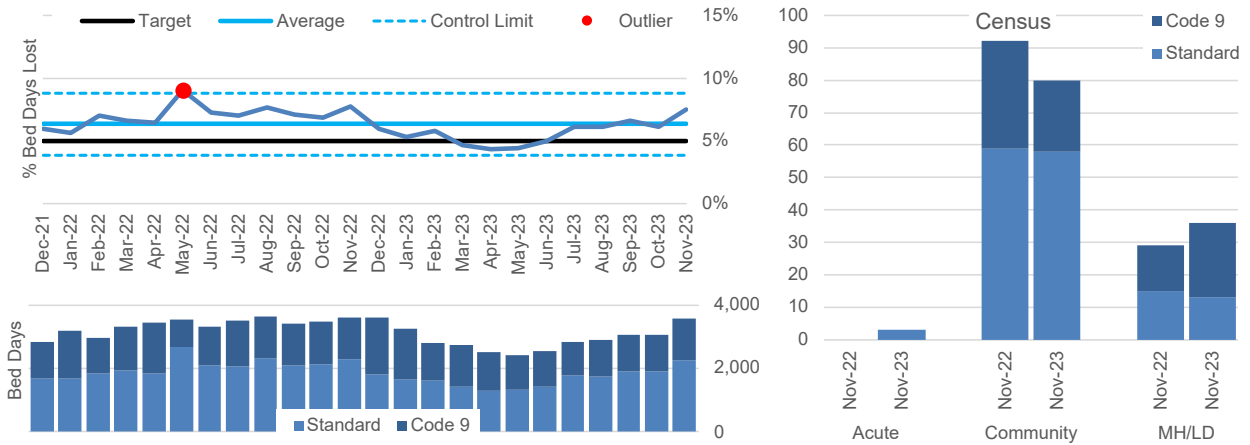
OPERATIONAL PERFORMANCE

Delayed Discharges (Bed Days Lost)

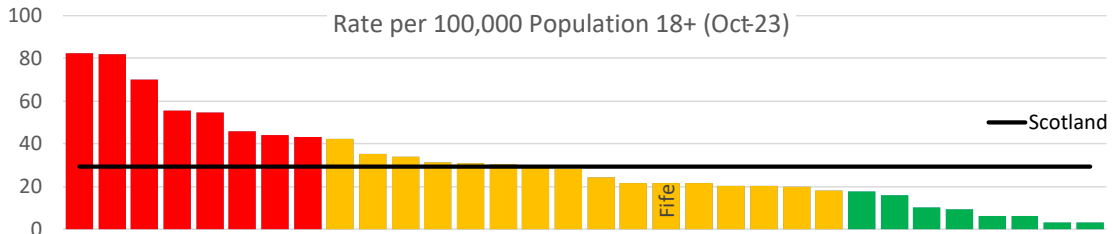
We will limit the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied

Performance
7.5%

Local Performance



Standard Delays at Census by Local Authority of Residence



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.		Jan-24
Key Milestones	Develop and evaluate weekend discharge support team to improve flow across 7 days including criteria led discharge capability	Jan-24
	Improved use of electronic systems to improve flow including electronic bed requests	Jan-24
	Effective use of PDD data to pre plan occupancy of discharge lounge	Jan-24
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	Jan-24
	Enhance outpatient parenteral antibiotic therapy service delivered by Hospital at Home	Apr-24
	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	Apr-24
	Review and redesign of Assessment and Rehabilitation Centre model	Mar-24

OPERATIONAL PERFORMANCE

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	Mar-24
	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 Milest	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 lives at home or in a homely setting		Dec-24
Key Milestones	Continue to build the SPOA model within Specialist Palliative Care Services, working with the ambulance service to prevent unnecessary admission to hospital for end of life patients	Oct-23
	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	Mar-24
	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 & Resources Committee
Meeting date:	16 January 2024
Title:	Financial Performance Report at 30 November 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 November 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 £19.414m revenue overspend is reported for the eight months to November 2023 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 November 2023, our forecast outturn indicates an overspend at March 2024 of £23m which is £12.1m above the level of deficit identified in our approved 2023/24 financial plan in March 2023. Following our quarter two financial performance review in November the Scottish Government has advised of their concern about our adverse position, particularly after receipt of additional NRAC, sustainability and new medicine funding and indicate that a Board wide effort is required to reduce and manage the deficit.

A number of actions were agreed following both our quarter 1 and 2 reviews which Scottish Government will follow up in our quarter 3 review in February. We have also requested support from the national Finance delivery Unit (FDU) to support us take forward these actions and provide comparable data to enable us to benchmark against other boards.

A meeting took place of the National Planning and Performance and Oversight Group on the 15th November to discuss NHS Board positions on the recently published NHS Scotland Support and Intervention Framework. Due to the scale of the forecast deficit within NHS Fife and the significant movement from plan, the Board have been assessed as being at level two of the framework.

The budget process for 2024/25 has started and will include a refresh of our Medium Term Financial Framework. Scottish Government have now written to all Health Boards outlining their expectations for 2024/25. These are:

- A clear programme of work and supporting actions to achieve the target of 3% recurring savings on baseline budgets.
- An improved forecast outturn position compared to the forecast outturn position at the start of 2023/24. For Boards at level two of the framework, in 2024/25 Scottish Government will be capping the brokerage available, for NHS Fife this will be a very maximum of £5 million, with the cap reducing in future years.

The process for developing the budget for 2024/25 and refreshing the Medium Term Financial Framework will continue at pace following the publication of the Scottish Government's budget on 19 December with a deadline for completion of the first draft and

submission to Scottish Government by end of January 2024. Financial projections will continue to be updated as new information becomes available.

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, out with the Board's agreed risk appetite for value and sustainability. This reflects the ongoing financial consequences of operational challenges and reduced and outstanding funding allocations. The financial position materially deteriorated in Q2 with very limited progress against the in-year cost reduction target. This position has been reviewed to determine actions which can be taken to reduce the level of forecast overspend. Despite ongoing attempts to reduce costs and a commitment to avoid any additional investment in our services, it is highly likely that the Board will require significant financial brokerage to break-even.

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

An impact assessment has not been carried however all actions and plans to deliver financial improvement are individually assessed for impact.

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

The information contained within this paper has been presented to EDG.

2.4 Recommendation

- **Assurance**

3 List of appendices

Appendix 1 – Finance Report for November 2023

Report Contact

Maxine Michie

Deputy Director of Finance

maxine.michie@nhs.scot

Appendix 1

1. Financial Position November 2023

1.1 For the period April 2023 to November 2023, the Health Board is reporting a financial overspend against budget of £19.414m. Current projections continue to indicate a overspend against budget at the end of the financial year of £23m. At the beginning of November, the board had a Quarter 2 financial performance review with Scottish Government Colleagues and following the meeting of the National Planning and Performance and Oversight Group on 15 November to discuss the position of each NHS Board on the recently published NHS Scotland: support and intervention framework, NHS Fife has been assessed as being at level two of this framework for finance due to the scale of the forecast deficit and the significant movement from plan .

Revenue Financial Position as at November 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	289,191	193,270	210,265	-16,995
IJB Non-Delegated	9,628	6,683	6,375	308
Non-Fife & Other Healthcare Providers	103,985	69,345	74,336	-4,991
<u>Non Clinical Services</u>				
Estates & Facilities	94,166	62,648	63,547	-899
Board Admin & Other Services	75593	45,363	45,484	-121
<u>Other</u>				
Financial Flexibility & Allocations	18,772	8,560		8,560
Income	-15,649	-3,876	-4,144	268
23-24 Cost Improvement Target	-12,420	-8,280	-2,736	-5,544
Sub-total Core position	563,266	373,713	393,127	-19,414
Financial Gap	-10,865	-7,243		-7,243
SG Sustainability	10,865	7,243		7,243
TOTAL HEALTH BOARD RETAINED SERVICES	563,266	373,713	393,127	-19,414

2. Health Board Retained Services

2.1 The financial position to 30 November continues to reflect financial pressures within our Acute Services Division and External Healthcare providers alongside limited progress across our cost improvement programme. The funding allocations relating to NRAC sustainability/parity and the new medicines funding totalling £15.152m have been reflected in the November financial position reported in the table above on a pro rata basis (£10.10m to November). It is important to note that despite the NRAC funding we still remain 0.6% from NRAC parity. Based on our original financial plan, and taking into

account the additional funding received, Scottish Government anticipated the Board to be achieving a breakeven outturn position. However, a number of our key planning assumptions have not delivered in line with plan and consequently expenditure is higher than anticipated despite a number of other mitigating actions being taken forward to offset rising costs.

- 2.2 At the beginning of November, we met with Scottish Government colleagues to discuss our Q2 financial performance. We highlighted the key financial challenges to our financial position including the actions being taken to actively manage the level of cost pressures we are currently experiencing. We are working with Scottish Government colleagues and have requested additional support and benchmarking data from their Finance Delivery Unit on several high expenditure areas. Our current projections indicate a forecast outturn of £23m, a £1m deterioration on the previous forecast due to reflecting the significant increase in the cost of our Service Levels Agreements with NHS Lothian. Communications and dialogue with SG colleagues continue to advise that we must identify more actions between now and the financial year end and move at pace to improve our forecast outturn and move towards break even.
- 2.3 As previously reported the key reasons for the position relate to the level of challenge associated with delivering the in-year savings target in full and an increasing level of spend generally on supplementary medical and nursing staff which is tracking significantly higher than last financial year which reflects the ongoing capacity and staffing issues. There are also several funding reductions including waiting times funding for historic agreement in relation to Stracathro Hospital in NHS Tayside, which we are currently pursuing with Scottish Government as this will increase our deficit further if not received. The Planned Care allocation eroded by pay inflation is not sufficient to deliver our activity at levels necessary to prevent major adverse impact on waiting times as well as Diabetic Pumps which all significantly add to the overall challenge. Additionally, whilst the New Medicines allocation is very welcome, our Acute prescribing costs continue to increase beyond the level of funding available despite several successful cost reduction programmes across medicines budgets. Covid legacy costs also continue to have an adverse impact on expenditure year to date.
- 2.5 The Acute Services Division reports an overspend of £16.995m. This is mainly driven by costs of supplementary staffing across both nursing and medical staffing budgets, 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. During November, the acute overspend increased due to banding payments incurred in relation to non-compliant junior doctor rotas. Despite actions having been taken to mitigate this risk, rotas became non-compliant, and payments have been backdated to August 2023. Work is underway to mitigate any further rotas becoming non-compliant and to get back on track with those that have.
- 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 October, set aside services are reporting an overspend of £7.529m 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 £4.991m 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. NHS Lothian have implemented their new cost model which has been accepted by all boards affected and although Lothian colleagues are unable to provide detail to

underpin the increase to NHS Fife we will continue to review and analyse cost reduction opportunities across this area of spend.

- 2.8 Corporate Directorates including Property and Infrastructure have seen little change to their position in November compared with prior months. The main areas of 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 November, progress to deliver on our cost improvement target continues to be challenged. 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 plan pushing delivery into quarter 4 of the financial year.

- 3.2 The table below summaries efficiency savings confirmed to date measured against the financial plan, £6.581m to November. Only 40% of the efficiencies confirmed in November are recurring.

		Target per Fin Plan	Confirmed M8	Projected	Confirmed Recurring
		£m	£m	£m	£m
Temporary Staff Reduction		10.000	0.352	8.228	0.352
Surge Capacity Reduction		5.000	0.000	0.000	0.000
Corporate Overheads		0.000	0.000	0.000	0.000
Medicines		0.000	1.526	2.000	1.142
Vacancy Factor (Corporate)		0.000	0.140	0.140	0.000
Public Health		0.000	0.006	0.006	0.000
Acute Services		0.000	0.438	0.507	0.389
Estate & Facilities		0.000	0.169	0.169	0.117
Major Contract Review		0.000	1.300	1.300	0.624
Balance Sheet Review		0.000	2.650	2.650	0.000
		15.000	6.581	15.000	2.624

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. We have invested in substantive posts across our medical staff group which are expected to reduce locum spend from September onwards.

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 ongoing.

3.6 Spend on supplementary staffing continues to remain high, although slightly less when compared to the same months in the previous financial year. Despite investment in several initiatives to increase our permanent staffing base, workforce challenges prevail. We have seen a reduction in the average monthly spend on agency across the nursing and medical workforce. Temporary staffing expenditure on unregistered nursing remains high although there has been an 18% increase in the number of permanent postholders and proactive recruitment continues. Guidance was received from the Scottish Government’s Supplementary Staffing Task and Finish Group at the end of November advising of further guidelines to be taken forward by boards alongside the off-framework controls and measures issued earlier in the financial year. It is anticipated that all boards will cease HCSW agency use by 1 April 2024 unless clinical safety and/or the delivery of the service will be compromised.

Reducing Surge Capacity

3.7 Initial 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 is no longer an option as demand across acute services over recent weeks has increased significantly and is anticipated to be sustained as we move into the winter months.

Corporate Overheads

3.8 In relation to reducing corporate overheads, several areas for consideration continue to be worked through as part of the 3 Horizons approach to cost improvement EDG committed to in August.

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 in place to drive out cost improvements have delivered £1.5m at the end of November. As savings to date have exceeded the original cost improvement target, the target has been stretched to £2m to secure maximum impact.

Major Contract Review

3.10 The work on a major contract review to deliver recurring cost reductions was concluded on 1st December. The review has secured significant and more importantly, recurring cost reductions over the remaining term of the contract which is reflected in the table above.

Digital Services

3.11 Work has been considered by the FIS Programme Board 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 £2.7m by the end of the financial year. It is important to note that, whilst helpful, this flexibility is non-recurring in nature.

- 3.13 Delivery of the cost improvement target in full over the remaining months of the financial year will be very challenging. We have requested the support of the national Financial Delivery Unit (FDU) and have received data to support benchmarking and identify opportunities for cost improvement. We have also requested support from the FDU to complete a further deep dive into supplementary staffing spend which we anticipate will move forward in January.

4 Health & Social Care Partnership

- 4.1 Health services in scope for the Health and Social Care Partnership report are reporting a balanced budget at the end of November. Detailed financial reporting for the partnership sits with the IJB. We have been advised by the Chief Finance officer for the IJB that despite a challenging financial landscape, the IJB will deliver a balanced budget and therefore we should not anticipate any potential year-end IJB risk-share arrangements.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Fife Health & Social Care Partnership	420,200	288,921	288,921	0
TOTAL HEALTH DELEGATED SERVICES	420,200	288,921	288,921	0

5. Financial Forecast - Risk Assessment

- 5.1 Current projections indicate a forecast overspend at March 2024 is £23m. This is £12.1m more than the deficit originally identified in our approved financial plan. The forecast has been updated in November to include the increased costs of our SLA with NHS Lothian following the adoption by Lothian of their new costing model. The forecast is subject to a number of risks and key assumptions including the impact of winter, successful resolution to the Stracathro SLA issue and receipt of all outstanding funding allocations. Whilst this is an extremely challenging position, the Executive Director's Group have 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 overspend.

6. Capital

- 6.1 The total anticipated capital budget for 2023/24 is £12.077m 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 several 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 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. At the end of November all capital expenditure plans are progressing in line with plan and no significant risks are anticipated at this time.

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2023/24 £'000
Statutory Compliance/Backlog Maintenance	1,500	811	1,500
Clinical Prioritisation	1,450	564	1,450
Capital Equipment	1,319	1,053	1,319
Digital & Information	500	355	500
Kincardine Health Centre			-
Lochgelly Health Centre			-
Mental Health Review	1,100	330	1,100
QMH Upgrade	1,114	985	1,114
HEPMA	1,707	356	1,707
LIMS	437	307	437
GreenSpace Project	150	-	150
Fleet Decarbonisation	486	-	486
Switch-on Fleet Funding	386	-	386
FCON Laundry	508	33	508
Project Team	271	215	271
To be allocated	1,528	-	1,528
Capital to revenue	(579)	0	(579)
Total Capital Expenditure 2023/24	11,877	5,010	11,877

6.2 Although a relatively low level of capital expenditure has been incurred for the period reported this is not unusual at this stage in the financial year with most of the capital expenditure generally occurring in the final quarter of the financial year due to supply chain 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 £19.414m
- Progress with the Financial Improvement and Sustainability Programme
- HSCP balanced position
- Financial Forecast Risk Assessment
- Progress on the capital programme.

Meeting:	Finance, Performance and Resources
Meeting date:	16th January 2024
Title:	Funding for Critical Posts
Responsible Executive:	Carol Potter Chief Executive
Report Author:	Fay Richmond, Executive Officer to Chief Executive and Board Chair

1 Purpose

This report is presented for:

- Decision

This report relates to:

- Annual Delivery Plan
- Emerging issue
- Legal requirement

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

As reported separately, the current forecast position for NHS Fife indicates an overspend at March 2024, of £23m which is £12.1m above the level of deficit identified in our approved 2023/24 financial plan in March 2023. Following our quarter two financial performance review in November the Scottish Government advised of their concern about our adverse position, particularly after receipt of additional NRAC, sustainability and new medicine funding and indicate that a Board wide effort is required to reduce and manage the deficit

In December 2023, the Director General Health & Social Care and Chief Executive NHS Scotland, wrote to all NHS Board Chairs about the scale of the financial challenge in 2023/24 and beyond. This letter makes clear the level of brokerage currently being forecast by some Boards is not acceptable or affordable and further controls around expenditure are expected. Specifically, the

letter stated that where a Board's expenditure is forecast to exceed the plan agreed with Scottish Government, that approval is to be sought from Scottish Government before committing expenditure that does not have a budget.

Given the context described above, the Chief Executive recognises the *statutory* requirements and responsibilities laid upon her as Accountable Officer require a different approach for approving new expenditure, which is not described in the extant Scheme of Delegation.

The posts detailed in this paper require a decision from the Committee. These posts individually have implications in relation to training commitments, management of risk, and response to FAI recommendations. These are different to normal service development needs and the clinical risk of not undertaking the expenditure is deemed to outweigh the financial risk.

2.2 Background

At any given time, NHS Fife must review their staffing establishment and consider the development of new roles or service expansion in response to a number of external factors including:

- Legislation
- Legal requirements
- Management of risk – clinical, financial, and reputational
- Staff wellbeing

The current financial situation and the measures in place to support recovery have had some impact on the normal process to have these additional costs agreed.

There are currently three schemes, detailed below, that present significant risks for NHS Fife if they are not considered and supported. There is a fourth that is detailed to raise awareness for the Committee, but funding is not requested at this time.

2.3 Assessment

The three schemes that carry the most risk for NHS Fife are the Paediatric Middle Grade workforce, the Clinical Risk Nurse/Midwife and Orthopaedic Advanced Nurse Practitioners. The fourth for awareness is the Whistleblowing Co-ordinator. Each is discussed below detailing the requirements, rationale and costs including any offset funding available.

1. Paediatric Middle Grade Workforce

There are an increasing number of the senior trainee paediatric doctors (middle grades) choosing to work less-than-full-time hours, resulting in variable but recurring 'gaps' in the paediatric middle-grade rota. This results in reduced clinical hours being available to cover the service (paediatrics and neonates). This has patient safety implications, impacts on the staff's wellbeing and

departmental operation. All of this has been exacerbated by the changes to post-graduate medical education pathways, reducing the number of senior paediatric trainees (ST7s/ST8s) across the SES deanery, and thus the number of trainees rotating to NHS Fife paediatrics.

Workforce and rota 'gaps' have largely been managed through good-will and the flexibility of remaining rota members, with only occasional supplementary staffing. This is a fragile system and on occasion gaps are not able to be filled. These challenges have culminated in the paediatric middle-grade medical trainee rota failing to comply with national working-times recommendations. In addition to adverse effects on workforce wellbeing, the non-compliant monitoring outcome resulted in the temporary re-banding of the middle-grade trainee doctors pay (to Band 3), with a significant associated financial penalty of **£205,000** for NHS Fife. This financial penalty is highly likely to be repeated if there remains an insufficient substantive workforce available to the paediatric middle-grade rota to guarantee future compliance.

It has become increasingly challenging to cover middle-grade workforce shortfalls through either additional or locum hours, with recent experience of locums doctors unable to provide the skill set required of a middle-grade doctor. This has led to a significant number of shifts remaining unfilled, meaning the clinical risk persists but the supplementary staffing spend does not reflect the total associated financial risk. This unmitigated staffing shortfall has significant patient safety implications, particularly in reducing middle-grade staffing cover of the neonatal unit and short stay paediatric assessment area in the evenings and weekends leading to delays in patients being seen and assessed. There have also been increasingly regular short-notice cancellations of the 'Registrar Urgent Review' clinic (a rapid review service designed to allow the highest risk outpatient referrals to be seen promptly).

Medical trainee concerns with the rota staffing were raised in 2023 via both the NES Scottish Trainee Survey and the GMC National Training Survey with both rating trainee experience in NHS Fife paediatrics as "poor", placing the department in the lowest 2% of trainee satisfaction nationally. There is a risk that if nothing is done to improve, NES may reconsider the suitability of Fife as a placement centre for paediatric trainees, rendering the provision of acute paediatric and neonatal care unachievable.

The acute workload demand over winter brings specific challenges which may further undermine rota stability, especially during evening shifts when unscheduled paediatric admissions tend to peak and neonatal activity and acuity remains unpredictable. There is no inbuilt resilience for sickness or other short-term absences, and there has been very limited success in getting locum cover for shifts when rota gaps occurred.

Unless the rota can sustain 2 middle-grade staff working during these out-of-hours periods, one for each of the paediatric and neonatal services, patient safety will be compromised, and the rota is highly unlikely to remain compliant due to middle-grade doctors being unable to take meal breaks or finish their shifts on time.

Continued reliance on variable numbers of rotational medical trainees to staff the paediatric middle-grade rota will not resolve the issues of rota non-compliance and workforce dissatisfaction. Recruitment to additional substantive middle-grade posts is required to ensure rota and service

stability. Without change now, the situation is likely to further deteriorate, with exacerbation of all the identified risks including action by the Deanery.

This also has implications for the junior tier of medical rota which is also verging on non-compliance. The concerns are that shortfalls in middle-grade rota will result in increased workload pressure on junior tier colleagues. If their rota also becomes non-complaint, there will be additional financial and reputational impacts.

A more 'blended' workforce, with increased substantive staff, would ensure the stability of the paediatric middle-grade workforce is less dependent on variation in the availability of medical trainee hours.

This has been discussed and considered at both service level, Division and EDG. Subsequent changes in national workforce availability, and related challenges experienced recruiting to recent vacancies now suggest that long-term stability would best be achieved through the recruitment to 3 WTE substantive roles: 1WTE Specialty Dr *plus* 1.0 WTE additional middle-grade ANNP , *plus* 1.0 WTE trainee PNP (with funding available to progress to middle-grade working on completion). The associated costs for this are summarised below:

Grade	WTE	Annual Cost	Recurring Cost
Specialty Doctor	1.00	£ 99,734	£ 121,616
1 WTE ANNP*	1.00	£ 93,116	£ 117,743
1 WTE PNP (Trainee)**	1.00	£ 65,889	£ 117,743
PNP Training (course fees, travel etc)		£ 10,000	
Total	3.00	£ 268,739	£ 357,102

* these posts could be re-banded to an 8B in the long term. Annual cost based on 1 WTE 8A, recurring cost based on 1 WTE 8B. 22% enhancements to support OOHs working.

** these posts could be re-banded to an 8B in the long term. Annual cost based on 1 WTE band 7 annex U (21), recurring cost based on 1 WTE 8B. 22% enhancements to support OOHs working.

These costs may be partially offset by cost avoidance through reduced spend on increased trainee pay banding and ongoing supplementary staffing costs.

A significant pay uplift was required due to rota re-banding in 2022/23 as a result of failed rota compliance, when a total spend of £205,000 was incurred due to rota non-compliance.

It is estimated that should the rota again become non-compliant, trainee pay re-banding will cost around £200,000 per year until the rota can be made reliably compliant. It is very unlikely that reliable compliance can be guaranteed without an increase of 3.0 WTE to the current substantive establishment.

A potential source of funding to offset some of this cost pressure has been identified from within the paediatric medical trainee budget.

The paediatric budget is currently funded for 17.3 WTE trainee doctors, set against an average NES allocation of around 16.2WTE trainees. Although the service is required to return budget back to NES for the basic salary element of unallocated posts, funding for the banding element of these posts remains within the paediatric budget. This currently equates to around £38,000 per annum, on a recurrent basis. It is proposed that this sum be used to offset some of the cost pressure of recruitment to additional substantive posts.

Taking this into account would reduce the additional cost for achieving sustainability within the middle-grade rota to around **£231,000** in the first full year.

2. Clinical Risk Nurse/ Midwife

Within the Neonatal and Children's Service, there is no dedicated risk management role. Emerging evidence shows there is a need for 1.0 WTE Band 7 risk management lead to provide assurance to SLT and NHS Fife that risk reduction and risk management activities are undertaken in a proactive and timely way. This is in line with the NHS Fife Risk Management Framework alongside the need for compliance with legislation.

Historically, risk management within these services has been undertaken by Senior Clinicians, in addition to their other responsibilities. There has been no provision of a risk management role separate from other clinical commitments. In recent years there has been significant re-modelling of service provision in line with Scottish Government recommendations, including the new model of neonatal care, necessitating increased in-utero and ex-utero transfers to Tertiary Neonatal Units which will include safe and effective repatriation and increased transfers into the unit to ensure correct placement of the neonate. All of which require to be reviewed from a clinical risk perspective. Best Practice Guidance from the British Association of Perinatal Medicine (BAPM) and data from the National Data Audit Programme (NMAP) also highlight the need for units to regularly review clinical care provision to assure safety and quality in clinical care provision.

There has been increased scrutiny of safety within Neonatal care UK wide, with reports of failings of care and recommendations for improvement (The Report of the Morecombe Bay Investigation 2015, Ockenden report, 2022, Maternity and Neonatal services in East Kent report, 2023). The Chief Midwife for Scotland has advised that there will be information to follow regarding the lessons to be learned for services following the verdict from the Lucy Letby criminal case (August 2023), and the recommendations of the UK wide review are awaited.

These reports have shown common and repeating themes including, deficient investigations into clinical incidents, repetition of the same incidents, lack of effective clinical governance, lack of a learning culture, etc. Learning from these has highlighted the need for Children's Services to have appropriate risk awareness, to reduce avoidable harm, to recognise report and investigate concerns rapidly, to have a low threshold for reporting and investigating clinical incidents and to create a culture of learning.

NHS Fife Paediatric and Neonatal Services consist of a number of diverse clinical areas and specialities:

- Neonatal Unit (incorporating Intensive and High Dependency care)
- Neonatal in-reach to Obstetric/Maternity Unit and Transitional Care
- In-patient Children's Ward (incorporating Paediatric High Dependency Unit)
- Short-Stay Paediatric Assessment Area (24-hour front door facility)
- Paediatric Ambulatory Care and Day-surgery Unit (VHK & QMH sites)
- Community Paediatrics
- Specialty Children's Nurses Outreach Team
- Out-patient department (VHK & QMH sites)

Activity and acuity are high throughout and several high-risk and high-profile categories of patients (Children, Neonates, Intensive care, High Dependency, child protection etc) are cared for, necessitating a robust approach to clinical governance and risk management, including the timely and effective review of clinical incidents e.g., SAER reviews.

The Senior Leadership Team and clinical staff within the department place a high degree of importance on clinical governance, patient safety and service quality improvement. Capacity limitations within the team, currently result in a limited ability to both effectively participate in current initiatives and reduce ability to explore the development of further QI activities.

Neonatal care specifically is recognised to be a 'high risk' speciality due to the acuity and fragility of this patient group. This is acknowledged by the Scottish Government who in 2021 published guidance on a national "Maternity and Neonatal (Perinatal) Adverse Event Review" process incorporating additional reporting requirements for maternity and neonatal services.

A number of UK and Scottish audits and reports into Maternity and Neonatal Services (e.g. MBRRACE, PMRT, Each Baby Counts) have highlighted the importance within Perinatal and Neonatal Services of a standardised and structured approach to adverse event reviews to promote local and national learning and to endeavour to provide families, staff and organisations with assurance of standards of care.

This need for timely and robust investigations of clinical incidents is well recognised within the service. Senior clinicians do not, have any dedicated time for risk management and clinical governance activity. This results in limited capacity to undertake activity such as LAER and SAER reviews in a timely manner, with none of the SAERs commissioned in 2021, 2022 or up to October 2023 being completed within the 90-day target, despite the best efforts of clinicians and the local management team.

Between April to September 2023 the Neonatal Unit commissioned and undertook 5 SAER reviews, averaging 1 new SAER review per month. Each SAER review takes a significant amount of time to prepare, undertake and conclude meaning it is not uncommon for the Senior clinical team to be undertaking around 3 separate SAER reviews at any one time. This has obvious associated challenges of co-ordinating the activity within the limited time available. In addition, a number of Complex Care Reviews are often also commissioned on a monthly basis adding to the risk management workload and complexity.

In addition to clinical reviews, a significant number of Datix submissions and user complaints/feedback are received within the department.

During 2022, 339 Datix incidents were reported - 8 'major' and 36 'moderate' outcomes. By October 2023, 263 incidents were reported - 5 'major' and 17 'moderate' outcomes. Each of these requires investigation, actions undertaken where appropriate and learning shared throughout the department.

Currently within the Paediatric and Neonatal Service there is no Senior Nurse/Midwife with dedicated time to assume responsibility for clinical governance and risk management. Whilst the Clinical Nurse Manager (CNM) has an obvious leadership role in this area, conflicting responsibilities including the operational management of this large and diverse clinical area, together with line management responsibility for a significant number of Nursing and Midwifery staff, leave little time to dedicate to clinical governance and risk management activity.

Although robust reviews require an MDT approach, much of the preparation, co-ordination, information gathering and later sharing of learning and successful implementation of identified actions could be undertaken by a Clinical Risk Nurse, freeing the clinicians to concentrate on undertaking the actual critical reviews.

It is suggested that the development of a 1.0 WTE Clinical Risk Nurse post would provide sustainable capacity and Senior Nursing leadership to drive and support the robust and effective clinical governance, risk management, quality improvement and patient safety activity required.

1.0 WTE Band 7 Clinical Risk and Governance Nurse would cost **£71,913** on a recurring basis. There is no scope within the Paediatrics and Neonatal budget to support this funding requirement. The Executive Director of Nursing is fully supportive of the proposal to establish the post and deems it essential to support maternity care.

3. Orthopaedic Advanced Nurse Practitioners

In April 2023 NHS Fife received the Sheriff's recommendations from a Fatal Accident Inquiry (FAI), into the death of a trauma orthopaedic patient in October 2019. One of his recommendations was:

Every post-operative patient should be seen by an ANP, or a doctor and their presentation recorded in the observation notes on a daily basis. As part of that daily review, the medication prescribed to the patient should be considered and adjusted if appropriate. The observation record should narrate that the medication prescribed has been considered and narrate any changes.

In NHS Fife's response, the Medical Director and Chief Executive accepted the recommendation. The response confirmed that recruitment, and training will be required to increase the ANP workforce by 3.0 WTE. Whilst a full business case is required, it is anticipated that we may be able to recruit some fully qualified staff the outset, however if the posts were trainees roles in the

first instance, they would be subject to Annex 21 (proportionate salary) during the training period and a Band 7 when trained. The full year costs of these posts will be **£200,000**.

There are potential legal implications should we not be able to meet the undertakings that we gave in our response.

4. Whistleblowing Co-ordinator

It has been recognised by the Staff Governance Committee and Internal Audit, that our current approach arrangements for the oversight, coordination and reporting of whistleblowing concerns does not reflect best practice.

Work has progressed in relation to a re-implementation of our approach, with an ambition to transition to a new model from 1 April 2024. A few of the proposed features include:

- Executive oversight to move to the Chief Executive rather than the Director of Workforce
- Enhanced governance via a Whistleblowing Oversight Group chaired by the Chief Executive
- Enhanced operational management through a Whistleblowing Coordinator role, through the Corporate Governance function reporting to the Head of Corporate Governance
- Further operational enhancements through a Whistleblowing Decision Making Team which will be multi-profession including HR, clinical governance, staff side and others
- Introduction of a Speak Up email and phone line

A number of further actions have already been progressed including training and support for Confidential Contacts. A job description for the Whistleblowing Coordinator has been agreed and evaluated as an AfC band 5. Given the current financial situation, however, we are not proposing that we progress with the recruitment of this new post at this time. Although disappointing we remain committed to this new way of re-implementing the National whistleblowing standards across NHS Fife and will continue to explore options to progress this.

We will review our redeployment register to examine if there are any suitable individuals with the right skillset as detailed in the job description who could be used to undertake this role. We will review existing roles across corporate functions to examine if additional capacity can be utilised to support this new function. The Workforce Directorate will continue to support the whistleblowing standards as per current arrangements until we are able to finalise the re-implementation of whistleblowing across NHS Fife.

2.3.1 Quality / Patient Care

All of these posts have implications for the safe and effective provision of care to the population of Fife. In particular, the Middle Grade paediatric workforce is required to support a safe and robust service for some of the most vulnerable, neonates and children. There is a risk that their care would not be delivered in Fife if we were not able to provide a suitable learning environment for trainees. There are significant implications with this including reputational damage.

The recommendation that has led to the case for the ANP's comes from a FAI. In NHS Fife we strive to provide the highest standards of care and having any cases referred to this system is difficult for all including staff.

Neonatal care has unfortunately been in the media for all the wrong reasons. By being proactive and embedding the role of the Clinical Risk Nurse/ Midwife we will be in a position to embed all recommendations from reviews into the service. This will also support the Middle Grade staff.

The ability to raise concerns through the Whistleblowing process is integral to a system that values and listens to staff. This new post would allow this to be a more independent system.

2.3.2 Workforce

Staff wellbeing is crucial to the safe and effective delivery of person centered quality care. If staff feel pressured and unsupported at work, and not able to practice self-care e.g., breaks then they are less able to provide this high level of care and are more likely to make mistakes.

All of these posts will support staff to be working in the right skill mix, with sufficient colleagues and time to undertake their clinical and administrative duties in a timely way.

Those that do raise concerns, through the whistleblowing co-ordinator NHS Fife will have more detail of issues and be able to identify them early and make the necessary interventions.

2.3.3 Financial

The financial implications of progressing the clinical roles outlined above are in the region of c£500k on a full year basis. The in year impact for 2023/24 will be minimal given the timeline for recruitment. Whilst the financial position for 2024/25 will be challenging on an unprecedented level, the clinical risk associated with not progressing these posts outweighs the financial impact. The financial plan is being developed and will be considered by the Committee in due course, however, it should be noted that £7m of NRAC funding has been confirmed and the Chief Executive has requested that this funding is protected to address situations such as this.

Summary of costs (first full year)

- Middle Grade Paediatric rota - **£231,000**
- Clinical Risk Nurse/Midwife - **£71,913**
- ANP's - Orthopaedics - **£200,000**

2.3.4 Risk Assessment / Management

Risk management is at the core of all of these proposals. They have all been considered and detail the specific risks for their scheme. These include clinical, financial, and reputational.

Most risks have been identified by the Middle Grade workforce scheme. There are risks currently to person centered care, staff wellbeing, financial both for non-compliance and staffing costs and there is also the potential risk that the Deanery could remove trainees. This does mean that we could not deliver neonatal and paediatric services.

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

Not progressing the introduction of these clinical posts may impact the equity of care received patients in NHS Fife when compared to that available in other health boards.

2.3.6 Climate Emergency & Sustainability Impact

There are no direct impacts.

2.3.7 Communication, involvement, engagement and consultation

All of these proposals have been discussed through local teams and (for the clinical roles) the Acute Senior Leadership Team.

2.3.8 Route to the Meeting

Whilst this paper has not been considered by any other group, the issues have either been considered at a meeting of EDG or with Executive Directors. In addition, the Chief Executive has discussed the matter with the Acting Chair.

2.4 Recommendation

The committee are asked to:

- **Discussion** – discuss and consider the proposals in this paper
- **Decision** – approve the actions outlined to address the Middle Grade paediatric rota; the establishment of the Clinical Risk Nurse/Midwife; and the Advanced Nurse Practitioners
- **Note** – there is no funding available in the current year to meet any costs which will arise prior to 31 March 2024 and whilst the c.£500k recurring investment required will be supported by the NRAC funding in 2024/25, this is within the context of an unprecedented and significant gap in the financial plan.

Report Contact

Fay Richmond

Executive Officer to the Chief Executive and Board Chair

Email fay.richmond@nhs.scot

Meeting:	Finance, Performance & Resources Committee
Meeting date:	16 January 2024
Title:	Decarbonisation of the NHS Fife Fleet
Responsible Executive:	Neil McCormick, Director of Property & Asset Management
Report Author:	James Rotheram, Head of Facilities

1 Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

- Government policy / directive

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

- Safe
- Effective

2 Report summary

2.1 Situation

NHS Scotland Climate Emergency and Sustainability Strategy 2022-2026 describes actions required to address the Scottish Government's (SG) overall climate ambitions. Specifically, it succinctly captures the ambitions around decarbonisation of the fleet (and business travel) in the extract paragraph set out below:

We aim to remove all fossil-fuelled small and light commercial vehicles in the NHS fleet. We will also ensure all NHS small and light commercial vehicles are powered by renewable alternatives by 2025 and 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 the NHS estate and collaborate across the public sector on charging infrastructure.

This strategy document changes the previous target (described in DL(2021)38) from not buying/leasing new fossil fuelled light vehicles from 2025 to not using any by 2025. Effectively this shortens the target by several years.

The main financial mechanism for moving NHS fleet from internal combustion engine (ICE) vehicles to electric vehicles (EVs) has been the Switched-on Fleet Grant Scheme. Transport Scotland manage this scheme and a national bid for all of NHS Scotland is co-ordinated each year by the National Fleet Support Unit at National Services Scotland. This scheme has been in existence for several years and in the main has supported the additional cost of leasing EVs over ICE vehicles, (for the length of the initial lease of the vehicle). The scheme now focuses on providing grants for the costs of charging infrastructure. The scheme invites annual bids and the bid criteria is updated as the technology and consequent costs of decarbonisation changes eg the scheme stopped supporting leasing cost for electric cars.

Progress across NHS Scotland is very mixed. NHS Fife’s position at 31 October 2022 was:

	Fife				Scotland
	EV	ICE	Total	%EV	%EV
Cars	4	47	51 ¹	8	19
Light Commercial	24	30	54	44	16
Heavy Vehicles	2	18	20	10	1

2.2 Background

(a) Electric Vehicles

Over several years NHS Fife has been bidding for Transport Scotland Switched on Fleet grants. Primarily, the aim has been to replace cars and light commercial vehicles where the EV technology provides appropriate vehicles with an adequate range.

(b) Charge Points

Again, via Transport Scotland Switched on Fleet grants to date, charge point installation has focussed on:

- Directly matching the number of charge points to the incrementally increasing fleet EV numbers
- Directly locating the charge points to suit “parked-up” locations of EVs
- Matching the charge points to existing capacity within the site electrical infrastructure
- Fitting of simple plug in, inexpensive, non-metered, charge points

¹ Includes 27 ICE Enterprise pool cars (which is the part of business travel we can directly decarbonise)

In short, the charge point infrastructure has strived to simply match growth in EVs (as annual bidding to Transport Scotland has allowed) rather than set an anticipatory strategic plan for a complete EV fleet. A summary of current fleet charge point infrastructure is set out below:

	Number	Type
Queen Margaret Hospital	8	4@7Kw, 2@22kw, 2@40Kw
Lynebank Hospital	6	6@7Kw
Victoria Hospital	13	9@7Kw, 2@22Kw, 2@40Kw
Whyteman's Brae Hospital	5	4@3.6Kw, 1@7Kw
Glenrothes Hospital	2	2@7Kw
Cameron Hospital	9	7@3.6Kw, 2@40Kw
Randolph Wemyss Memorial Hospital	0	
Adamson Hospital	3	1@3.6Kw, 2@7Kw
Stratheden Hospital	7	4@3.6Kw, 3@7Kw
St Andrews Community Hospital	4	4@7Kw
Small Community sites (eg Health Centres)	4	4@7Kw
TOTAL	61	

2.3 Assessment

(a) Electric Vehicles

This paper outlines a suggested replacement plan to ensure NHS Fife's fleet is decarbonised within the target dates set. For financial reasons, the plan suggests a pragmatic approach to two vehicles which makes compliance very slightly but not materially short of the target.

Addressing the SGs ambition to fuel all small and light commercial vehicles via renewable alternatives by 2025 requires consideration of the following points:

- The cost of leasing EVs is more expensive than the equivalent ICE vehicle. Decarbonisation of the fleet relies on the overall cost of changing ICE cars and light commercial vehicles to EVs being fairly neutral for departments that already lease ICE vehicles. That is to say the costs of decarbonisation are manageable for departments with small numbers of leased ICE vehicles which simply need replaced with a leased EV.

- Based on the premise that it is currently prudent to propose leasing rather than buying EVs, the cost of decarbonisation is significant for departments that currently benefit from capital funded ICE vehicles. NHS Fife currently has thirty three owned vehicles. The fast-developing technology involved, the lack of local expertise for repairs and the overall lack of track record in commercial vehicles suggests leasing is currently the better option, however, this position may change. The plan estimates the additional revenue costs of leasing.
- NHS Fife currently leases twenty seven ICE cars as a Pool Car facility for staff business travel use. Discussions have commenced to agree a programme of replacement to EVs over the next two years to December 2025. Alternatives to the current Enterprise Scheme are also being explored in an effort to ensure that the cost of decarbonisation of the Pool Car Scheme is neutral.

Addressing the Scottish Governments ambition to fuel all heavy commercial vehicles via renewable alternatives by 2030 requires consideration of the following point:

- The working definition of a heavy commercial vehicle within NHS Scotland is now any vehicle 3.5 tonnes and above. NHS Fife currently has twenty vehicles in this category. There are currently no affordable EV alternatives for NHS heavy commercial vehicles. Given the limited availability of suitable heavy commercial vehicles, this plan is based on leasing such vehicles when they become available. This is seen as being prudent given what may still be a relatively new technology in 2030. This approach may change dependent on advances in heavy EV technology and availability of capital or revenue funds. The plan estimates the revenue costs of leasing.

(b) Charge Point Infrastructure

The 2023/24 Switched on Fleet grant application process invited applications for improvements to charging infrastructure. The application process includes integrating several charge points into the Charge Place Scotland network.

NHS Fife has historically been successful in bidding for funds to develop the charging infrastructure. If successful, the 2023/24 bid (£201K) will increase the charge point network by:

Victoria Hospital South Labs	One double charge point	std 7.3KW
Lynebank Hospital, rear car park	Two double charge points	std 7.3KW
Lynebank Hospital, new car park	One double charge point	rapid 40KW
Cameron Hospital	One double charge point	std 7.3KW
Whyteman's Brae Hospital	Three double charge points	std 7.3KW

This will increase the total number of charge points across NHS Fife to seventy-seven.

In addition, a second 2023/24 invite to apply for infrastructure funds was offered by Transport Scotland. If successful, this additional bid (£155K) will fund the installation of two more rapid chargers, standard charging points as well as the upgrading of current “dumb” charging points to “smart” chargers. This additional bid is anticipatory in nature. It is intended that the 2024/25 bid will complete any gaps in provision. Preparation for the 2024/25 bid begins in October 2023.

NHS Fife is exploring options for installation of charging infrastructure on publicly accessible areas of NHS land by private suppliers. This infrastructure would be used by NHS fleet, staff and public use and may be in line with the Boards Anchor Institution ambitions. This approach may also be used for the pool cars.

(c) In summary, current actions include:

- Proposing a plan for compliance with 2025 and 2030 target dates for use of EVs
- Developing comprehensive infrastructure for EV charging
- Developing infrastructure for vehicles which may need charged rapidly during their working day eg at loading bays, at base, at strategic crossover points
- Developing charging points to allow pool vehicles to be EVs
- Considering within the overall decarbonising/sustainability agenda the option to develop public and staff access charging points complimentary to the fleet requirements. These may generate income.

2.3.1 Quality, Patient and Value-Based Health & Care

This report relates to the sustainability of transport which is essential to ensure continued quality in the delivery of care.

2.3.2 Workforce

The workforce would benefit from the over improvement in sustainability.

2.3.3 Financial

Over the longer-term, revenue costs should be neutral after initial priming of lease costs.

2.3.4 Risk Assessment / Management

The key risks with respect to Decarbonisation of the Fleet are:

- Continuing access to grant funding for the requirement of significant expenditure
- Required change in spending profile between capital and revenue as the advantages and benefits of purchase or lease change

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

An Impact Assessment has not yet been completed but may be required to examine the wider benefits of NHS provision of public charging points.

2.3.6 Climate Emergency & Sustainability Impact

This work aims to meet the needs of the Climate Emergency & Sustainability agenda.

2.3.7 Communication, involvement, engagement and consultation

Not Applicable at this stage.

2.3.8 Route to the Meeting

This paper has been discussed at the Fife Capital Investment Group on 8 November 2023.

The paper will be considered by the Fife Finance, Performance & Resources Committee when it meets on 16 January 2024.

2.4 Recommendation

Members are asked to take assurance from the Report.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Fleet Decarbonisation Plan
- Appendix No. 2, SG Decarbonisation of NHS Vehicle Fleet Letter (Dec 22)
- Appendix No. 3, Circular DL(2021)38 SG Climate Emergency & Sustainable Development (Nov 21)

Report Contact

Neil McCormick

Director of Property & Asset Management

Email: neil.mccormick@nhs.scot

Ref	Vehicle Class	Vehicle used as at 1st September 2023	Registration	User Department/Budget Holder	Lease Start	Lease End	Lease Company	Fuel Type	Replacement Plan	Likely date of replacement to be compliant (by 2030)								
										End of 2023	End of 2024	End of 2025	End of 2026	End of 2027	End of 2028	End of 2029	End of 2030	
Heavy Commercial																		
1	Heavy Commercial	Peugeot Boxer 2.2D	SF16OPA	Cameron Porter	NA	NA	Asset	Diesel	Will require additional revenue funds by 2030 (or capital)					E20K revenue				
2	Heavy Commercial	Peugeot Boxer minibus,	HX68EUY	Child Assessment	03.01.2019	02.01.2023	Alphabet	Diesel	ICE replacement currently on order to 2027, lease EV thereafter					E7K revenue				
3	Heavy Commercial	Peugeot Boxer minibus,	HX68EUY	Child Assessment	03.01.2019	02.01.2023	Alphabet	Diesel	ICE replacement currently on order to 2027, lease EV thereafter					E7K revenue				
4	Heavy Commercial	Renault Trafic Passenger (Learning Disability Lynebank)	OU23FFG	Learning disability -Lynebank	10.06.2023	10.06.2028	Athlon	Diesel	Lease EV at 2028						E7K revenue			
5	Heavy Commercial	Renault Master L135 (Cameron Porter)	SC23HMY	Porter - Cameron	21.07.2023	21.07.2028	Kinto	Diesel	Lease EV at 2028						E7K revenue			
6	Heavy Commercial	Renault Master LWB LH35dci (High Roof)	SF23DVM	Sexual Health - Whytemans Brae			Athlon	Diesel	Lease EV at 2028						E7K revenue			
7	Heavy Commercial	Peugeot Boxer, Vic Supplies	SF68CUW	Transport Department	28.12.2018	27.12.2023	Alphabet	Diesel	ICE replacement will be ordered to 2027, lease EV thereafter					E7K revenue				
8	Heavy Commercial	Ford Transit, Transport	SP19KZT	Transport Department	03.07.2019	02/072024	Leaseplan	Diesel	ICE replacement will be ordered to 2028, lease EV thereafter						E7K revenue			
9	Heavy Commercial	Ford Transit, Transport	SP19KZU	Transport Department	03.07.2019	02.07.2024	Leaseplan	Diesel	ICE replacement will be ordered to 2028, lease EV thereafter						E7K revenue			
10	Heavy Commercial	Iveco Daily, VHK Laundry	SP21YVO	Laundry	03.06.2021	02.06.2024	Kinto	Diesel	ICE replacement will be ordered to 2028, lease EV thereafter						E7K revenue			
11	Heavy Commercial	Iveco Daily, VHK Laundry	SP21YVR	Laundry	26.05.2021	25.05.2024	Kinto	Diesel	ICE replacement will be ordered to 2028, lease EV thereafter						E7K revenue			
12	Heavy Commercial	Iveco Daily, Adamson Hospital	ST22MXE	Adamson	16.06.2022	16.06.2027	Kinto	Diesel	Lease EV at 2027					E7K revenue				
13	Heavy Commercial	Peugeot Boxer 2.8D	MLS6ONC	Dental	NA	NA	Asset	Diesel	Removing from Fleet (Project underway for new Dental Unit)									
14	Heavy Commercial	Ford Transit 2.0D	ST21LHB	Porter - VHK	NA	NA	Asset	Diesel	Will require additional revenue funds by 2030 (or capital)								E20K revenue	
15	Heavy Commercial	Ford Transit 2.0D	ST21DKK	Transport Department	NA	NA	Asset	Diesel	Will require additional revenue funds by 2030 (or capital)								E20K revenue	
16	Heavy Commercial	Fiat Ducato 2.3D	SP22TCX	Porter - Lynebank	NA	NA	Asset	Diesel	Will require additional revenue funds by 2030 (or capital)								E20K revenue	
17	Heavy Commercial	Iveco Daily 2.3D	SP22XCR	Porter - Stratheden	NA	NA	Asset	Diesel	Will require additional revenue funds by 2030 (or capital)								E20K revenue	
18	Heavy Commercial	Ford Transit 350 L3	ST72XMG	Porter - QMH	NA	NA	Asset	Diesel	Will require additional revenue funds by 2030 (or capital)								E20K revenue	
19	Heavy Commercial	HiSun H55D 4x4 Utility Vehicle (agricultural, classed as heavy)	SV22BVM	Estates - Stratheden	NA	NA	Asset	Electric	Continue ownership (agricultural vehicles classed as heavy)	x								
20	Heavy Commercial	HiSun H55D 4x4 Utility Vehicle (agricultural, classed as heavy)	SV22BVN	Estates - Stratheden	NA	NA	Asset	Electric	Continue ownership	x								
13	Heavy Commercial	Mobile Dental Unit (replacement for item 13)	Unknown	Dental	2024/5	2030+	Asset	Diesel	Proposed replacement for vehicle 13 ready in 2025 circa £250K mobile Dental unit with long lifespan								E0K	
										10	10	10	10	35	70	70	95	
										POTENTIAL ADDITIONAL REVENUE COSTS								
										2/20	2/20	2/20	2/20	7/20	14/20	14/20	19/20	

Ref	Vehicle Class	Vehicle used as at 1st September 2023	Registration	User Department/Budget Holder	Lease Start	Lease End	Lease Company	Fuel Type	Replacement Plan	Likely date of replacement to be compliant (by 2025)							
										End of 2023	End of 2024	End of 2025	End of 2026	End of 2027	End of 2028	End of 2029	End of 2030
Cars/Light Commercial																	
21	Light Commercial	Peugeot Boxer, Cameron Estates	DA68HKW	Estates - Cameron	10.01.2019	09.01.2024	Leaseplan	Diesel	Lease EV at 2024		x						
22	Light Commercial	VW Caddy Maxi Life, Transport	GL700AJ	Transport Department	15.12.2020	14.12.2024	Kinto	Diesel	Lease EV at 2024		x						
23	Light Commercial	Ford Transit Custom, Vic Transport (month to month lease)	MV68XXR	Transport Department	22.11.2018	21.11.2022	Leaseplan	Diesel	Lease EV at 2024		x						
24	Light Commercial	Citroen Relay, Grounds Lynebank	SD69MYX	Lynebank Grounds	05.12.2019	05.12.2024	Leaseplan	Diesel	Lease EV at 2024		x						
25	Light Commercial	Peugeot Partner, QMH Estates	SF69DUJ	Estates - QMH	20.11.2019	19.11.2024	Leaseplan	Diesel	Lease EV at 2024		x						
26	Light Commercial	Citroen Relay, QMH Estates	SH69VHB	Estates - QMH	19.02.2020	19.02.2025	Leaseplan	Diesel	Lease EV at 2025			x					
27	Light Commercial	Ford Connect, Vic Estates	SP19LCC	Estates - VHK	02.05.2019	01.05.2024	Leaseplan	Diesel	Lease EV at 2024		x						
28	Light Commercial	Ford Connect, Cameron Estates	SP19LCY	Estates - Cameron	02.05.2019	01.05.2024	Leaseplan	Diesel	Lease EV at 2024		x						
29	Light Commercial	Isuzu D-Max 1.9 Utility Extended Cab 4x4	SV23FLF	Lynebank Grounds	04.04.2023	04.04.2027	Kinto	Diesel	Lease EV at 2027					x			
30	Car	Kia Picanto, WMB	SB19OEO	CAMS - Evie Maxwell	06.05.2023	06.05.2024	Kinto	Petrol	Lease EV at 2024		x						
31	Car	Seat Alhambra, Lynebank (in process of ordering)	SC19OKD	Daleview	14.08.2019	13.08.2023	Kinto	Petrol	Lease EV at 2023	x							
32	Car	Kia Picanto, WMB	SH19VYZ	CAMS - Evie Maxwell	06.05.2023	06.05.2024	Kinto	Petrol	Lease EV at 2024		x						
33	Car	Kia Picanto, WMB	SH19VZE	CAMS - Evie Maxwell	16.05.2023	16.05.2024	Kinto	Petrol	Lease EV at 2024		x						
34	Car	Kia Picanto, WMB	SH19VZK	CAMS - Evie Maxwell	04.06.2023	04.06.2024	Kinto	Petrol	Lease EV at 2024		x						
35	Car	Kia Picanto, WMB	SH19VZO	CAMS - Evie Maxwell	06.05.2023	06.05.2024	Kinto	Petrol	Lease EV at 2024		x						
36	Car	Kia Rio, VHK Security (in process of ordering)	SI69KTK	Security - VHK	02.09.2019	23.09.2023	Kinto	Petrol	Lease EV at 2023	x							
37	Car	Seat Alhambra, Lynebank	SV21OUC	Daleview	19.03.2021	18.03.2025	Athlon	Petrol	Lease EV at 2025			x					
38	Car	Vauxhall Corsa 1.3D	SG11SZD	Dental	NA	NA	Asset	Diesel	Removing from Fleet with no replacement								
39	Car	Honda CR-V 2.2D	SN60FCL	Transport Department	NA	NA	Asset	Diesel	Lease EV at 2025			E9K revenue					
40	Light Commercial	Citroen Berlingo Multispace 1.6D	SN10FLY	QHM Facilities	NA	NA	Asset	Diesel	Remove from Fleet 2025, don't replace								
41	Car	Vauxhall Agila 1.0	SL54ZTM	Estates - Cameron	NA	NA	Asset	Petrol	Removing from Fleet - Replacement on Order (E-Ducato)								
42	Light Commercial	Renault Trafic 2.0D	SF16LDJ	Transport Department	NA	NA	Asset	Diesel	Lease EV in 2025			E7.5K revenue					
43	Light Commercial	Peugeot Partner 1.6D	SF18GKX	IT - Lynebank	NA	NA	Asset	Diesel	Lease EV in 2025			E7.5K revenue					
44	Light Commercial	Citroen Berlingo 1.6D VHK Labs	SO65DLN	Transport Department	NA	NA	Asset	Diesel	Removing from Fleet with no replacement								
45	Light Commercial	Peugeot Partner 1.6D VKH Labs	SF19AYG	Transport Department	NA	NA	Asset	Diesel	Lease EV in 2025			E7.5K revenue					
46	Car	Land Rover Defender 2.4D	SN11AFE	VHK Security	NA	NA	Asset	Diesel	Remove from Fleet 2023, don't replace, £10K anticipated income								
47	Light Commercial	Peugeot Expert 2.0D	SF16LHA	Imms Team	NA	NA	Asset	Diesel	Removing from Fleet with no replacement								
48	Light Commercial	Peugeot Partner 1.6D	SG14ZGM	Lynebank Grounds	NA	NA	Asset	Diesel	Lease EV in 2025			E7.5K revenue					
49	Light Commercial	Peugeot Partner 1.6D	SG14ZGN	Porter - QMH	NA	NA	Asset	Diesel	Removing from Fleet - Replacement on Order (E-Ducato)								
50	Light Commercial	Peugeot Partner 1.6D	SG14ZGO	Transport Department	NA	NA	Asset	Diesel	Lease EV in 2025			E7.5K revenue					
51	Light Commercial	Renault Trafic 2.0D	SN11ACU	Dental	NA	NA	Asset	Diesel	Lease EV in 2025			E7.5K revenue					
52	Light Commercial	Renault Master 2.3D	SN11ACV	IT - Lynebank	NA	NA	Asset	Diesel	Lease EV in 2025			E7.5K revenue					
53	Light Commercial	Renault Kangoo Maxi 1.5D	SN11AKP	Dental	NA	NA	Asset	Diesel	Removing from Fleet (Replacement on Order (MG4)								
54	Light Commercial	Renault Kangoo Maxi 1.5D	SN11AKU	Dental	NA	NA	Asset	Diesel	Removing from Fleet (Replacement on Order (MG4)								
55	Light Commercial	Renault Kangoo Maxi 1.5D	SN11AKX	Estates - VHK	NA	NA	Asset	Diesel	Removing from Fleet (E-Ducato Replacement)								
56	Light Commercial	Renault Trafic 1.9D	ST06NTV	Dental	NA	NA	Asset	Diesel	Lease EV in 2025			E7.5K revenue					
57	Light Commercial	Peugeot Partner 1.6D VKH Labs	SF19AYB	Transport Department	NA	NA	Asset	Diesel	Lease EV in 2025			E7.5K revenue					
58	Light Commercial	Peugeot Partner 1.6D VKH Labs	SF19AYC	Transport Department	NA	NA	Asset	Diesel	Lease EV in 2025			E7.5K revenue					
59	Light Commercial	Peugeot Boxer 2.0D	SF19AYE	Imms Team	NA	NA	Asset	Diesel	Lease EV in 2025			E7.5K revenue					
60	Light Commercial	Peugeot Partner 1.5D	SF70KOH	Transport Department	NA	NA	Asset	Diesel	Lease EV in 2025			E7.5K revenue					
61	Car	New MG4 (Weston Day Hosp Cupar)	SA23GKV	Weston Day Mental Health	11.05.2023	11.05.2027	Athlon	Electric	Continue with EV lease/lease renewal	x							
62	Light Commercial	Vauxhall e-Vivaro, Transport	SB70LZS	Transport Department	15.01.2021	15.01.2024	Athlon	Electric	Continue with EV lease/lease renewal	x							
63	Light Commercial	Vauxhall e-Vivaro, QMH Porters	SB70RUA	Porter - QMH	15.01.2021	14.01.2024	Athlon	Electric	Continue with EV lease/lease renewal	x							

18 Heavy Commercial
54 light Commercial
51 cars

PROGRESS TOWARDS COMPLIANCE %	0	44	100				
PROGRESS TOWARDS COMPLIANCE % TOTAL	48	70	99	99	100		
	48/100	70/100	99/100	99/100	100/100		



Alan Morrison, Deputy Director

Enquiries to: phillip.mclean@gov.scot

NHS Chief Executives
Executive Sustainability Leads
Sustainability Champions
National Environmental Sustainability Group
National Transport Fleet & Travel Planning Group

14 December 2022

Dear Colleagues,

DECARBONISATION OF NHS VEHICLE FLEET

I write in regard to the progress made by Health Boards to decarbonise NHS Scotland's vehicle fleet.

Decarbonising the vehicle fleet is a priority for NHS Scotland to reduce greenhouse gas emissions as much as possible. The NHS Scotland Climate Emergency and Sustainability Strategy 2022-2026 aims for all NHS small and light commercial vehicles to be powered by renewable alternatives by 2025 and to end the purchase or lease of large fossil-fuelled vehicles by 2030. This target goes further than DL (2021) 38 which requires Boards to phase out the need for any new light petrol or diesel commercial vehicles by 2025.

Transport Scotland offers funding to public bodies for electric vehicles and charging points. A national business case is co-ordinated each year by the National Fleet Support Unit at NSS.

The Annex to this letter provides a summary of fleet composition by Board as at 31 October 2022. A number of Boards have already made excellent progress in replacing petrol and diesel cars and light commercial vehicles. However there are variations in progress by Boards and consequently more focus will be required to meet the 2025 target and reduce emissions from this source.

Taking NHS Scotland as a whole, 19% of cars and 16% of light commercial vehicles have zero tailpipe emissions. We appreciate the work undertaken to transition the fleet so far and look forward to working with you all further on this crucial matter.

Please note this update relates to fleet vehicles only. Information on staff leased vehicles and business travel is being collated and will be reviewed to provide a more comprehensive understanding of the climate impact of NHS travel and transport.

Your sincerely,

Alan Morrison
DEPUTY DIRECTOR
HEALTH INFRASTRUCTURE, INVESTMENT AND PPE



ANNEX

Table 1: Fleet Composition by Vehicle Class – October 2022

Data from National Fleet Management System (except Ayrshire & Arran; Orkney and Scottish Ambulance Service)

Health Board	Class	EV	Fossil Fuel/Hybrid	Total	% EV
Ayrshire & Arran	Cars	10	203	213	5%
	Light Commercial Vehicles	8	98	106	8%
	Heavy Vehicles	0	2	2	0%
Borders	Cars	11	19	30	37%
	Light Commercial Vehicles	6	33	39	15%
	Heavy Vehicles	0	1	1	0%
Dumfries & Galloway	Cars	1	91	92	1%
	Light Commercial Vehicles	2	33	35	6%
	Heavy Vehicles	0	1	1	0%
Fife	Cars	4	47	51	8%
	Light Commercial Vehicles	24	48	72	33%
	Heavy Vehicles	0	0	0	0%
Forth Valley	Cars	8	47	55	15%
	Light Commercial Vehicles	4	62	66	6%
	Heavy Vehicles	0	0	0	0%
Grampian	Cars	2	173	175	1%
	Light Commercial Vehicles	5	104	109	5%
	Heavy Vehicles	0	18	18	0%
Greater Glasgow & Clyde	Cars	31	94	125	25%
	Light Commercial Vehicles	64	313	377	17%
	Heavy Vehicles	5	94	99	5%
Highland	Cars	43	346	389	11%
	Light Commercial Vehicles	9	219	228	4%
	Heavy Vehicles	0	3	3	0%
Lanarkshire	Cars	0	11	11	0%
	Light Commercial Vehicles	15	42	57	26%
	Heavy Vehicles	0	9	9	0%
Lothian	Cars	104	256	360	29%
	Light Commercial Vehicles	56	109	165	34%
	Heavy Vehicles	0	29	29	0%

National Services Scotland	Cars	0	21	21	0%
	Light Commercial Vehicles	3	40	43	7%
	Heavy Vehicles	0	14	14	0%
Scottish Ambulance Service	Cars	61	158	219	28%
	Light Commercial Vehicles	42	243	285	15%
	Heavy Vehicles	0	868	868	0%
	Motorbikes	0	3	3	0%
Shetland	Cars	11	33	44	25%
	Light Commercial Vehicles	6	11	17	35%
	Heavy Vehicles	0	0	0	0%
State Hospital	Cars	1	0	1	100%
	Light Commercial Vehicles	2	5	7	29%
	Heavy Vehicles	0	0	0	0%
Tayside	Cars	65	61	126	52%
	Light Commercial Vehicles	22	51	73	30%
	Heavy Vehicles	1	15	16	6%
Orkney	Cars	14	17	31	45%
	Light Commercial Vehicles	5	0	5	100%
	Heavy Vehicles	0	0	0	0%
Western Isles*	Cars	N/A	N/A	N/A	N/A
	Light Commercial Vehicles	N/A	N/A	N/A	N/A
	Heavy Vehicles	N/A	N/A	N/A	N/A
Total	Cars	366	1577	1943	19%
	Light Commercial Vehicles	273	1411	1684	16%
	Heavy Vehicles	6	1054	1060	1%
	Motorbikes	0	3	3	0%

*Data for Western Isles was not supplied.



T: 0131-244 3475
E: richard.mccallum@gov.scot

NHS Chairs
NHS Chief Executives
via email

10th November, 2021

Dear Colleagues

A POLICY FOR NHS SCOTLAND ON THE CLIMATE EMERGENCY AND SUSTAINABLE DEVELOPMENT - DL (2021) 38

I am writing to share with you the attached policy statement, a '**Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development**'.

This policy statement supersedes CEL 2 (2012) 'A Policy on Sustainable Development for NHSScotland 2012'.

Addressees should ensure that this letter is cascaded to all appropriate staff within their area of responsibility.

The attached document has been prepared in consultation with Health Boards and relevant Scottish Government and public sector stakeholders. It takes account of relevant wider Scottish Government policies and existing statutory duties on Health Boards.

The policy sets out aims and associated targets for NHS Scotland to work towards. The forthcoming NHS Scotland Climate Emergency and Sustainability Strategy will provide proposals for action to assist in meeting those aims and targets.

The Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development takes immediate effect.

Responding to the climate emergency is one of the Scottish Government's highest priorities and I look forward to working with you on this crucial matter.

Yours sincerely

Richard McCallum
Director of Health Finance and Governance



A Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development

Introduction

Responding to the global climate emergency is one of the Scottish Government's highest priorities. Sustainable development, the concept that the needs of the present must be met "without compromising the ability of future generations to meet their own needs"¹ is integral to the Scottish Government's overall purpose. The Scottish Government's National Performance Framework shares the same aims as the United Nations' Sustainable Development Goals.

The purpose of this policy is to provide a framework for NHS Scotland to maximise its contribution to mitigating and limiting the effects of the global climate emergency and for the development of an environmentally and socially sustainable health service that is resilient to the locked-in impacts of climate change. **As such, the policy is mandatory for all NHS Scotland bodies and its scope extends to all of their activities.**

The aims of this policy must be fully integrated into all planning, management decisions and operational practices across NHS Scotland in order to respond fully to the global climate emergency and achieve an environmentally and socially sustainable health service.

Background

The planet is in the midst of a climate emergency as a result of human activity and urgent action is required to reduce greenhouse gas emissions, adapt to the changes caused by climate change and achieve an environmentally and socially sustainable society.

Climate change presents a serious risk to the health of people around the world and has been described by the Lancet Commission on Managing the Health Effects of Climate Change as "*the biggest global health threat of the 21 century*"².

At the same time, many of the actions to mitigate and adapt to climate change and improve environmental sustainability also have positive health benefits to such an extent that the Lancet Commission has described tackling climate change as "*the greatest global health opportunity of the 21st century*".³ It is therefore incumbent on NHS Scotland to be an exemplar in responding to the climate emergency and achieving environmental sustainability.

Meeting the needs of the present requires action to address the inequalities in our society, inequalities which manifest themselves in significantly poorer health outcomes for the most deprived. Many of the health benefits of action to address the climate emergency and ecological crisis will have the greatest benefits for those with the worst health outcomes.

¹ Report of the World Commission on Environment and Development: Our Common Future (1987) ("the Brundtland Report") Para. 27.

² Reference

³ The Lancet Commission on Managing the Health Effects of Climate Change (2015) – complete reference

Policy Aims

- Ensure that NHS Scotland bodies, as an integral part of their commitment to the health and wellbeing of the community, contribute to the achievement of the United Nation's Sustainable Development Goals.
- Ensure that NHS Scotland becomes a net-zero greenhouse gas emissions health service by 2040 or earlier where possible.
- Ensure that NHS Scotland's assets and activities are resilient to the impacts of a changing climate, particularly extreme weather events.
- Establish a culture of stewardship within NHS Scotland, where natural resources are safeguarded and responsibly used to provide environmentally sustainable healthcare.
- Establish NHS Scotland as part of the circular economy through designing out waste and pollution, keeping products and materials in use and contributing to the regeneration of natural systems.
- Increase NHS Scotland's contribution to tackling the ecological emergency and restoring biodiversity.

Governance

1. Each NHS Scotland body must implement a strong management structure as a means of ensuring the delivery of this policy's aims. Each NHS Scotland body must either establish a Climate Emergency and Sustainability Group or designate an existing committee as the lead group for climate emergency and sustainability. In either case, the group must be chaired by a member of its senior / executive management team and its membership must be of sufficient authority to ensure that the aims of this policy are fully integrated into all planning, management decisions and operational practices across the NHS Scotland body.
2. The Scottish Government Health and Social Care Directorates (SGHSC) have established an NHS Scotland Climate Emergency and Sustainability Board to provide leadership and governance to NHS Scotland's overall efforts in responding to the global climate emergency and achieving an environmentally and socially sustainable health service.
3. Each NHS Scotland body must appoint an executive lead for its climate emergency response and sustainability.
4. Each NHS Scotland body must appoint a member of its board to act as champion for its climate emergency response and sustainability at a strategic level to assist in articulating and promoting its sustainability priorities.
5. Each NHS Scotland body Chief Executive is accountable to the SGHSC for their organisation's implementation of this policy.
6. NHS Scotland bodies which encounter issues with or barriers to the implementation of this policy or its aims which cannot be resolved at NHS Scotland body level must escalate those issues to the NHS Scotland Climate Emergency and Sustainability Board.
7. As assessment of its progress against the aims of this policy will form part of each NHS Scotland body's annual ministerial review.

Integrated approach and co-operation

8. NHS Scotland bodies must take an integrated approach to the achievement of the aims of this policy. In developing plans or taking action, NHS Scotland bodies must consider the full range of this policies' aims.
9. NHS Scotland bodies must co-operate with each other with a view to achieving the aims of this policy.
10. The achievement of this policy's aims will require NHS Scotland bodies to work with their local communities and patients and with organisations outside of the NHS who have similar aims or who can assist NHS Scotland to achieve its aims. In particular, territorial Health Boards are required to use all reasonable efforts to work with the local authorities for their areas to achieve this policy's aims.

A Just Transition

11. In implementing this policy, NHS Scotland bodies must:
 - a) plan, invest and implement a transition to an environmentally and socially sustainable, climate resilient, health service in a way which builds on Scotland's economic and workforce strengths and potential;
 - b) create opportunities to develop resource efficient and sustainable approaches which help address inequality and poverty; and
 - c) design and deliver low carbon and climate resilient investment and infrastructure, making all possible efforts to create decent, fair and high value work.

Net-zero

Scope 1 and 2 emissions

12. Having regard to national plans to decarbonise the UK's electricity supply by 2035, each NHS Scotland body must reduce the greenhouse gas emissions from its activities, the activities under its control and from the electricity, steam and heat purchased by it to net-zero by 2040 or earlier where possible. The UK's independent, statutory Climate Change Committee advises that most sectors will need to reduce emissions close to zero without offsetting.
13. All NHS owned buildings must be heated from renewable sources by 2038 or earlier where possible.

Scope 3 greenhouse gas emissions

14. NHS Scotland bodies must, as a minimum, reduce their associated greenhouse gas emissions from the following sources to net-zero by 2040 or earlier where possible:
 - energy transmission and distribution, having regard to national plans to decarbonise the UK's electricity supply by 2035
 - waste disposal
 - business travel, including grey fleet

- water consumption
- waste water treatment
- leased assets

15. Each NHS Scotland body must take sufficient action to influence a reduction in those greenhouse gas emissions which are linked to its activities but are from sources which it does not own or control (and are not included in paragraph 14) to maximise its contribution to reducing emissions to net-zero by 2045 or earlier where possible.

Interim targets

16. Where the 1990 baseline is known for an emissions source, the NHS Scotland body must reduce the emissions from that source by at least 75% by 2030.

17. Where the 1990 baseline is not known for an emissions source, the NHS Scotland body must set interim targets for reducing emissions from that source which are consistent with achieving the net-zero target for the emissions type.

Greenhouse gas emissions reporting

18. Each NHS Scotland body must assess their progress towards net-zero emissions via their annual Public Bodies' Climate Change Duties Report which is to be submitted to the Scottish Government by 30 November each year. NHS Scotland bodies should, as a minimum, report on their annual emissions associated with their:

- building fossil-fuel energy use
- owned and leased fleet fuel use
- fluorinated gases and anaesthetic gases (where relevant)
- purchased energy use (electricity, heat, steam)
- energy transmission and distribution
- waste
- water consumption
- waste water treatment
- business travel, including the use of grey fleet
- leased assets

Climate change adaptation

19. Each NHS Scotland body must undertake a Climate Change Risk Assessment covering all operational areas and produce and implement a Climate Change Adaptation Plan to ensure resilience of service under changing climate conditions and these should be reviewed and updated at least every 5 years.

20. In relation to existing facilities, these assessments and plans should cover a period at least 20 years into the future from the time of assessment.

21. In relation to planned facilities, these assessments and plans should cover a period at least 50 years into the future from the time of assessment.

22. The key risks from the Climate Change Risk Assessment must be incorporated into each NHS Scotland body's corporate risk register.

23. Progress on undertaking Risk Assessments and implementing Adaptation Plans, including in terms of how these are supporting national Scottish Climate Change Adaptation Programmes, is to be set out in each bodies' annual Public Bodies' Climate Change Duties Report.

Sustainable care

24. Each NHS Scotland body will foster and promote a culture of stewardship, where staff are mindful of the resources they use and share a vision of green and sustainable healthcare.

25. Each NHS Scotland body must ensure their workforce consider the environmental impacts of treatments when making decisions about the care they provide.

26. Each NHS Scotland body will ensure all employees are educated and trained on the principles of practising sustainably.

Procurement

27. Each NHS Scotland body must consider social and environmental sustainability when it is procuring goods and services. The procurement of goods and services by NHS Scotland bodies must further the aims of this policy.

28. NHS Scotland bodies are reminded of the sustainable procurement duty established by section 9 of the Procurement (Scotland) Act 2014, which can be viewed here: [Procurement Reform \(Scotland\) Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2014/12/section/9). NHS Scotland bodies are required to follow the guidance and use the tools issued by the Scottish Government to assist in optimising the economic, social and environmental outcomes of their procurement activity.

29. It is the responsibility of each NHS Scotland body to review the supply chain of the goods and services that it procures to determine the extent of the associated greenhouse gas emissions and social and environmental impacts. Where an NHS Scotland body procures goods and services on behalf of another organisation, it is the responsibility of the procuring body to review the supply chain.

Circular economy

30. Each NHS Scotland body must contribute to the creation of a circular economy, working with National Procurement and with suppliers to design out waste and consider the entire life cycle of products and services, reducing the environmental impact, keeping products and materials in use and contributing to the regeneration of natural systems.

31. In particular, NHS Scotland bodies must:

- promote the use of items and assets which have been designed for durability and upgradability;
- prolong the use of items and assets through proper maintenance and promoting their reuse; and
- promote the use of items and assets which can be recycled at the end of their useful life.

32. NHS Scotland bodies, with support from National Procurement, must identify and assess the life cycle of products and services and take action to reduce their environmental impact through the avoidance of pollution (including toxic chemicals, micro-plastics and pharmaceutical residues) and waste throughout their life cycle.

Water

33. Each NHS Scotland body must monitor its water usage and take action to reduce unnecessary water consumption.

Resource and Waste Management

34. Each NHS Scotland body must put in place a system for recording and reporting the volume and type of waste which it generates and the destination of that waste.

Targets

35. By 2025, each NHS Scotland body must:

- a) reduce its domestic waste arising by a minimum of 15%, and greater where possible, compared to a financial year 2012/13 baseline;
- b) ensure that no more than 5%, and less where possible, of all its domestic waste goes to landfill;
- c) reduce the food waste it produces by 33% against a financial year 2015/16 baseline; and
- d) ensure that 70% of all its domestic waste is recycled or composted.

36. Each NHS Scotland body must set appropriate targets for reducing the volume of healthcare waste it produces through measures including greater use of reusable items, improvements to waste segregation and increased recycling of recyclable materials.

Biodiversity and Greenspace

37. Under section 1 of the Nature Conservation (Scotland) Act 2004, it is the duty of each NHS Scotland body in exercising its functions to further the conservation of biodiversity so far as is consistent with the proper exercise of those functions. In addition to that duty, each NHS Scotland body must promote improvements to biodiversity in so far as is consistent with the proper exercise of its functions.

38. All NHS Scotland bodies must assess, and then take action to improve:

- a) the extent and quality of the greenspace they have;
- b) the contribution its estate makes to biodiversity; and
- c) the value of the ecosystem services its greenspaces provide.

39. Greenspace can have benefits for the health and wellbeing of staff, patients and communities. NHS Scotland bodies must manage their greenspace to increase its provision and improve access, quality and regular use by staff, patients and the local community.

40. Greenspace can have benefits in relation to climate change mitigation and adaptation through, for example, reducing flooding and absorbing heat. NHS Scotland bodies

must manage their greenspace to assist with climate change mitigation and adaptation.

41. All NHS Scotland bodies must collaborate with local partners to improve the natural links between NHS greenspace and other local areas of greenspace.
42. Where an NHS Scotland body proposes an action which would result in the loss in quantity or quality of greenspace to the NHS or its contribution to biodiversity, it must refer the proposal to the SGHSC.
43. It is the duty, under section 2A of the Nature Conservation (Scotland) Act 2004, of each NHS Scotland body to publish a report every three years on the actions taken by it in pursuance of its duty under section 1 of that Act during the period to which the report relates. These reports must be forwarded to SGHSC when they are published.

Travel and transport

44. All NHS Scotland bodies must take action to reduce the carbon emissions resulting from travel associated with their activities, including those associated with staff and patient travel. Those actions must include:
 - Actions to reduce the need for travel;
 - Actions to increase active travel;
 - Actions to increase the use of public or community transport to access services and sites;
 - Actions to reduce car use in support of the Scottish Government's aim to reduce the number of kilometres driven in Scotland by 20% by 2030 compared to a 2019 baseline; and
 - Actions to support the use of vehicles powered by renewable energy in preference to vehicles powered by fossil fuels.
45. The actions set out in the paragraph above must be taken in a way which supports access to services with a particular focus on addressing inequality of access.
46. Each NHS Scotland body must remove all petrol and diesel fuelled cars from their owned and leased fleets by 2025 or earlier where possible.
47. Each NHS Scotland body must phase out the need for it to purchase or lease any petrol or diesel light commercial vehicles by 2025 or earlier where possible.
48. Each NHS Scotland body must phase out the need for it to purchase or lease any petrol and diesel vehicles by 2030 or earlier where possible.
49. Each NHS Scotland body must decarbonise its owned and leased fleet by 2032 or earlier if possible.
50. Each NHS Scotland body will develop a sustainable transport and travel policy.

Facilities

51. All NHS Scotland bodies must take sufficient action to ensure that the buildings they own or occupy achieve net-zero greenhouse gas emissions by 2040 or earlier if possible. The UK's independent, statutory Climate Change Committee advises that

most sectors will need to reduce emissions close to zero without offsetting. Therefore, the public sector's owned estate needs to achieve as close as possible to absolute zero direct emissions.

52. All NHS Scotland new buildings and major refurbishments must be designed to have net-zero greenhouse emissions. Where a net-zero design is not currently practicable, the project must only be approved where a credible route map showing how net-zero emissions will be achieved before 2040 is produced.
53. In addition, all NHS Scotland owned buildings must be heated from renewable sources by 2038. All NHS Scotland new buildings must be designed to achieve that target. Where a renewable heat source is not currently practicable, the project must only be approved where a credible route map showing how renewable heating will be achieved before 2038 is produced.
54. All NHS Scotland buildings should be assessed for resilience to the locked in impacts of climate change over the expected lifespan of that building. Where resilience is not considered sufficient, an action plan must be set out to improve this.
55. Each NHS Scotland body's Property and Asset Management Strategy must support the achievement of this policy's aims and in particular the requirements to reduce carbon emissions, adapt to the changing climate and promote greenspace and biodiversity.

Environmental Management Systems

56. Each NHS Scotland body must implement the following management standards to further the aims of this policy: ISO 9001 and 14001 or equivalent. NHS Scotland bodies are not required to seek external confirmation or certification of its conformance with these standards.
57. Each NHS Scotland body must have an effective Environmental Management System in place which has been approved by the SGHSC.

Resourcing

58. Each NHS Scotland body must have a Climate Emergency and Sustainability Team which is sufficiently resourced in light of the scale and complexity of the challenge of decarbonisation, sustainability and climate resilience faced by that NHS Scotland body.
59. Each NHS Scotland body must appoint an Environmental Management Representative (EMR) with the responsibility, resources and authority to implement this policy in respect of environmental management.
60. Each NHS Scotland body must appoint a Waste Management Officer with the responsibility, resources and authority to implement this policy in respect of waste. The Waste Management Officer must have responsibility for all aspects of waste management within the organisation consistent with the Scottish Government's commitments towards zero-waste and a circular economy.
61. Each NHS Scotland body must appoint an officer with the responsibility, resources and authority to implement this policy in respect of greenspace and biodiversity.

62. Each NHS Scotland body must appoint an officer with the responsibility, resources and authority to implement this policy in respect of travel.
63. Each NHS Scotland body which provides clinical services must include a sustainable care medical planning team as part of its Climate Emergency and Sustainability Team.

Assessment of Sustainability

64. Each NHS Scotland body must assess its contribution to the achievement of the United Nation's Sustainable Development Goals on an annual basis using the National Sustainability Assessment Tool provided by NHS National Services Scotland.

Awareness and Reporting

65. Each NHS Scotland body must publish a report on its public website by November each year summarising its progress against the aims of this policy using a template approved by the SGHSC for that purpose. The progress report must be approved by the NHS Scotland body's Chief Executive and be provided to:
- The NHS Scotland body's staff
 - The NHS Scotland body's board members; and
 - SGHSC.
66. The annual progress report will form part of each NHS Scotland's body annual ministerial review.
67. Each NHS Scotland body must have a clear communications plan to ensure that staff, patients and the local community are aware of that NHS Scotland body's climate emergency and sustainability plans, policies and processes, and to support them to make sustainable choices. The communications plan must include measures to publicise the annual progress report.

Review

68. This policy and its implementation will be reviewed annually by the NHS Scotland Climate Emergency and Sustainability Board.

Meeting: Finance, Performance & Resources Committee

Meeting date: 16 January 2024

Title: Update on Corporate Risks Aligned to the Finance, Performance & Resources Committee including Deep Dive - Prioritisation and Management of Capital Funding

Responsible Executive: Margo McGurk, Director of Finance & Strategy

Report Author: Pauline Cumming, Risk Manager, NHS Fife

1 Purpose

This report is presented for:

- Assurance

This report relates to:

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

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 14 November 2023. Members are invited to:

- note details of the corporate risks as at 28 December 2023 at Appendix No. 1;
- consider the SBAR and Deep Dive Review - Prioritisation and Management of Capital Funding - at Appendix No. 2;
- review all information provided against the Assurance Principles at Appendix No. 3; and the Risk Matrix at Appendix No. 4;
- consider and be assured of the mitigating actions to improve the risk levels;
- conclude and comment on the assurance derived from the report

2.2 Background

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

- relevance
- proportionality
- reliability
- sufficiency

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

2.3 Assessment

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



Strategic Risk Profile

Table1

Strategic Priorities	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	6	5	1	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	19	13	6	0	0		
Summary Statement on Risk Profile							
<p>On 28/11/23, the Board approved the addition to the Corporate Risk Register of the corporate risk associated with Preparation for the Implementation of the Health and Care (Staffing) (Scotland) Act 2019. This risk is assessed as Moderate level. It is mapped to Strategic Priority 'To improve the quality of health and care services' and will be reported for assurance purposes to the Staff Governance Committee.</p> <p>The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.</p> <p>Mitigations are in place to support management of risk over time with some risks requiring daily assessment.</p> <p>Assessment of corporate risk performance and improvement trajectory remains in place.</p>							
Risk Key				Movement Key			
High Risk	15 - 25	▲		Improved - Risk Decreased			
Moderate Risk	8 - 12	◀▶		No Change			
Low Risk	4 - 6	▼		Deteriorated - Risk Increased			
Very Low Risk	1 - 3						

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

Table 2 Risks Aligned to the Finance, Performance and Resources Committee

Strategic Priority	Overview of Risk Level	Risk Movement	Corporate Risks	Assessment Summary of Key Changes
 To improve the quality of health and care services	<div style="display: flex; justify-content: space-around;"> 3 - - - </div>	◀▶	<ul style="list-style-type: none"> 6 - Whole System Capacity 7 - Access to outpatient, diagnostic and treatment services 8 - Cancer Waiting Times 	Mitigations updated for risks 6,7, 8 and 15.
 To deliver value and sustainability	<div style="display: flex; justify-content: space-around;"> 2 1 - - </div>	◀▶	<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 	

Since the last report to the Committee on 14 November 2023, the risk profile is unchanged:

- Six risks continue to be aligned to the Committee.
- The risk level breakdown remains 5 High and 1 Moderate.

Updates

Deep Dive Reviews

Deep dive reviews continue to form an important component of our assurance arrangements. Five of the six corporate risks aligned to this Committee have undergone at least one deep dive.

Appendix 2 provides a deep dive review and complementary SBAR on Corporate Risk 15 - Prioritisation and Management of Capital Funding

Based on our experience and learning over the last year, and following discussion at the Audit & Risk Committee Development Session held on 12 October 2023, the Risks and Opportunities Group (ROG) made recommendations to EDG on 2 November 2023 on the role of the 'deep dive' and triggers for reviews during the life - cycle of a corporate risk. In summary the triggers are:

Proposal of a New Corporate Risk:

A potential risk is identified to the delivery of strategic priorities

Deteriorating Corporate Risk:

A risk has deteriorated i.e. current risk level increased from when initially identified/ risk level causes risk to exceed risk appetite

Static Risk:

There is stasis in a corporate risk beyond the target date for achieving the target risk rating

Proposed De- escalation or Closure of Corporate Risk:

A risk has achieved or surpassed its planned risk target

Following EDG's approval of the recommendations, the Audit & Risk Committee endorsed this development at its meeting on 13 December 2023. It is proposed the refreshed approach will take effect from 1 April 2024. Arrangements for implementation will be communicated to the Committee in due course.

Next Steps

The format and content of the Corporate Risk Register, and risk reports, including deep dives, will continue to evolve in response to feedback from this Committee and other stakeholders. This will inform decisions on further developments and/ or improvements.

The ROG will continue to promote and support the further development of risk management, and explore enhancements in this area. These include the frequency of reporting on corporate risks to Committees, as the ability to mitigate a number of risks is dependent on a range of external factors, including performance & finance.

In the operational risks space, a notable development has been the creation of a Risk Summary Dashboard using a reporting tool (Micro Strategy), to maximise the value of the information in the Datix Risk Register. The Audit & Risk Committee and EDG received a live demonstration of the Dashboard on 12 October and 2 November 2023 respectively, with a recommendation from the ROG that the Dashboard is made available and its use promoted to support and enhance our operational risk management approach. At its meeting on 13 December 2023, the Audit & Risk Committee endorsed the recommendation that the ROG should support the development and implementation approach for the Dashboard, and progress this work in the first quarter of 2024.

Also at the Audit & Risk Committee Development Session mentioned above, there was thoughtful discussion around the Committee's system responsibilities across all aspects of risk, including how other Committees evidence their challenges to provide additional assurance to the Audit & Risk Committee. Specific actions will be developed and form part of the Committee's work plan for 2024-25.

2.3.1 Quality, Patient and Value-Based Health & Care

Effective management of risks will support delivery of all strategic priorities. Applying realistic medicine principles will ensure a more holistic focus on patients' needs, and the outcomes and experiences that matter to them, and their families and carers. Ultimately, this will support delivery of care that is more sustainable and reduces harm and waste.

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

This paper does not raise, directly, financial impacts, but these do present significant elements of risk for NHS Fife to consider and manage in pursuit of our strategic priorities.

2.3.4 Risk Assessment / Management

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

Risk Appetite

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

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

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

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

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

Overall, this position reflects the ongoing level of demand across all services within the increasingly challenging financial environment described above.

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

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

2.3.6 Climate Emergency & Sustainability Impact

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

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

- Claire Dobson, Director of Acute Services on 8 December 2023
- Susan Fraser, Associate Director of Planning & Performance on 7 December 2023
- Ben Johnston, Head of Capital Planning / Project Director on 12 December 2023
- Neil McCormick, Director of Property & Asset Management on 12 December 2023
- Margo McGurk, Director of Finance & Strategy on 28 December 2023

2.4 Recommendation

- **Assurance** – For Members' information. This report provides the latest position in relation to the management of corporate risks linked to this Committee. Members are asked to take a "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 F,P&R Committee as at 28 December 2023
- Appendix No.2, SBAR & Deep Dive Review - Prioritisation and Management of Capital Funding
- Appendix No.3, Assurance Principles
- Appendix No.4, Risk Matrix


Report Contact


Pauline Cumming

Risk Manager


Email pauline.cumming@nhs.scot

**Summary of Corporate Risks Aligned to the Finance, Performance & Resources Committee
as at 28 December 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 Care and Planned Care programmes provides the operational and strategic response to the challenges posed through this risk.</p> <p>A Whole System Winter Plan 23/24 has been produced as well as a report from the Whole System Winter Planning Workshop held in Sept 2023. This will include a response to surge and demand for an increase in capacity and flow through Acute, Community and Social Care.</p> <p>The System Flow Operational Group meets weekly with senior operational managers to</p>	High 20	Mod 9 by 30/04/24	◀▶	Above	Director of Acute Services	Finance, Performance & Resources	

	<p>downstream wards and/or provision of social care packages, that the management of Acute hospital capacity and flow will be severely compromised.</p>	<p>review and plan capacity and flow across the Fife health and care system with escalation to the Integrated Unscheduled Care Board.</p> <p>Whole System Essential Flow Verification provides assurance that all patients identified as clinically fit or with a Planned Date of Discharge are reviewed daily.</p> <p>Weekly ASD Long Length of Stay (LoS) verification group to review and action LoS. Weekend verification group reviews the number of discharges and staffing ahead of weekend.</p> 						
7	<p>Access to outpatient, diagnostic and treatment services</p> <p>There is a risk that due to demand</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 Outpatient (OP) is 96% and for Inpatient (IP) / Day Case (DC) is 99%</p>	High 20	It is still not possible to provide a target risk and date given the uncertainty	◀▶	Above	Director of Acute Services	Finance, Performance & Resources

	<p>exceeding capacity, compounded by unscheduled care pressures, NHS Fife will see deterioration in achieving waiting time standards. This time delay will impact clinical outcomes for the population of Fife.</p>	<p>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> <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 continue to inform the level of risk associated with delivering against these key programmes and mitigate the level of risk over time.</p> <p>Discussions continue with Scottish Government around the need for additional funding to help reduce the waiting times for long waiting routine patients.</p> <p>A review of capacity and demand and planning for 2024/25 is underway in advance of anticipated planning guidance from SG and potential for additional non-recurring funding.</p>		<p>over level of funding</p>				
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8	<p>Cancer Waiting Times</p> <p>There is a risk that due to increasing patient referrals and complex cancer pathways, NHS Fife will see further deterioration of Cancer Waiting Times 62-day performance, and 31 day performance resulting in poor patient experience, impact on clinical outcomes and failure to achieve the Cancer Waiting Times Standards.</p>	<p>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 was undertaken in September 2023 and taken to the Acute Cancer Services Delivery Group followed by a focussed discussion with Scottish Government.</p> <p>Weekly meetings with Scottish Government (SG) and quarterly monitoring of the Effective Cancer Management Framework continue.</p> <p>The Framework for Effective Cancer Management has been updated and actions have been identified for 2023-24.</p> <p>As of December 2023, Effective Breach Analysis guidance has been incorporated into the NHS Fife Wide Procedure for the Management of Patients Referred with a Suspicion or Diagnosed with Cancer.</p> <p>Work has commenced to take forward the Regrading Framework which has now been published. Regrading is variable across services. A questionnaire sent to clinical teams is currently being reviewed.</p> <p>As of August 2023 Single Point of Contact Hub (SPOCH) has expanded their service to support initiation of the Optimal Lung Cancer Pathway and has integrated with the Rapid Cancer Diagnosis Service (RCDS) to support suspected cancer Colorectal referrals and the negative qFIT pathway.</p>	High 15	Mod 12 by 30/04/24		Above	Director of Acute Services	Finance, Performance & Resources
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		<p>Evaluation of the (SPOCH) will be published December 2023.</p> <p>Work to support implementation of the Optimal Lung Cancer Pathway has seen a reduction in the wait for CT, CT reporting and to MDT.</p> <p>The Optimal Head & Neck Pathway has just been published and discussions are underway to support implementation.</p> <p>The Cancer Framework and delivery plan has been launched and priorities for 2023 - 24 have been agreed.</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> <p>Cancer Waiting Times funding is expected to be provided on a recurring basis from 2024-25.</p>						
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To deliver value and sustainability

No	Risk Description	Mitigation	Risk Level	Target Risk Level & Rating by	Risk Level Trend	Risk Appetite Moderate	Risk Owner	Primary Committee
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				dd/mm/yy				
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 further planned brokerage from Scottish Government.</p>	<p>The EDG considered the outcome of the Q1&Q2 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> <p>The financial position has materially deteriorated in Q2 with very limited progress against the in-year cost reduction target. This position has been forensically reviewed to determine actions which can be taken to reduce the level of forecast overspend.</p> <p>Despite ongoing attempts to reduce costs and a commitment to avoid any additional investment in our services, it is highly likely that the Board will require significant financial brokerage to break-even.</p>	High 16	Mod 12 by 31/03/24	◀▶	Above	Director of Finance & Strategy	Finance, Performance & Resources

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> <p>On 23 October we received a 3-year financial plan commission from Scottish Government. Work is underway to review financial planning assumptions to support completion of this work which requires to be submitted by mid-January 2024.</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</p>	<p>Ongoing governance through FCIG with capital plan being submitted through FP&R and the Board.</p> <p>Annual Property and Asset Management Strategy (PAMS) updates to provide strategic direction.</p> <p>Rolling 5-year equipment programme and implementation of medical devices database.</p>	Mod 12	Mod 8 (by 01/04/26 at next SG funding review)		Within	Director of Property & Asset Management	Finance, Performance & Resources

	<p>utilisation of limited capital and staffing resources will affect our ability to deliver the PAMS and to support the developing Population Health and Wellbeing Strategy.</p>	<p>Implementation of medical devices database.</p> <p>Rolling 5-year Digital & Information programme linked to D&I strategy.</p> <p>Ongoing management of estate risks using the Estate Asset Management System (EAMS).</p> <p>Use of Business Case template to present new schemes for consideration. Future consideration/development of prioritisation investment tool.</p> <p>Fleet and sustainability requests will be linked to plans/strategy and presented through SBARs to Fife Capital Investment Group (FCIG).</p> <p>A date for a Board Development Session to consider the risk profile associated with prioritisation of capital resources is currently being explored.</p>						
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Risk Movement Key

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

Meeting:	Finance, Performance & Resources Committee
Meeting date:	16 January 2024
Title:	Corporate Risk – Prioritisation and Management of Capital Funding
Responsible Executive:	Neil McCormick, Director of Property & Asset Management
Report Author:	Ben Johnston – Head of Capital Planning and Project Director

1 Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper is brought to the Committee as part of the reporting to the Governance Committees on the corporate risks and provides a Deep Dive into the Risk – Prioritisation and Management of Capital Funding.

The Committee is invited to:

- Consider the Deep Dive Review

2.2 Background

The Corporate Risk Register aligns to the four 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





Deep Dive Review of Corporate Risks

It is essential to provide assurance on the management of our corporate risks. To contribute to this aim, Deep Dive reviews have been commissioned for specific risks via the following routes:

- Governance Committees
- Executive Directors' Group (EDG)
- Fife Capital Investment Group (FCIG)

The following Deep Dive review is scheduled for this meeting of the Committee.

Corporate Risk 15 -Prioritisation and Management of Capital Funding

Corporate Risk Title	Prioritisation & Management of Capital funding			
Strategic Priority	To Deliver Value and Sustainability			
Risk Appetite	Moderate			
Level of Risk Assurance	Substantial Assurance 	Reasonable Assurance 	Limited Assurance 	No Assurance 
Confirm Assurance Level (Add a Yes)		Yes		
Risk Description	There is a risk that lack of prioritisation and control around the utilisation of limited capital and staffing resources will affect our ability to deliver the PAMS and to support the developing Population Health and Wellbeing Strategy.			
Root Cause (s)	<p>We receive a limited capital allocation annually whilst we have several competing priorities for capital investment including:</p> <ol style="list-style-type: none"> 1. Mitigation of risk within the built estate (back-log) 2. New and replacement medical equipment 3. Delivery of Digital and Information requirements 4. Investment in fleet 5. Investment in sustainability (zero carbon) agenda 6. New projects relating to our built estate (service driven) <p>Given the limited capital and demand for investment it is vitally important that funding is prioritised to mitigate operational risks whilst delivering change to meet the objectives of our strategies.</p> <p>If we do not employ the correct governance, processes and procedures, there is a risk that we may fail to maximise the benefit from the capital allocation we receive.</p>			

Current Risk Rating ([LxC] & Level (e.g. High Moderate, Low)	Likelihood - 3 Possible	Consequence - 4 Major	Level Moderate (12)
Target Risk Rating([LxC] & Level (e.g. High, Moderate, Low)	Likelihood - 2 Unlikely	Consequence - 4 Major	Level Moderate (8) Target Date (01/04/26)
Management Actions			
Action		Status	Impact on Likelihood/Consequence
Ongoing governance through Fife Capital Investment Group (FCIG) with capital plan being submitted through FP&R and the Board – this is done annually to present the plan for the forthcoming financial year.		On track Ongoing	Maintain
Annual Property and Asset Management Strategy (PAMS) updates to provide strategic direction – improved PAMS 23/24 linking more strategically with Population Health and Wellbeing Strategy (PHWS).		On track Ongoing	Reduced L
Rolling 5-year equipment programme – improvement made in 23/24 around process/procedures		On track Ongoing	Reduced L
Implementation of medical devices database (23/24) – this will help to provide an objective plan for replacement of medical equipment.		On track Ongoing	Reduced L
Rolling 5-year Digital & Information programme linked to D&I strategy.		On track Ongoing	Reduced L
Ongoing management of estate risks using the Estate Asset Management System (EAMS). The system helps to identify and prioritise issues within our built estate through risk assessment. Improvements are planned for 24/25 linking plans directly to EAMS.		On track Ongoing	Reduced L
Use of Business Case template to present new schemes for consideration. Area for improvement in respect to template and rigour. Update template in 24/25.		Not started	Reduced L
Future consideration/development of prioritisation investment tool. Work to start looking at this in 24/25 with a possible implementation date in 25/26.		Not started	Reduced L
Fleet and sustainability requests will be linked to plans/strategy and presented through SBARs to Fife Capital Investment Group (FCIG). This process will start in 24/25.		Not started	Reduced L

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

2.3.1 Quality, Patient and Value-Based Health & Care

Effective management of risks will support delivery of our strategic priorities, to improve the value and sustainability of our services.

2.3.2 Workforce

Diligent investment of our capital funds will make a positive contribution towards one of our strategic priorities – Improve Staff Experience and Wellbeing.

2.3.3 Financial

This deep dive is financially related, helping to explain how we can maximise the benefit of our capital resources through robust processes, procedures, and governance.

Revenue impacts also need to be carefully managed and scrutinised as part of the capital planning process to ensure that they can be supported over and beyond the initial capital investment. Business cases help to control risk in this area.

2.3.4 Risk Assessment / Management

Subject of the paper.

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

No Assessment has been carried out.

2.3.6 Climate Emergency & Sustainability Impact

Whilst this paper does not raise, directly, issues relating to climate emergency and sustainability, capital investment is likely to contribute significantly towards our sustainability as we invest in property, equipment and digital solutions. It is worth considering how we can integrate sustainability criteria into any prioritisation investment tool.

2.3.7 Communication, involvement, engagement and consultation

Through proposed governance route.

2.3.8 Route to the Meeting

Neil McCormick, Director of Property & Asset Management on 12 December 2023

Margo McGurk, Director of Finance & Strategy on 28 December 2023

2.4 Recommendation

The Committee is invited to:

- Discuss and take assurance from the Deep Dive Review

3 List of appendices

The following appendices are included with this report:

None

Report Contact

Ben Johnston

Head of Capital Planning & Project Director

Email ben.johnston@nhs.scot

Assurance Principles

Risk Assurance Principles:

Board

- Ensuring efficient, effective and accountable governance

Standing Committees of the Board

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


Committee Agenda

- Agenda Items should relate to risk (where relevant)

Seek Assurance of Effectiveness of Risk Mitigation

- Relevance
- Proportionality
- Reliable
- Sufficient

Chairs Assurance Report

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

Year End Report

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





General Questions:

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

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

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

Level of Assurance:

Substantial Assurance	Reasonable Assurance	Limited Assurance	No Assurance
			

Risk Assessment Matrix

Figure 1

Likelihood	Consequence				
	Negligible 1	Minor 2	Moderate 3	Major 4	Extreme 5
Almost certain 5	LR 5	MR 10	HR 15	HR 20	HR 25
Likely 4	LR 4	MR 8	MR 12	HR 16	HR 20
Possible 3	VLR 3	LR 6	MR 9	MR 12	HR 15
Unlikely 2	VLR 2	LR 4	LR 6	MR 8	MR 10
Remote 1	VLR 1	VLR 2	VLR 3	LR 4	LR 5

In terms of grading risks, the following grades have been assigned within the matrix.

- Very Low Risk (VLR)
- Low Risk (LR)
- Moderate Risk (MR)
- High Risk (HR)

Likelihood of Recurrence Ratings

Figure 2

Descriptor	Remote	Unlikely	Possible	Likely	Almost Certain
Likelihood	Can't believe this event would happen – will only happen in exceptional circumstances (5-10 years)	Not expected to happen, but definite potential exists – unlikely to occur (2-5 years)	May occur occasionally, has happened before on occasions – reasonable chance of occurring (annually)	Strong possibility that this could occur – likely to occur (quarterly)	This is expected to occur frequently / in most circumstances – more likely to occur than not (daily / weekly / monthly)

Figure 3: Consequence Ratings

Descriptor	Negligible	Minor	Moderate	Major	Extreme
Objectives / Project	Barely noticeable reduction in scope / quality / schedule	Minor reduction in scope / quality / schedule	Reduction in scope or quality, project objectives or schedule	Significant project over-run	Inability to meet project objectives, reputation of the organisation seriously damaged.
Injury (Physical and psychological) to patient / visitor / staff.	Adverse event leading to minor injury not requiring first aid	Minor injury or illness, first aid treatment required	Agency reportable, e.g. Police (violent and aggressive acts). Significant injury requiring medical treatment and/or counselling.	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling.	Incident leading to death or major permanent incapacity.
Patient Experience	Reduced quality of patient experience / clinical outcome not directly related to delivery of clinical care	Unsatisfactory patient experience / clinical outcome directly related to care provision – readily resolvable	Unsatisfactory patient experience / clinical outcome, short term effects – expect recovery <1wk	Unsatisfactory patient experience / clinical outcome, long term effects – expect recovery - >1wk	Unsatisfactory patient experience / clinical outcome, continued ongoing long term effects
Complaints / Claims	Locally resolved verbal complaint	Justified written complaint peripheral to clinical care	Below excess claim. Justified complaint involving lack of appropriate care	Claim above excess level. Multiple justified complaints	Multiple claims or single major claim
Service / Business Interruption	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service	Short term disruption to service with minor impact on patient care	Some disruption in service with unacceptable impact on patient care Temporary loss of ability to provide service	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.	Permanent loss of core service or facility Disruption to facility leading to significant "knock on" effect
Staffing and Competence	Short term low staffing level temporarily reduces service quality (less than 1 day). Short term low staffing level (>1 day), where there is no disruption to patient care	Ongoing low staffing level reduces service quality Minor error due to ineffective training / implementation of training	Late delivery of key objective / service due to lack of staff. Moderate error due to ineffective training / implementation of training Ongoing problems with staffing levels	Uncertain delivery of key objective / service due to lack of staff. Major error due to ineffective training / implementation of training	Non-delivery of key objective / service due to lack of staff. Loss of key staff. Critical error due to ineffective training / implementation of training
Financial (including damage / loss / fraud)	Negligible organisational / personal financial loss (£<1k)	Minor organisational / personal financial loss (£1-10k)	Significant organisational / personal financial loss (£10-100k)	Major organisational / personal financial loss (£100k-1m)	Severe organisational / personal financial loss (£>1m)
Inspection / Audit	Small number of recommendations which focus on minor quality improvement issues	Recommendations made which can be addressed by low level of management action.	Challenging recommendations that can be addressed with appropriate action plan.	Enforcement action. Low rating Critical report.	Prosecution. Zero rating Severely critical report.
Adverse Publicity / Reputation	Rumours, no media coverage Little effect on staff morale	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale / public attitudes.	Local media – long-term adverse publicity. Significant effect on staff morale and public perception of the organisation	National media / adverse publicity, less than 3 days. Public confidence in the organisation undermined Use of services affected	National/International media / adverse publicity, more than 3 days.MSP / MP concern (Questions in Parliament). Court Enforcement Public Enquiry

Meeting:	Finance, Performance & Resources Committee
Meeting date:	16 January 2024
Title:	Internal Control Evaluation
Responsible Executive/Non-Executive:	M McGurk, Director of Finance & Strategy
Report Author:	J Lyall, Chief Internal Auditor / B Hudson, Regional Audit Manager

1 Purpose

This report is presented for:

- Assurance

This report relates to a:

- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation and Background

As Accountable Officers, Chief Executives are responsible for maintaining a sound system of internal control to manage and control all the available resources used in the organisation. The work of Internal Audit and the assurances provided by the Chief Internal Auditor in relation to internal control are key assurance sources taken into account when the Chief Executive undertakes the annual review of internal controls, and form part of the consideration of the Audit and Risk Committee and the Board prior to finalising the Governance Statement which is included and published in the Board's Annual Accounts.

This review aims to provide early warning of any significant issues that may affect the Governance Statement.

2.2 Assessment

Key Themes

Audit Scotland – NHS Scotland 2023, issued February 2023, stated that ‘the NHS in Scotland faces significant and growing financial pressures. These include inflation; recurring pay pressures; ongoing Covid-19 related costs; rising energy costs; a growing capital maintenance backlog; and the need to fund the proposed National Care Service. These pressures are making a financial position that was already difficult and has been

exacerbated by the Covid-19 pandemic, even more challenging'. Internal Audit reports have recorded similar concerns and highlighted the strategic changes required. The financial risk for NHS Fife, NHSScotland and the public sector has continued to increase.

As reported in the Internal Audit Annual Report for 2022/23, the challenge now is balancing short term risks against longer term risks which can only be mitigated through strategic change. T

We previously highlighted the need for realistic workforce plans. The NHS Fife Workforce Plan 2022-2025 was published in November 2022 and work is underway to inter-relate and align financial and workforce planning via the Strategic Planning Resource Allocation (SPRA) process.

Continuing staff shortages and increased demand for staff means that effective workforce planning remains key in supporting the achievement of the Board's operational, financial and strategic objectives.

Maintaining operational performance against mandated targets remains extremely challenging. While operational improvements will have a limited impact on performance, genuinely strategic solutions must be identified, with a focus on working closely with partners to address underlying capacity and flow issues. The Board has continued to respond, and risk assess to ensure the most urgent work is prioritised.

NHS Fife continues to progress its Risk Management Framework Improvement Programme. The Board's overall approach to risk management has been revised with a new Corporate Risk Register replacing the Board Assurance Framework. Current risk scores and achievement of target scores by target dates will require careful consideration and constant monitoring to ensure they fully reflect current risk and controls and are realistic.

The Clinical Governance Strategic Framework and associated Annual Delivery Plan were approved by Fife NHS Board on 28 March 2023. The framework outlines the governance and assurance reporting routes for clinical governance throughout the full span of NHS Fife responsibilities.

2.3.1 Quality, Patient and Value-Based Health & Care

The Institute of Healthcare Improvement Triple Aim (Better population health, better quality of patient care, financially sustainable services) is a framework that describes an approach to optimising health system performance and is a core consideration in planning all internal audit reviews.

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

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

risks identified. Legal requirements are a core consideration in planning all internal audit reviews.

This report contains narrative on the overall system of Risk Management as well as detailed commentary on a number of individual risks. It will be supplemented by a detailed review of Risk Management later in this financial year.

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

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

2.3.6 Climate Emergency & Sustainability Impact

This report has no impact on the Board's likelihood of meeting the aims and targets outlined by the NHS Scotland Climate Emergency & Sustainability Strategy.

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

Audit & Risk Committee on 13 December 2023.

2.4 Recommendation

The Committee is asked take **assurance** from the Internal Control Evaluation.

3 List of appendices

Appendix 1 - Internal Control Evaluation Report.

Report Contact

Jocelyn Lyall

Chief Internal Auditor

Email jocelyn.lyall2@nhs.scot

FTF Internal Audit Service

Internal Control Evaluation 2023/24 Report No. B08/24

Issued To: C Potter, Chief Executive
M McGurk, Director of Finance and Strategy and Deputy Chief Executive

G MacIntosh, Head of Corporate Governance/Board Secretary
Executive Directors Group

H Thomson, Board Committee Support Officer

Audit Follow-Up Co-ordinator

Audit and Risk Committee
External Audit

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Draft Report Issued	28 November 2023
Management Responses Received	6 December 2023
Target Audit & Risk Committee Date	13 December 2023
Final Report Issued	07 December 2023

EXECUTIVE SUMMARY

1. As Accountable Officers, Chief Executives are responsible for maintaining a sound system of internal control and to manage and control all the available resources used in the organisation. This review aims to provide early warning of any significant issues that may affect the Governance Statement.

OBJECTIVE

2. The NHS Fife Internal Audit Plan provides cyclical coverage of all key elements of Corporate, Clinical, Staff, Financial and Information Governance.
3. Together the mid-year Internal Control Evaluation (ICE) and the Annual Report provide assurance on the overall systems of internal control, incorporating the findings of any full reviews undertaken during the year and providing an overview of areas which have not been subject to a full audit. These reviews do not, and cannot, provide the same level of assurance as a full review but do allow an insight into the systems which have not been audited in full. This interim review gives early warning of issues and provides a holistic overview of governance within NHS Fife.
4. The draft Annual Delivery Plan (ADP) 2023/2024 was signed off by Scottish Government (SG) on 11 August 2023. The NHS Fife draft Medium Term Plan for 2023-2026, was submitted to SG on 7 July 2023, with feedback to be provided. SG guidance advised that the draft Medium Term Plan should take into consideration service changes which Boards are preparing for locally over the next 3 years, and identify through horizon scanning, issues which may require local, regional, or national planning input.
5. The ICE will be presented to the December 2023 Audit and Risk Committee, allowing the year-end process to be focused on year-end assurances and confirmation that the required actions have been implemented. The ICE provides a detailed assessment of action taken to address previous internal audit recommendations from the 2022/23 ICE and Annual Report.
6. This review will be a key component of the opinion we provide in our Annual Internal Audit Report and will inform the 2024/25 Internal Audit planning process.
7. Our audit specifically considered whether:
 - Governance arrangements are sufficient, either in design or in execution, to control and direct the organisation to ensure delivery of sound strategic objectives.

AUDIT OPINION

8. Ongoing and required developments and recommended actions are included at Section 2.
9. The Annual Internal Audit Report was issued on 19 June 2023 and was informed by detailed review of formal evidence sources including Board, Standing Committee, Executive Directors Group (EDG), and other papers.
10. As well as identifying key themes, the Internal Audit Annual Report made six specific recommendations in the following areas
 - Ongoing development of risk management, risk appetite, deep dives, Key Performance Indicators (KPIs) and clarification and formalisation of the joint risk management process with Fife IJB.
 - Requirement to provide a year-end assessment to the Staff Governance Committee (SGC) concluding on implementation of the strands of the Staff Governance Standard and action required to achieve full compliance.

- Requirement for the SGC Annual Assurance Statement to include a statement confirming the Whistleblowing Champion's opinion on the adequacy of NHS Fife's whistleblowing arrangements.
 - Requirement to present a financial sustainability action plan to the Finance, Performance and Resources Committee (FPRC) and Board, demonstrating clear links to the Population Health and Well Being Strategy (PHWS), the Workforce and Digital & Information strategies, and service redesign and transformation.
 - Requirement to record, monitor and have contingency plans in place to manage the risk of a sudden cessation for brokerage, which, unmitigated, could impact on service provision.
 - Requirement to identify and report to the CGC on those elements of the 2019-2024 Digital & Information (D&I) Strategy which will not be delivered by 31 March 2024, stating the impact upon NHS Fife's strategic ambitions and how this is being addressed in the next D&I Strategy. The next iteration should also include at the outset a resourcing and financial assessment to assess its likelihood of being delivered within the stated timescale and the risks associated with non-delivery.
11. Outstanding actions from previous ICE and Annual Internal Audit Report recommendations are shown in table 1. 11 actions have been completed since the issue of our Annual Internal Audit Report.
 12. Overall, there has been good progress on actions to address recommendations from the 2022/23 ICE and Annual Report. Where action is still to be concluded, the Board has been informed of the planned approach and timescales, as well as associated improvement plans.
 13. In this report we have provided an update on progress to date and, where appropriate, built on and consolidated previous recommendations to allow refreshed action and completion dates to be agreed.
 14. We recommend that this report is presented to each Standing Committee so that key themes can be discussed and progress against the recommendations can be monitored.

KEY THEMES

15. Detailed findings are shown later in the report, and for context, relevant Corporate Risks against each strand of Corporate Governance are included. Key themes emerging from this review and other audit work during the year are detailed in the following paragraphs.
16. Audit Scotland – NHS Scotland 2022, issued February 2023, stated that 'the NHS in Scotland faces significant and growing financial pressures. These include inflation; recurring pay pressures; ongoing Covid-19 related costs; rising energy costs; a growing capital maintenance backlog; and the need to fund the proposed National Care Service. These pressures are making a financial position that was already difficult and has been exacerbated by the Covid-19 pandemic, even more challenging'. Internal Audit reports have recorded similar concerns and highlighted the strategic changes required. The financial risk for NHS Fife, NHSScotland and the public sector has continued to increase.
17. As reported in the Internal Audit Annual Report for 2021/22, the challenge now is balancing short term risks against longer term risks which can only be mitigated through strategic change. The shape of future strategy will be dependent on a number of complex factors, with some subject to change. However the Board has continued to respond, and risk assess, to ensure the most urgent work is prioritised.

18. We previously highlighted the risks associated with the National Workforce Strategy for Health and Social Care and the need for realistic plans. The NHS Fife Workforce Plan 2022-2025 was published in November 2022 and work is underway to inter-relate and align financial and workforce planning via the Strategic Planning Resource Allocation (SPRA) process. Workforce risks remain very high across NHSScotland, and the current risk and target risk scores will require careful consideration to ensure they reflect local, national and international pressures and the extent to which these are and can be mitigated locally.
19. Continuing staff shortages and increased demand for staff means that effective workforce planning remains key in supporting the achievement of the Board's operational, financial and strategic objectives.
20. Maintaining operational performance against mandated targets remains extremely challenging. While operational improvements will have a limited impact on performance, genuinely strategic solutions must be identified, with a focus on working closely with partners to address underlying capacity and flow issues.
21. NHS Fife continues to progress its Risk Management Framework Improvement Programme. The Board's overall approach to risk management has been revised with a new Corporate Risk Register replacing the Board Assurance Framework. A Risks and Opportunities Group continues to meet and aims to embed an effective organisational risk management framework and culture, including assurance mapping principles. Current risk scores and achievement of target scores by target dates will require constant monitoring to ensure they fully reflect current risk and controls and are realistic.
22. The Clinical Governance Strategic Framework and associated Annual Delivery Plan were approved by Fife NHS Board on 28 March 2023. The framework outlines the governance and assurance reporting routes for clinical governance throughout the full span of NHS Fife responsibilities.
23. This report contains a number of recommendations that reflect the changes to the risk environment in which the Board operates. Our recommendations are aimed at ensuring coherence between Governance Structures, Performance Management, Risk Management and Assurance.

KEY DEVELOPMENTS SINCE THE ISSUE OF THE ANNUAL REPORT INCLUDED:

- Following the approval of the PHWS in March 2023, NHS Fife has moved to the delivery stage with associated reporting to the Board and Committees.
- Reporting continues on OPEL (Operational Pressures Escalation Levels) on the NHS Fife intranet, to support proactive management of increased activity, and the related impact on capacity and flow.
- Approval of the Whole System Property and Asset Management Strategy at the September 2023 Board meeting.
- Approval of the Five-year Medium Term Financial Plan by the NHS Fife Board in March 2023.
- An updated approach to achievement of savings with 3 horizon levels for in year and the future.
- SG sign off of the 2023/24 Annual Delivery Plan (ADP) on 11 August 2023.
- Approval of the Risk Management Framework in August 2023 and ongoing development of Risk Management arrangements, including a Corporate Risk Reporting tool and Risk Summary Dashboard as guidance for risk owners.
- Approval of the Clinical Governance Strategic Framework by Fife NHS Board in March 2023 and the implementation of elements of associated Delivery Plan.

- Ongoing work to implement the Health & Care (Staffing) (Scotland) Act 2019 (Safe Staffing Legislation).
- Whistleblowing directives issued by the Independent National Whistleblowing Officer continue to be implemented by NHS Fife, with improvements being made to the procedures for completing investigations and reporting thereon.
- Continuing development of the Integrated Performance Quality Report (IPQR).



ACTION



24. The action plan has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.




ACKNOWLEDGEMENT




25. We would like to thank all members of staff for the help and co-operation received during the course of the audit.



Jocelyn Lyall, BAcc CPFA
Chief Internal Auditor

TABLE 1		
Annual Report 2022/23 (B06/24) - Update of Progress Against Actions		
Agreed Management Actions with Dates	Progress with agreed Management Actions	Assurance Against Progress
<p>1. Development of Risk Management</p> <p>a. Greater use of risk appetite including greater detail in risk reports presented to standing committees on how the risk appetite will affect strategy, decision-making prioritisation, budget setting and organisational focus.</p> <p>b. Deep Dive Reports to include:</p> <ul style="list-style-type: none"> • Further assessment as to which key management actions will impact on the target score with success criteria stated. • A focus on key controls only, providing overt assurance and an overt conclusion on the effectiveness of implemented controls. • An assessment of the proportionality of proposed actions and whether they should be sufficient to achieve the target score. <p>c. Revised Risk Management KPIs presented to the Audit and Risk Committee (ARC) that take account of previous internal audit recommendations and allow ARC members to assess the overall effectiveness of the system of Risk Management.</p> <p>d. Revised Risk Management Framework approved by the ARC providing a detailed description of joint Risk Management arrangements with the IJB including responsibility for operational risks, responsibility for sharing of information and responsibility for provision of assurance consistent with the IJB Risk Management Strategy.</p> <p>Action Owner: Director of Finance & Strategy</p> <p>Original target implementation date 31 March 2024.</p>	<p>a. Corporate Risks papers presented to each standing committee state if risks are within or outwith risk appetite. Review of the Board's risk appetite has not taken place yet.</p> <p>Risk reports to standing committees do not yet include greater detail on how the risk appetite will affect strategy, decision-making prioritisation, budget setting and organisational focus.</p> <p>b. The Risks and Opportunities Group (ROG) is progressing changes to the deep dive process, and these should be evident in deep dive papers presented to Standing Committees in the remainder of 2023/24.</p> <p>c. The development of KPIs for the risk management process is a work in progress.</p> <p>d. The revised NHS Fife Risk Management Framework, including a description of RM arrangements with the IJB that satisfies our recommendation, was approved by Fife NHS Board on 26 September 2023 (Complete).</p>	 <p>On track</p>
<p>2. Staff Governance Standards</p> <p>a. A year-end report to be presented to the Staff Governance Committee providing year-end feedback on:</p> <ul style="list-style-type: none"> • The action taken on each strand of the Staff Governance Standards during 2023/24. • Reflection on how successfully and effectively these have been implemented. 	<p>a. The Annual Internal Audit Report for 2022/23 (B06/24) was presented to SGC on 20 July 2023 and the minutes record:</p> <p><i>'The Director of Finance & Strategy highlighted the Staff Governance section within the report and was pleased to advise that there were only two recommendations, both in the lower category, which merit attention'</i></p> <p>b. As per 2a above</p>	 <p>On track</p>

<ul style="list-style-type: none"> What actions are being taken forward into 2024/25, plus the further coverage planned for each strand during 2024/25. <p>b. The Staff Governance Committee Annual Report and Statement of Assurance to include a conclusion on compliance with the different strands of the Staff Governance Standards based on the paper referred to in 2a above.</p> <p>Action Owner: Director of Workforce</p> <p>Original target implementation date 31 March 2024.</p>	<p>Internal Audit is monitoring implementation of these recommendations as part of the Audit Follow-up process and will contact management closer to the implementation date to confirm reporting will be completed as agreed.</p>	
<p>3. Whistleblowing</p> <p>The Staff Governance Committee Annual Report and Statement of Assurance including a statement confirming the Whistleblowing Champion’s opinion on the adequacy NHS Fife’s whistleblowing arrangements.</p> <p>Action Owner: Director of Workforce</p> <p>Original target implementation date 31 March 2024.</p>	<p>As per 2a above</p> <p>Internal Audit is monitoring implementation of this recommendation as part of the Audit Follow-up process and will contact management closer to the implementation date to confirm reporting will be completed as agreed.</p>	 <p>On track</p>
<p>4. Financial Sustainability Action Plan</p> <p>A Financial Sustainability Action Plan to be presented to the FPRC which:</p> <ul style="list-style-type: none"> Demonstrates clear links to the Population Health and Well Being Strategy, the Workforce and Digital & Information strategies, and service redesign and transformation. Includes the following overtly to the required savings: <ul style="list-style-type: none"> a clear process and timetable for the setting and implementation of organisation priorities a clear methodology for agreeing areas for de-prioritisation. a robust process for identifying and delivering service change. Includes the process for formal monitoring of operational and strategic savings programmes. Includes provision of overt positive assurance to the Board that NHS Fife has the capacity and capability (both in terms of planning and operations) to drive transformational change, whilst maintaining business as usual and delivering savings, both in the short and longer term. Includes a clear delineation of the cultural changes required to ensure that financial sustainability receives sufficient priority both strategically and operationally, in the face of competing pressures and conflicting Scottish Government priorities. <p>Action Owner: Director of Finance & Strategy</p>	<p>The Financial Performance and Sustainability Report includes actions aimed at achieving financial sustainability and has been presented to EDG, FPRC and Fife NHS Board.</p> <p>The Financial Performance and Sustainability Report links to the Annual Delivery Plan which links to the Corporate Objectives which are aligned to the Public Health & Wellbeing Strategy.</p> <p>The process to determine corporate objectives for 2024/25 will include the setting and implementation of organisation priorities and de-prioritisation will be included in this.</p> <p>The broader service change objectives are aligned with the other significant change programmes.</p> <p>The Financial Improvement and Sustainability Board is monitoring actions being taken to improve efficiency savings performance.</p>	 <p>Completed</p>

Original target implementation date 31 March 2024		
<p>5. Brokerage Contingency Planning.</p> <p>NHS Fife to record, monitor and have contingency plans in place to manage the risk of a sudden cessation for brokerage, which, unmitigated, could impact on service provision.</p> <p>Action Owner: Director of Finance & Strategy</p> <p>Original target implementation date 30 September 2023</p>	<p>NHS Fife is in dialogue with SG who are aware of the potential brokerage required at Year-End.</p>	 <p>Completed</p>
<p>6. Digital & Information Strategy</p> <p>a. Clinical Governance Committee (CGC) to be updated regarding the impact on strategic ambitions & new D&I Strategy of elements from previous strategy not yet delivered.</p> <p>b. The new D&I Strategy to include a resource & financial assessment supporting the likelihood of the revised D&I Strategy being delivered within the stated timescale.</p> <p>Action Owner: Associate Director of Digital & Information</p> <p>Original target implementation date 31 July 2024.</p>	<p>a. The D&I Strategy update to CGC on 3 November 2023 included analysis of the delivery of items from the 2020-24 D&I Strategy and clearly shows items partially or not delivered. The update also identifies themes to be taken forward to the next iteration of the strategy (Complete).</p> <p>b. The D&I Strategy update to CGC on 3 November 2023 confirmed that this will be supported by a financial framework.</p>	 <p>On track</p>
ICE Report 2022/23 (B08/23) - Update of Progress Against Actions		
Agreed Management Actions with Dates	Progress with agreed Management Actions	Assurance Against Progress
<p>1. Committee Assurances</p> <p>a. The Board's action list, which is currently maintained and followed up by the Corporate Governance & Board Administration team, will be tabled for review at future Board meetings.</p> <p>b. Risk sections within the SBAR papers presented to the Standing Committees and the Board should fully articulate the risks associated with the report, the linkage to the relevant Corporate or Operational risk and any related consequences.</p> <p>c. SBARs on Policy Updates to include a risk assessment on each policy which has passed the renew date, highlighting the risks and possible consequences of the policy not being reviewed within the timescale and superseded policies will be removed from Stafflink.</p> <p>Action Owner: Head of Corporate Governance & Board Secretary</p> <p>Original target implementation date 30 June 2023.</p>	<p>a. The Board's Action List was included on the agenda for its meetings on 31 January and 28 March 2023 and a comparison of the two Action Lists shows that it is being updated between meetings (Complete).</p> <p>b. The revised SBAR template and associated guidance were issued in November 2023, so time is needed to evidence the use of these in practice at Board and Committee meetings. An extended timescale to 31 March 2024 has been agreed to allow this.</p> <p>c. Discussion on the policies that have lapsed review dates took place at EDG on 2 November 2023 and a risk-based approach to prioritise the review and update policies was agreed and relevant assurances regarding this were provided by the relevant responsible Executive Directors. FPRC were notified of this on 14 November 2023 (Complete).</p>	 <p>Minor slippage on agreed timelines</p>

<p>2. Risk Management</p> <p>a. Risk Management KPIs to be presented for approval and reported to the Audit and Risk Committee.</p> <p>b. Risk appetite to be overtly reflected in the corporate risk register updates to standing committees, particularly within target scores, when risks are updated and reviewed.</p> <p>Action Owner: Director of Finance & Strategy</p> <p>Original target implementation date 30 June 2023.</p>	<p>a. KPIs for Risk Management are still being updated and a date for presentation to ARC has not yet been agreed This recommendation has been superseded by B06/24 Point 1c.</p> <p>b. The Corporate Risk Register presented to ARC on 15 March 2023 includes the risk appetite for each strategic priority and indicates for each risk whether the current risk rating is above, below or within that risk appetite. This format will be used for presentation to all Standing Committees.</p>	 <p>Completed</p>
<p>3. Clinical Governance and Assurance re Services Delegated to the Integration Joint Board</p> <p>a. Regular reporting to the Clinical Governance Oversight Group (CGOG) providing assurance that recommendations made following external body visits are being progressed through service action plans to completion.</p> <p>b. Reporting on risk associated with Adult and Child Protection to the CGOG.</p> <p>Action Owner: Director of Health and Social Care Partnerships</p> <p>Original target implementation dates a - 30 April 2023 & b – 31 July 2023.</p>	<p>a. Inspections and methodology reported to CGOG on 18 April 2023 and future reporting scheduled in CGOG 2023/24 workplan.</p> <p>b. Report on risk 10 regarding Adult and Child Protection was presented to the CGOG meeting on 20 June 2023.</p>	 <p>Completed</p>
<p>4. Clinical Governance Strategic Framework & Clinical Governance Risk Management</p> <p>a. The Clinical Governance Strategic Framework (CGSF) to be presented to Fife NHS Board for approval.</p> <p>b. Adult and Child Protection and the latest guidance (Scottish Government's NHS Public Protection Accountability and Assurance Framework to be considered as part of the 2023/24 workplan for the Clinical Governance Strategic Framework.</p> <p>c. The Terms of Reference for the CGOG to be amended to include a specific responsibility regarding consideration of external reviews and whether appropriate action has been undertaken to address any recommendations made.</p> <p>d. A meeting of the Organisational Learning Group (OLG) to be held focused on how to build in the consideration of issues identified in external reports into future OLG agendas and the analysis that would need to be undertaken to provide the OLG with the information to discharge their responsibility as per its Terms of Reference item 2.4 regarding consideration of whether internal controls and associated reporting mechanisms need to be improved if they did not identify issues highlighted in inspections undertaken by external regulators/auditors.</p> <p>e. Minutes of OLG meetings to be routinely presented to the CGOG.</p>	<p>a. The CGSF was approved by Fife NHS Board on 28 March 2023.</p> <p>b. The Mid-Year Update on the Clinical Governance Strategic Framework presented to CGOG on 24 October 2023 and CGC on 3 November 2023 includes reference to the Scottish Government's NHS Public Protection Accountability and Assurance Framework.</p> <p>c. CGOG Terms of Reference was appropriately updated and was noted by CGOG on 24 October 2023 acknowledging their acceptance of the changes made.</p> <p>d. A review of the OLG commissioned by the Chief Executive has concluded and the recommendations made supersede this recommendation.</p> <p>e. The minutes of the OLG meeting held on 18 August 2023 were included on the CGOG Agenda for its meeting on 24 October 2023.</p> <p>f. The updated CRR presented to EDG on 17 August 2023 includes the revised wording of the risk. The Director of Acute Services advised that the scoring is reviewed regularly and was last updated at the end of April. The risk</p>	 <p>Completed</p>

<p>f. The description of risk 7 on the CRR to be updated to more accurately describe the risk associated with deferred treatment due to late presentation due to the pandemic (eg: changing the 'could' in 'This time delay could impact clinical outcomes for the population of Fife' to 'will'). and the scoring of this risk to be revised to take account of the related performance information.</p> <p>g. The anticipated deep dive analysis to be undertaken on risk 7 to be prioritised and to be undertaken in a manner that clearly explains the scale of the risk and better describes the controls in place.</p> <p>h. The alignment of Risk 7 to be reconsidered with specific consideration given to whether assurance on its management should be provided to the CGC.</p> <p>i. The difficulties in meeting targets for Serious Adverse Events Reviews to be reported to the CGC.</p> <p>Action Owner: Medical Director</p> <p>Original target implementation date 31 August 2023.</p>	<p>was scored at 16 High when reported to FPRC in November 2022 and is reported as 20 High to FPRC in May 2023.</p> <p>g. The deep dive into risk 7 has been undertaken and was presented to FPRC on 14 March 2023 and CGC on 7 July 2023.</p> <p>The deep dive into the related CRR 5 was undertaken and presented to EDG on and was presented to CGC on 5 May 2023.</p> <p>h. The alignment of risk 7 is to continue to be to FPRC but it was presented to CGC on 7 July 2023.</p> <p>i. The narrative included in the IPQR presented to CGC on 3 March 2023 highlighted the performance issues regarding the Adverse Events Management Process and the action being taken to address this.</p>	
<p>10. IG&S Incident Reporting to CGC</p> <p>The IG&S update report for the Clinical Governance Committee to be updated to include a section for IG Incident Management including:</p> <ul style="list-style-type: none"> ○ Reasons for any instances of non-compliance with the 72-hour statutory timescale for reporting to the ICO and what has been done to prevent this from happening in future. ○ Sufficient information to allow an opinion on whether any of the incidents reported to date should be considered for disclosure within the Board's Governance statement. <p>Action Owner: Associate Director of Digital and Information</p> <p>Original target implementation date 31 May 2023.</p> <p>Extended to 29 February 2024 (TBC)</p>	<p>IG&SSG Updates to CGC on 3 March and 8 September 2023 – (both Item 9.1) - Summary of Incident Reporting in the period including assurance regarding compliance with the 72-hour timescale for reporting to the ICO but does not include a statement regarding whether or not any of the incidents will warrant disclosure in the Board's Governance statement. This is to be included in the update presented to CGC on 12 January 2024.</p>	 <p>Minor slippage on agreed timelines</p>
<p>11. D&I Strategy Risk</p> <ul style="list-style-type: none"> • D&I Workforce Plan to be added to the Corporate Risk Register as a mitigation to risk 18 – regarding the D&I Strategy to allow assessment of its implementation and effectiveness. <p>Action Owner: Associate Director of Digital and Information</p> <p>Original target implementation date 31 May 2023.</p> <p>Extended to 30 November 2023</p>	<p>The risk report presented to CGC on 8 September 2023 includes the following as mitigation against corporate risk 18:</p> <p><i>'Active review of the Strategy deliverables against current strategic objectives. This includes financial and workforce planning'.</i></p>	 <p>Complete</p>

CORPORATE GOVERNANCE

Corporate Risks:

Risk 1 – Population Health and Wellbeing Strategy – Moderate (12); Target (12) Moderate by March 2024 - Below Risk Appetite

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

Risk 2 – Health Inequalities – High Risk (20); Target (10) Moderate by March 2024 - Within Risk Appetite

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

Governance Arrangements

The Code of Corporate Governance was updated and approved at the May 2023 Board meeting.

Board and Committee Development Sessions covered a diverse range of topics and are critical for gaining further insight into key areas. The Annual Internal Audit Report 2022/23 (B06/24) highlighted that learning and key actions from these sessions should be recorded with formal outputs to ensure that actions are taken forward. The Board Secretary has advised that notes are taken on Development Sessions where appropriate and these used as part of the planning and design of topics under development.

The ARC members attended training sessions on the Annual Accounts, the role & function of the ARC and Risk Management. The CGC have considered Medical Education, Addiction Services, the Research relationship between NHS Fife and the University of St Andrews and Optimal Clinical Outcomes. The Public and Wellbeing Committee has considered topics which include Child and Adolescent Mental Health Service and Psychological therapies and Integrated Screening. The Staff Governance Committee has considered continuously improving a safe working environment, promoting the health and wellbeing of staff, and iMatters.

Self- Assessment

The second edition (November 2022) of the Blueprint for Good Governance was presented to the March 2023 ARC. It describes the latest good governance practice including active and collaborative governance. A National survey for Board members, (self-assessment) is closing on 1 December 2023 and a Development Session will be held in February 2024 to reflect on the outcomes of the National Survey.

In March 2023 Governance Committees completed self-assessments and identified improvements which are being progressed within the Committee Action Lists. We will review the progress of the identified improvements and comment in the Internal Audit Annual Report 2023/24 (B06/25).

Committee Assurance

Standing Committees review their Terms of References annually. Internal audit review of Standing Committee papers found that where serious issues are reported, for example adverse findings from an inspection by a regulator, the papers do not conclude on whether the issue is likely to warrant disclosure in the Board's Governance Statement. A process should be introduced to prompt consideration by committee members, throughout the year, of issues that may warrant disclosure in the Board's Governance Statement.

Policies

A General Policies and Procedures paper presented to the 2 November 2023 EDG provided an update of the status of policies as at October 2023. 36 (64%) of the 56 General Policies were up to date, 12 (21%) were beyond their due date and review work was underway within departments for 8 (14%) of General Policies. We noted good practice in that the paper reported the potential risk management implications of overdue policies and the EDG will take a risk-based approach to prioritise out-of-date policies that are significantly beyond their due date.

Internal Audit will undertake a review of Policies and Procedures as part of the 2023/24 audit plan, to ensure that the update of policies is risk-assessed, delivered and monitored appropriately and that updated policies are published effectively, and superseded versions removed from circulation.

Culture and Values

A Board Development Session in April 2023 focussed on Culture, Values and the Role of the Board. The NHS Fife Code of Corporate Governance refers to culture and values, and we have evidenced examples of the Board and its officers embracing and promoting these values.

Strategy

The Public Health & Wellbeing Strategy (PHWS) was approved at the March 2023 Board meeting. The Public Health and Wellbeing Committee (PHWC) has oversight of the delivery of the PHWS and a Mid-Year Report to the November 2023 meeting provided a six-monthly update on delivery. Progress during the first 6 months was provided (to September 2023) with planned activity to the end of March 2024 highlighted. The report uses the three-horizons framework to plan the first year, medium-term and longer-term objectives, to describe how ongoing work will collectively contribute to the system change required.

The internal audit B14/23 on Strategic Planning, will evaluate the development of the Strategic Plan.

Operational Planning

The draft ADP 2023-24 is in line with SG guidance and was presented to the Board before submission to SG by end of July 2023, and subsequent approval on 11 August 2023. It was approved by the Board in September 2023. There are three ADP related submissions: the draft ADP1, the draft ADP2 (spreadsheet with detailed actions, milestones and risks) and the draft Medium-Term Plan (MTP) 2023/26, which was submitted to Scottish Government on 7 July 2023. Quarterly updates on ADP delivery are reported to the FPRC.

We commended the OPEL tool within our B08/23 Internal Control Evaluation report. OPEL supports management of increased activity, and the related impact on capacity and flow and scores continue to be reported on a daily basis on Stafflink to provide organisational awareness of the extreme pressures within the system and the high-risk environment the Board operates within.

Assurance Mapping

Committee Assurance Principles were endorsed by the NHS Fife ARC in May 2021. Internal Audit will continue to promote the use of the assurance principles through continued leadership of the Assurance Mapping Group, chaired by the Chief Internal Auditor, attendance at the Risks and Opportunities Group, and through internal audits.

Integration

The Integration Scheme was reviewed and approved by NHS Fife Board in September 2021. A Ministerial Strategic Group (MSG) published a report in 2019 outlining proposals to develop the features of good Integration. An MSG self-assessment was carried out by the Fife Health and Social Care Partnership and reported to the NHS Fife Finance, Performance and Resources Committee (PRC)

in January 2023. Sixteen key features were established, 6 were partially established. Internal Audit would expect an update report is provided to a future NHS Fife Finance, PRC meeting.

Performance

The Integrated Performance & Quality Report (IPQR) has continued to be reviewed and enhanced by the IPQR group, which was set up following the Board's Active Governance Workshop held in November 2021. The IPQR report now provides a Public Health and Wellbeing section and Statistical Process Control charts where relevant. This demonstrates improved connectivity through inclusion of Corporate Risks aligned to strategic priorities. Providing extracts of the IPQR for each Standing Committee has facilitated focussed scrutiny of the performance areas most relevant to each. The November 2023 IPQR included uptake of Covid and Flu winter vaccination programme and staff vacancies.

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

The latest IPQR presented to the November 2023 Board meeting highlighted:

- Eight indicators are on schedule to meet Standard/Delivery trajectory: Inpatient Falls, Inpatient Falls with Harm; Pressure Ulcers; SAB HAI/HCAI; C Diff; IVF Treatment Waiting Times; Freedom of Information Requests and Antenatal access.
- The Cancer 31 Day DTT current performance is at 90.6% with a target of 95%, which is a decrease in performance from last year.
- The Cancer 62 Day DTT current performance is 77.1% against a target of 95%, which has decreased in performance since last year.
- The following indicators show an Amber status, which is behind the target but within 5% of the Standard/Delivery trajectory: Cancer 31 Day DTT; Major/Extreme Adverse Events - % Closed on Time; Detect Cancer Early; Immunisation 6 in 1 at Age 12 months and Immunisation MMR2 AT 5 Years.
- Twelve indicators are not achieving target but are performing within the Mid-Range quartile for benchmarking: Cancer 62 Day RTT, S1 Complaints Closed in Month on Time, S2 Complaints Closed in Month on Time; 4-Hour Emergency Access (A&E) & (ED); Patient TTG%; New Outpatients; Diagnostics; Sickness Absence; CAMHS Waiting Times; Psychological Therapies Waiting Times (Statistical Process Control has identified this as an outlier and negatively outside the control limits) and Drugs & Alcohol Waiting Times.
- Performance in September for the 4-Hour Emergency Access decreased from 79% to 73.3%, significantly below the 95% national target and just below the 24-month average of 73.9%.

The pressures on the system are making performance against a range of targets challenging for NHS Fife in common with the entirety of NHSScotland.

Risk Management

The Risk Management Framework 2023-2025 was approved at the September 2023 Board meeting, following consideration by the ARC in August 2023. A delivery plan is being developed to support the implementation of the Framework.

More than 60% of the Corporate Risk scores are above risk appetite, meaning that action to bring risk scores within appetite and within a short timeframe are required. The annual review of risk appetite

has not yet taken place. Within the context of the unprecedented challenging external environment we are of the opinion that risk appetite needs to be revisited.

The implementation of Deep Dive risk reviews is designed to provide Governance Committees with assurance on the appropriate management of risk. We commend the paper to the 2 November 2023 EDG, where recommended criteria for undertaking a Deep Dive review was agreed. The triggers for invoking a Deep Dive review were outlined as, Proposed New, Deteriorating and Static, Corporate Risks, and Proposed De-escalation of a risk. Internal Audit will review these arrangements, including a review the full Deep Dive process, within B14/24 Risk Management this year.

The Risk and Opportunities Group (ROG) continues to meet to provide leadership and promote and embed an effective risk management culture.

Risk management dashboard operational guidance and a demonstration of the Risk Summary Dashboard was provided to the 2 November 2023 EDG. The dashboard is designed to guide risk owners through a series of activities to facilitate effective risk management. The implementation approach for the ROG to take this forward was agreed by the EDG. KPIs for operational risks have been developed and will continue to be refined as part of the ROG agenda.

Action Point Reference 1 – Governance Statement Disclosures

Finding:

Papers have been presented to each standing committee that highlight serious issues, but they have not concluded on, or prompted discussion on, whether these issues are likely to require disclosure in the Board's Governance Statement.

Audit Recommendation:

A process should be implemented that ensures serious issues are highlighted to all Standing Committees and members are prompted to agree if the issue warrants disclosure in the Board's Governance Statement. This may include a direction in the SBAR supporting the relevant paper, along with providing members with the key considerations for deciding upon disclosures from the relevant section of the Scottish Public Finance Manual:

- *'might the issue prejudice achievement of the business plan or other priorities?*
- *could the issue undermine the integrity or reputation of the organisation?*
- *what view does the audit committee take on the issue?*
- *what advice or opinions have internal audit and/or external audit given?*
- *might the issue make it harder to resist fraud or other misuse of resources?*
- *does the issue put a significant programme or project at risk?*
- *could the issue divert resources from another significant aspect of the business?*
- *could the issue have a material impact on the accounts?*
- *might financial stability, security or data integrity be put at risk?'*

A register of potential disclosures should be maintained and considered at year-end when preparing the Board's Governance Statement.

Assessment of Risk:

Merits
attention



There are generally areas of good practice.

Action may be advised to enhance control or improve operational efficiency.

Management Response/Action:

Standing Committees each reflect on their year's business at the point of reviewing their annual assurance report. Significant work has been taken forward in recent years to enhance the content and detail of these reports, ensuring that the information provided within is comprehensive, robust and relevant for the purpose of providing assurance to the Board. It is at that point where committees discuss and decide on any potential disclosures, reflecting on the year's business overall and the movement of potential disclosure issues throughout the year (some in-year issues can be satisfactorily resolved by year-end, for instance).

In totality, the consideration of each Standing Committee's assurance statement influences the content and conclusions of the Governance Statement, which is discussed in draft and agreed with the Audit & Risk Committee. We believe the process in place at present is robust and appropriately reflective, without the need for a rolling issue list to be created, or additional changes to the SBAR template.

Action by:	Date of expected completion:
Head of Corporate Governance & Board Secretary	N/A

CLINICAL GOVERNANCE

Corporate Risks:

Risk 3 – COVID-19 Pandemic – Moderate (9); Target (12) Moderate by October 2023 – Below Risk Appetite

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

Risk 5 - Optimal Clinical Outcomes – High Risk (15);Target (10) Moderate by March 2024 – Within Risk Appetite

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

Risk 9 - Quality & Safety – High Risk (15);Target (10) Moderate by March 2024 – Above Risk Appetite

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

Risk 16 - Off-Site Area Sterilisation and Disinfection Unit Service – Moderate Risk (12);Target (6) Low by April 2026 – Within Risk Appetite

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

Risk 17 & 18 are aligned with the Clinical Governance Committee but are considered under the Information Governance section below.

Risk 7 is aligned with the Finance Performance and Risk Committee. We recommended that consideration be given to aligning this risk to the Clinical Governance Committee. This was considered but it was felt appropriate that the risk remained aligned to the FP&RC. The Clinical Governance Committee was updated on the deep dive into this risk at its 7 July 2023 meeting.

Risk 7 - Access to Outpatient, Diagnostic and Treatment Services - High Risk (20);Target No target due to uncertainty over level of funding – Above Risk Appetite

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 outcomes for the population of Fife.

Clinical Governance Framework

The Clinical Governance Strategic Framework was approved by Fife NHS Board on 28 March 2023 and the annual delivery plan and progress update was presented to the Clinical Governance Oversight Group (CGOG) in October 2023, setting out the workstreams, objectives, leads, timescales and their status.

The only item reported as having slipped was the Risk Management Policy which is being revised following Board approval of the NHS Fife Risk Management Framework at the end of August 2023.

A Fife Health and Social Care Partnership (HSCP) Clinical & Care Governance Strategic Framework is in development and is to be presented to the IJB for approval by January 2024. This will outline arrangements for providing strategic direction and assurance on health and social care to the IJB, Fife Council and NHS Fife. This framework will complement the existing NHS Fife Clinical Governance Strategic Framework which describes HSCP Clinical and Care Governance Assurance Arrangements.

Fife IJB report F06/22 - Clinical and Care Governance was issued on 31 October 2023 and provided reasonable assurance on developments to Clinical and Care Governance Assurance processes and made two significant and three moderate recommendations. The significant findings related to the reporting of assurance regarding the management of the corporate risk recorded regarding Child and Adult Protection and establishing regular reporting on Adult and Child Protection to Fife Council's People and Communities Scrutiny Committee and the IJB's Quality and Communities Committee and SLT Governance and Assurance.

Clinical Governance Committee

Updated CGC Terms of Reference (ToR) were included in the Code of Corporate Governance approved by Fife NHS Board on 30 May 2023 and include a membership change related to patients' representative, responsibility for oversight of patient experience and feedback mechanisms and other administrative items.

The CGC 2023/24 annual workplan is presented to each CGC meeting with the latest update indicating that CGC should receive all items in 2023/24.

Clinical Risk Management

The four corporate risks detailed at the start of this section have been aligned to the CGC, as have two Information Governance risks.

Risk 7 - Access to Outpatient, Diagnostic and Treatment Services is aligned to the Finance Performance and Risk Committee. Internal audit previously recommended this risk should be aligned to the CGC, but we were advised that the risk would remain aligned to the FPRC. However, the CGC was updated on the deep dive into this risk on 7 July 2023.

The CGC has also considered deep dive assurance reports for risks 9, 16 and 18 in 2023/24 and reviewed the corporate risks aligned to the Committee on 8 September 2023 and 3 November 2023.

Clinical Performance Reporting

The latest IPQR presented to CGC on 3 November 2023 highlighted the following areas which are not achieving target, with the SBAR providing detailed narrative and actions to improve:

- Adverse Events - August 2023 – 48.4% LAER/SAERs closed on time against a target of 50%:
- Escherichia Coli Bacteraemia (ECB) (HAI/HCAI) - August 2023 – 38.4 HAI/HCAI per 100,000 Occupied Bed Days against a target of 33.0
- Complaints (Stage 1 & Stage 2) - August 2023 - Stage 1 closed in month on time 42.6% against a target of 80% & Stage 2 closed in month on time 11.1% against a target of 50%. (A project and improvement plan is being developed by the Patient Experience Team in conjunction with a Senior Project Manager to improve performance in this area).

Quality Performance Indicators (QPIs) included in the Clinical Governance Strategic Framework are reported to the CGC along with details of remedial action being taken to address any indicators that were performing below target with the exception of:

- Adverse Events Improvement Actions (70% target for closure of actions within timescales)

- Complaint Closed- Stage 1 (80% target) – The summary table on the IPQR reported 42% for this, significantly below the target of 80% but there is no narrative included in the Clinical Governance section and any remedial action being taken (there is narrative regarding Stage 2 performance and improvement actions).

External Review

External Inspection Reports are included on an Activity Tracker document routinely considered by the Clinical Governance Oversight Group (CGOG).

In response to a recommendation in our 2022/23 ICE report (B08/23) a HSCP Inspection Update is presented to each CGOG meeting as a standing agenda item.

We commend the presentation of the papers on the HIS inspection and the Fatal Accident Enquiry to the CGC. These papers highlighted the serious issues raised to CGC members but, in common with other standing committees, did not include a conclusion on whether they require to be included as disclosures in the Board's Governance Statement at year-end and the members of the CGC were not asked to consider this. A recommendation relevant to this is included in the Corporate Governance section above at Action Plan Point 1.

The Cabinet Secretary requested all Boards in Scotland provide assurance that their processes and systems for the early identification, reporting and robust timely investigation of patient and staff safety concerns are fully effective. The NHS Fife Chief Executive commissioned a review of the Organisational Learning Group (OLG) which had a remit to ensure that the learning gained from events is used to optimise patient safety, outcomes and experience and to enhance staff wellbeing and job satisfaction. Our 2022/23 ICE report recommended that the OLG need to consider the effectiveness of internal control and reporting systems in relation to adverse findings in external reports.

Healthcare improvement Scotland (HIS) Inspection Report

HIS undertook an unannounced inspection on Acute Hospital Safe Delivery of Care at Victoria Hospital between 31 July and 2 August 2023 and reported serious concerns about the condition of the healthcare-built environment within the older building of the hospital and stated nine requirements and made two recommendations. The initial findings from the inspection were reported to CGC in September 2023 ahead of the publication of the final report on 26 October 2023. This update informed CGC that NHS Fife took immediate action to address issues identified by relocating a ward to another area in the hospital and bringing forward a planned programme of ward refurbishment. The timing of the publication of the final report did not allow enough time for an update to be provided to the CGC meeting in November 2023 but an update on progress to address the findings in the report is to be provided to the January 2024 CGC meeting. We are advised by the Director of Nursing that this update will consider the effectiveness of internal control and reporting systems (ie why corrective action wasn't undertaken before the issues were highlighted by HIS and what improvements need to be made to ensure that should similar issues occur, Senior Management are promptly notified).

Fatal Accident Enquiry

CGC were updated on the outcome of the fatal accident enquiry into death of a patient in the intensive care unit (ICU) at Victoria Hospital in October 2019. The report identified three specific shortcomings in the care of the patient and stated that had any one of the three been undertaken properly this might realistically have resulted in the death being avoided. The action plan to address the 8 recommendations made in the report was presented to CGC and the status of the actions is to be monitored by the Acute Services Division CGC which reports into CGOG.

Significant Adverse Events

The revised Adverse Events Policy (reviewed February 2023) is available on Stafflink and includes a flowchart of the revised process which links to further Adverse Events Management Resources on Stafflink.

The target related to closing SAERs within timescale has only been achieved in 1 month of the 5 reported to date. Actions designed to improve this are being implemented and are reported as being on track for implementation by 31 March 2024.

Duty of Candour (DoC)

The latest DoC Annual Report presented to the CGC on 3 March 2023 related to the financial year 2021/22 and included an update on DoC activity in 2022/23 to date. We have been advised by management that the 2022/23 DoC annual report for presentation to CGC in March 2024 will include an update on DoC activity in 2023/24.

Action Point Reference 2 – Performance Monitoring

Finding:

Quality Performance Indicators (QPIs) included in the Clinical Governance Strategic Framework should be reported to the CGC along with evidence of review and remedial action. We confirmed that reporting on QPIs to CGC or CGOG is evident in 2023/24 and that remedial action was reported where required, with the following exceptions:

- Adverse Events Improvement Actions (70% target for closure of actions within timescales) – not included in the IPQR or the Adverse Events reporting to CGOG
- Complaint Closed- Stage 1 (80% target) – the summary table on the IPQR reported 42% for this significantly below the target of 80% but there is no narrative on this and on remedial action included in the Clinical Governance section.

Audit Recommendation:

Performance reporting for the Clinical Governance Strategic Framework QPIs referred to in the finding above should be added to the performance reporting to CGC.

Assessment of Risk:

Moderate



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

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

Management Response/Action:

Adverse Events:

The action closure rate was added to IPQR from January 2023. The initial target was set at 70%, however it quickly became apparent that we would not be able to meet this until improvements were made to the actions module on Datix and some training and education was devised and delivered. This was escalated through to CGOG on 20 June along with an overview of the short and long term goal for the improvements required. There was agreement to have a staggered approach to achieving the target. The target was reduced to 50% to be achieved by March 2024, at which time it would be reassessed and increased to the 70% if appropriate. An update on the short term goals was provided in August 2023, both of which will have been captured in the minutes.

Actions on Stage 1 Complaints:

The Patient Experience Team (PET) are working with services to improve the compliance of Stage 1 complaints, focusing on ensuring these are resolved locally at the service level via telephone or face-to-face, aiming to reduce the number of Stage 1 written complaint responses required. A new Stage 1 template has been created and tested within Acute to raise awareness of these complaints being resolved locally and highlight lessons learned.

The PET dashboard has been launched, raising awareness and providing up-to-date data regarding all open, Stage 1, Stage 2, enquiries and concerns.

A new weekly complaint report has been created and highlights the compliance target of 80% for Stage 1s and the previous month's data for Acute and H&SCP and whether the target has been achieved.

A PET staff page has been created on Blink to raise awareness of the PET and the complaints process. There is greater engagement with PET and Services, focusing on open complaints, providing support, advice, and training.

Roles and responsibilities with PET have been streamlined, releasing time for the support officers to focus on stage 1 complaints, concerns, and enquiries.

PET will link with Planning and Performance Team to include narrative in IPQR.

Action by:	Date of expected completion:
Director of Nursing / Planning & Performance Team	31 December 2023

STAFF GOVERNANCE

Corporate Risks:

Risk 11 - Workforce Planning and Delivery – High Risk (16); Target (8) Moderate by March 2025 – Above Risk Appetite

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

Risk 12 - Staff Health and Wellbeing – High Risk (16); Target (8) Moderate by March 2025 – Above Risk Appetite

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

Risk 19 – Implementation of Health and Care (Staffing) (Scotland) Act 2019 [HCSA] – Moderate (12); Target (9) Moderate (no date given) – Within Risk Appetite

Taking account of ongoing preparatory work, there is a risk that the current supply and availability of trained workforce nationally, will influence the level of compliance with HCSA requirements. While the consequences of not meeting full compliance have not been specified, this could result in additional Board monitoring /measures.

Governance Arrangements

The SGC approved revised Terms of Reference in March 2023 and updates on the progress of the 2023/24 SGC workplan are reported to each meeting.

Workforce Strategy/Planning

The NHS Fife Workforce Plan 2022-2025, agreed by the Board and Scottish Government (SG), was published in November 2022. Internal Audit will comment on the plan within internal audit B17/23 – Workforce Planning, which will be presented to the SGC once finalised. Work to capture information on the identifying and meeting future workforce requirements is ongoing, with the granular information to be obtained by service-based workforce plan templates.

An update on the Three-Year Workforce Plan 2022-25 was presented to the September 2023 SGC meeting with an action plan to address both SG feedback and the recommendations from the Internal Audit Annual Report 2022/23 (B06/24). The majority of the actions are scheduled for completion by March 2024, with the timescale for one action to be confirmed.

The Workforce Plan should provide an opportunity to identify strategic solutions to critical workforce risks and a coherent, cohesive and proportionate response to extreme pressures is needed. The Medium Term Plan 2023-26 highlights the positive steps being taken by NHS Fife to develop and sustain its workforce.

Risk Management

The SGC has oversight of the Workforce Delivery & Planning and Staff Health & Wellbeing corporate risks, both of which have a current high rating. The planned date to reduce the risk score from high to moderate for both risks has been changed to the end of March 2025 (previously March 2023). Whilst these target dates are more realistic, due to the pressures within the system achievability of these dates may need to be reconsidered over time.

A paper on implementation of the Health & Care (Staffing) (Scotland) Act 2019 (Safe Staffing Legislation) was presented to the 14 September 2023 SGC meeting, to update it on the action being

taken to comply with this legislation, which has to be fully implemented by 1 April 2024. To help manage this a new corporate risk has been created, which will be reported to the SGC.

Staff Governance Standards

The SG do not require a staff governance action plan for 2023/24 and no further guidance on Staff Governance Standard (SGS) monitoring procedures has been issued. NHS Fife does ensure the principles of the SGS are followed through:

- SGC workplan reports on the strands of the SGS are presented.
- Signposting other papers to the strand of the SGSs to which they relate.
- Board Development Days.

A date for reporting on the Well-Informed strand has yet to be confirmed.

The Internal Audit Annual Report 2022/23 concluded that further improvements could be made to monitoring and reporting on compliance with the SGS with progress on track for financial year end reporting.

A copy of the 2022/23 Annual Monitoring Return was presented to the 9 November 2023 SGC meeting prior to submission to the SG. For 2021/22 the SG provided feedback on suggested topics for further consideration, which were highlighted to the SGC. The SGC has not been provided with an update on whether action was taken in response to them, and we recommend that this is done.

A workforce policy update to the November 2023 SGC covered development and maintenance of local HR policies and Once for Scotland Workforce Policies. To raise awareness of workforce policies a number of briefing sessions have been held across various sites and virtually over the month of October 2023 with more scheduled for November 2023.

Staff Experience

An update paper on the Annual Delivery Plan (ADP) 2023/24 was presented to the 14 September 2023 SGC meeting to enable monitoring of workforce aspects, with the ADP a standing agenda item at the SGC. Nursing and midwifery staffing issues including the number of registered nurses needed and those entering the workforce, a decrease in for nursing courses in Scotland in 2023 and significant vacancy challenges within NHS Fife.

The September 2023 SGC was informed that iMatters engagement for 2023 had improved and was 66% compared to a national figure of 59%.

Whistleblowing

Implementation of whistleblowing arrangements and reporting was reviewed in Internal Audit Report B18-23. Steps are being taken to fully implement the directives of the Independent National Whistleblowing Officer, including quarterly and annual reporting of whistleblowing instances, investigation and implementation of lessons learned.

Recommendations made by Internal Audit have yet to be fully implemented and are being monitored through the Audit Follow-Up Protocol. This includes a recommendation that the SGC Annual Statement of Assurance 2023/24 includes an overt opinion on the adequacy of existing whistleblowing arrangements, supported by a concluding statement from the Whistleblowing Champion.

Remuneration Committee

The Remuneration Committee (RC) reviewed its terms of reference at its March 2023 meeting and completed a self-assessment of its performance.

Appraisals

The RC reviewed the completion of the 2022/23 performance appraisal process for the Executive and Senior Manager Cohort at its May and June 2023 meetings. The RC approved the 2022/23 objective setting process for the Executive and Senior Management Cohort at its June 2023 meeting. The RC agreed the Chief Executive's 2023/24 objectives at its May 2023 meeting and the 2023/24 Executive Cohort objectives at its July 2023 meeting. The RC also agreed that, due to the importance of ensuring that there is sufficient robust evidence to support the performance rating applied to each member of staff, the RC would further consider the appraisal process at a future date. We recommend this is built into the RC workplan.

The completion of annual Agenda for Change appraisals was 40% as at 31 October 2023, demonstrating a slight continuous improvement (38% at 31 March 2023 and 33% at 31 October 2022), but highlighting that more action to improve staff engagement is required. The SGC was advised that the appraisal performance is being monitored and actions to support staff engagement continue, with current initiatives to increase the focus on this process and sustain improvement ongoing.

Presentation of the 2022/23 Annual Report on Medical Consultant and GP appraisals to the November 2023 SGC has been delayed until the January 2024 meeting, due to the need to collate additional information on the appraisal strategic framework.

Core Skills Training

Core training compliance at 31 October 2023 was 63% (57% in May 2023) against the target of 80%, as reported to the November 2023 SGC meeting.

The SGC was advised of work to increase compliance to the 80% target by 31 March 2024, including:

- Developing compliance improvement trajectories across services to target and prioritise activity.
- Further engagement with training owners to establish delivery plans and improve levels of staff attendance/completion.
- The roll out of enhanced manager reporting to support compliance monitoring activity.
- Completion of a full core training compliance review to develop and refine the programme to improve role specific training requirement.

Sickness Reporting

Sickness absence is now reported to the SGC on a regular basis through the Promoting Attendance update reports, which detailed work being undertaken towards improving attendance and wellbeing. This is supplemented by summary data in the IPQR presented to each SGC. The absence rate at 30 September 2023 was 6.93%, which compares with a Scottish average of 5.94% and the target of 4%. The committee was advised that a range of support packages are being made available to help support the mental health of staff, including resources available on the Healthy Working Lives website, plus the Live Positive - Stress Management Toolkit. An Attendance Management training programme continues to be delivered in partnership to groups of managers within NHS Fife.

Action Point Reference 3 – SG Annual Monitoring Return**Finding:**

The Scottish Government (SG) Annual Monitoring Return update to the 20 July 2023 SGC advised that the same 'streamlined' approach would be adopted for the 2022/23 return as in 2021/22, with the SG providing feedback on topics it feels Boards should concentrate on.

The SGC was advised of SG feedback on the 2021/22 Return and areas that NHS Fife may wish to feed into the Staff Governance Plan and subsequent Return for 2022/2023. An example included feedback received from iMatter roadshows 'Have a natter because iMatter'.

The SGC has not been advised as to whether the reported matters have been progressed and these areas do not feature specifically in the 2022/23 Annual Monitoring return presented to the 9 November 2023 SGC meeting.

Audit Recommendation:

Future updates to the SGC within the Annual Monitoring Return should include an update on action to address SG feedback from previous years.

Assessment of Risk:

Merits
attention



There are generally areas of good practice.

Action may be advised to enhance control or improve operational efficiency.

Management Response/Action:

We note the recommendations and will work with the Staff Governance Committee chair to progress the necessary updates

Action by:**Date of expected completion:**

Director of Workforce

31 March 2024

FINANCIAL GOVERNANCE

Corporate Risks:

Risk 13 Delivery of a Balanced In-Year Financial Position – High Risk (16); Target (8) Moderate by March 2025 – Above Risk Appetite

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 further planned brokerage from Scottish Government.

Risk 14 Delivery of Recurring Financial Balance over the Medium-Term – High Risk (16); Target (12) Moderate by March 2024 – Above Risk Appetite

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.

Risk 15 Prioritisation & Management of Capital Funding – Moderate (12); Target (8) Moderate by April 2026 – Within Risk Appetite

There is a risk that lack of prioritisation and control around the utilisation of limited capital and staffing resources will affect our ability to deliver the PAMS and to support the developing Population Health and Wellbeing Strategy.

Medium Term Financial Plan (MTFP)

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

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

The MTFP was endorsed by the FPRC (Reserved Business) on 14 March 2023, followed by Board approval (Reserved Business) on 28 March 2023. It provides clarity on funding and expenditure assumptions with areas of greatest risk and uncertainty highlighted. It presents a range of potential scenarios which demonstrate the impact of changes to key parameters, with a £10.9m financial gap identified for 2023/24.

MFTP – SG Response and Brokerage Required

The SG acknowledged the position outlined in the MTFP in March 2023, with the Board advised to undertake the following actions:

- 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.
- Develop other measures to be taken to further reduce the financial gap.
- Review 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.

The NHS Fife Financial Improvement and Sustainability Programme aims to mitigate the financial gap and deliver against the SG actions. Financial reporting to the Board and FPRC has highlighted that currently there is a high possibility that NHS Fife will require a level of brokerage from the SG

to deliver the identified financial gap of £10.9m it is however now clear that the in-year financial gap is materially increasing, the latest forecast is £23m, this position has been reported to NHS Fife Board and SG. The Board will work towards reducing the final level of brokerage where that is possible.

Internal Audit Annual Report 2022/23 (B06/24) previously highlighted that *“NHS Fife Board needs to assure itself that it has the capacity and capability sufficient to drive strategy, and the associated transformation programme as well as delivering savings of £15m a year.”* NHS Fife needs to ensure it has the capacity to drive forward required savings, if it is to have any chance of avoiding the use of further brokerage in 2023/24 and onwards.

Current Financial Position for the period to 30 September 2023

Finance reporting to Board and FPRC has been transparent, and the Director of Finance and Strategy has consistently and clearly articulated financial challenges through EDG, Standing Committees and the Board.

The MTFP reports an underlying deficit of £25.9m with a £15m cost improvement plan and a projected residual gap of £10.9m for 2023/24. A £15.9m revenue overspend was reported for the six months to the end of September 2023. The financial report reflects the continuing impact of the historic and emerging financial pressures set out in the medium-term financial plan and, more importantly, reflects the limited progress to deliver against the agreed £15m cost improvement programme.

The overall financial overspend of £15.9m includes extra funding allocations of £7.5m pro rata for the period to September 2023 (full year £15.1m) which, if they had not been received, would have substantially impacted the current overspend.

The SG has highlighted in recent letters to NHS Fife, following Quarter 1 results and the forecast year end position, that NHS Fife need to identify more actions between now and the financial year end to improve the forecast outturn and move towards break even.

Cost Improvement Plans (Savings)

In line with national expectations and highlighted above, a 3% cost reduction target was allocated across the Board core revenue resource limit which included the funds delegated to the Fife H&SCP. A cost improvement target of £4.6m was delegated to the partnership and the remaining £15m is the responsibility of NHS Fife to deliver.

The Financial Improvement and Sustainability (FIS) Board meets monthly. The update on the status of the FIS Programme to the end of September 2023 noted that £5.38m of cost improvement plans was confirmed as delivered, however only £2.56m is confirmed on a recurring basis. The absence of recurring savings will impact on subsequent years.

The MTFP savings identified £10m of temporary staff reduction and £5m of surge capacity reduction. The spend on temporary staffing has remained high and as highlighted in financial reports spending this year, this is more than last year, with only £0.31m confirmed savings. Initial plans to reduce surge capacity have not materialised and the Director of Finance has reported that savings will not be made in this area due to ongoing pressures within Acute Services. Other areas have been identified as providing savings but as of September 2023, £9.62m remains as unconfirmed.

The FIS report to the November 2023 FPRC refocused the approach to recovery options in 2023/24 (Horizon 1), for example, introducing a different approach to achieve supplementary staffing reduction with a *“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”*. Further work (Horizon 2) is planned to assess the viability of a range of other options to deliver greater value and, where possible, achieve cost reductions over the medium

term, with options including Service Redesign, Estates Review, Reducing Corporate Overheads, Optimising Digital Opportunities and review of Waste systems. Horizon 3 will aim to drive 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.

Savings identified within the FIS Programme are currently operational rather than strategic in nature. Now that the PHWS has been approved and in-year and medium term plans are in place, the linkage of future cost improvement programmes to the operational delivery of the PHWS should be made explicit within future reporting.

Finance Risk Reporting Revenue

There are two corporate financial risks, one for in year delivery of the financial plan and the second related to the longer-term financial plan.

The update provided to the FPRC in November 2023 for Risk 13 - Delivery of a balanced in-year financial position noted the position *'has materially deteriorated in Q2 with very limited progress against the in-year cost reduction target. This position has been reviewed to determine actions which can be taken to reduce the level of forecast overspend. Despite ongoing attempts to reduce costs and a commitment to avoid any additional investment in our services, it is highly likely that the Board will require significant financial brokerage to break-even'*.

We commend the openness of the reporting of the financial position and the forewarning that brokerage will likely be required. We recommend that both target and actual risk scores are reviewed, to ensure they fully reflect the deterioration in the financial position and the challenging environment. The target risk scores due to be achieved by 31 March 2024 appear to be optimistic in the circumstances.

We reiterate our view from the Internal Audit Annual Report 2022/23 (B06/24) that the organisation must assure itself that it has both capacity and can affect cultural change sufficient to deliver the required level of savings in addition to business as usual. Key actions should follow from the production of the PHWS in terms of prioritisation and service change.

Property Asset Management, Net Zero and Capital Risk

In September 2023 NHS Fife Board approved the Whole System Property and Asset Management Strategy, developed from the previous Property Asset Management Strategy. This new Strategy demonstrates links to the PHWS. It is anticipated that the SG will request a 'Whole System Initial Agreement' and this new Property Strategy provides the strategic direction to develop this approach.

The capital plan for 2023/24 was approved in March 2023 as part of the MTFP. Reporting of the capital plan to the FPRC is frequent, with the latest report in November 2023 highlighting no significant risks but issues remain with long lead in times within the supply chain and continued inflationary challenges.

The new strategy highlights the importance of Net Zero, having started the process of creating net-zero carbon road maps for all NHS Fife sites as part of its building energy transition programme. This will show what NHS Fife needs to do to achieve net-zero emissions and the costs associated with that.

The Prioritisation & Management of Capital funding risk is reported to the FPRC, and a Deep Dive is due to be presented to the January 2024 meeting. As part of this we would expect an assessment is provided on the adequacy and effectiveness of key controls and actions.

Asset Verification

Physical checking of a sample of assets is a management requirement within the NHS Fife Financial Operating Procedures. Internal Audit have been provided with evidence that physical checking of equipment has been undertaken during the financial year to date.

INFORMATION GOVERNANCE

Information Governance

Corporate Risks:

Risk 17 – Cyber Resilience – High Risk (16); Target (12) Moderate by September 2024 – Above Risk Appetite

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

Risk 18 – Digital and Information – High Risk (15); Target (8) Moderate by April 2025 – Above Risk Appetite

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

Governance and Assurance

The Information Governance and Security Steering Group (IG&SSG) and Digital and Information Board (D&IB) continue to provide assurance to the CGC. The latest IG&S update was presented to CGC in September 2023, with a further update scheduled for March 2023. Updates on the D&I Strategy were provided to CGC in July and November 2023.

The IGS Accountability and Assurance Framework Report has been developed following a mapping exercise between the Scottish Public Sector Cyber Resilience framework and the ICO Accountability Framework and is presented to each meeting of the IG&SSG. Whilst we commend this approach, further development is required as only three of the 10 categories reported have fully defined performance metrics defined and only one of the 10 categories includes cross reference to the risks associated with it. The IG&SSG has been informed that work is underway to address these issues, but no definitive timeline has been communicated.

The Terms of Reference for both the IG&SSG and D&I Board require papers to be issued at least 5 clear days before the meetings but this has not been happening. Some papers have been delivered as presentations at the meeting without having been sent to members in advance. This should be remedied to ensure compliance with the ToR.

Risk Management – IG&SSG and D&I

The management of IG&S risks is reported to each IG&SSG meeting within the IGS Accountability and Assurance Framework Report and is included in the updates to CGC twice a year. A risk report is also presented to each D&IB and there is some commonality of risks in the reports presented to IG&SSG and D&IB.

The latest risk reporting to IG&SSG and D&IB shows that there are a total of 48 risks with 11 scored as high, 27 as medium and 10 scored as low. The graphical representations showed that 23 risks had improved scores since the last report, 24 had remained static and 1 had deteriorated.

Summary information is also provided indicating the total number of risks in each category across D&I with the number within (35%) and outwith (65%) the risk appetite highlighted. The report does not currently include commentary on whether the actions underway and planned will be sufficient to bring these risks within the risk appetite in an acceptable timescale.

Corporate Risks

The two Information Governance corporate risks have been aligned to the CGC for scrutiny and Deep Dives are reported. A deep dive into risk 18 – D&I Strategy was presented to CGC on 3 November 2023 and a deep dive into risk 17 Cyber Resilience is to be presented to the 12 January 2024 meeting. In common with other areas of risk management the format of the deep dives should be improved to address our annual report (B06/24) recommendations.

Although the scores on the corporate risks associated with IG&S have remained static in the year to date, there is evidence of actions being progressed to reduce these towards their target scores and the latest reporting includes a timescale for reaching the target level.

Digital and Information Strategy

The D&I Strategy update to the CGC on 3 November 2023 included analysis of delivery and clearly shows items partially or not delivered. It also identified themes for the next iteration of the strategy and confirmed that this will be supported by a financial framework.

The regular portfolio and project updates provided to the D&IB outline the status of projects and their strategic alignment.

Information Governance Responsibilities

An NHS Fife Senior Information Risk Owner (SIRO) and Data Protection Officer (DPO) are in place and the SIRO is an Executive member of the Board.

Information Governance Policies and Procedures

The status of IG related policies is reported to IG&SSG in the IGS Accountability and Assurance Framework Report with the most recent report presented in October 2023 indicating that all 7 of the 8 policies were within their review date (87.5%). The exception being GP/D3 – NHS Fife Information Governance and Data Protection Core Policy which has a review date August 2023. The IGS Accountability and Assurance Framework Report states that this policy has been reviewed and is available for consultation.

Information Governance Incidents and Reporting

Updates on IG&S incident management are reported to each IG&SSG meeting and to the CGC twice per year. The most recent update to CGC on 3 November 2023 included:

- the number of IG&S incidents reported via DATIX
- the number of IG&S incidents reported to the ICO or Competent Authority, the number of these reported within the required 72-hour timescale and the number that required follow-up by the ICO.

At its meeting on 10 October 2023 the IG&SSG received an update on an incident where an imposter obtained personal identifiable information. This resulted in a reprimand from the ICO, which is the tier of ICO enforcement action below monetary penalties and can include publication of the reprimand on the ICO website. The IG&SSG agreed that the reports from the SAER would be provided to the IG&SSG for consideration before this incident would be highlighted to CGC outlining the issue would warrant disclosure in the Board's Governance Statement.

Action Point Reference 4 – Assurance Reporting to IG&SSG

Finding:

The IGS Accountability and Assurance Framework Report includes ten categories but while the IG&SSG have been advised that performance metrics are being developed for these, the group have not been informed of a timescale for completion of this and to date only three of the categories have fully established performance metrics defined.

Papers to the IG&SSG and the D&I Board has not always been timely and some papers have been delivered as presentations at the meeting without being distributed. The terms of reference for both IG&SSG and D&I Board state that the papers will be issued at least 5 clear days before the meetings, but this has not been happening in practice.

Audit Recommendation:

IG&SSG should be provided with a timescale by which the IGS Accountability and Assurance Framework Report will be improved to include:

- fully established performance measures for each category reported in the framework
- completed risk sections for each category in framework report including cross referencing to the ID of risk in DATIX and to the improvement actions that will reduce the risk score.

The timing of the issue of papers to IG&SSG and D&I Board members should be monitored, and action taken to ensure that the papers are provided to members at least 5 days before the meeting dates.

Assessment of Risk:

Merits
attention



There are generally areas of good practice.

Action may be advised to enhance control or improve operational efficiency.

Management Response/Action:

The performance measures will be established throughout the remainder of 2023-24. While the measures can be developed the ability to report on these in a consistent and efficient manner will need to be established.

The IG&S Accountability Framework will be updated to include the relevant risk summary.

The timing of the issue of papers will be monitored.

Action by:

Date of expected completion:

Associate Director of Digital and Information

30 April 2024

Action Point Reference 5 – IG&S Incident Management Assurance

Finding:

At its meeting on 10 October 2023 the IG&SSG received an update on an incident where an imposter obtained personal identifiable information. This resulted in a reprimand from the ICO, which is the tier of ICO enforcement action below monetary penalties and can include publication of the reprimand on the ICO website. The IG&SSG agreed that this incident would warrant disclosure in the Board's Governance Statement, however, the report and findings from the SAER group would need to be issued to the IG&SSG prior to the item being highlighted to the CGC.

Audit Recommendation:

Our existing recommendation in ICE 2022-23 (B08/23 point 10) relates to including a conclusion in the incident management part of the update report to CGC from IG&SSG regarding whether any of the incidents being managed are likely to require a disclosure in the Board's Governance Statement. Having considered the breach referred to above the approach to reporting on information governance and security breaches should be strengthened to ensure that:

- The IG&SSG consider whether any of the breaches being reported are likely to require to be disclosed in the Board's Governance statement
- CGC are informed at the earliest opportunity regarding any breaches that are likely to require a disclosure in the Board's Governance Statement
- These steps are reflected in the relevant policies and procedures.

Assessment of Risk:

Merits
attention



There are generally areas of good practice.

Action may be advised to enhance control or improve operational efficiency.

Management Response/Action:

The Incident reporting element to the IG&SSG will consider if any of the breaches are likely to require disclosure in the Board's Governance statement.

Through identification of these breaches the IG&SSG will consider the necessary escalation to the CGC.

Action by:





Date of expected completion:

Associate Director of Digital and Information

30 April 2024

Assessment of Risk

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

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

Meeting:	Finance, Performance & Resources Committee
Meeting date:	16 January 2024
Title:	Review of Draft Annual Workplan 2024/25
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Margo McGurk, Director of Finance & Strategy

1 Purpose

This report is presented for:

- Decision

This report relates to:

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper sets out the Finance, Performance & Resources Committee (FPRC) workplan for 2024/25 and summaries the approach adopted to ensure there is a regular review of the workplan to enable the FPRC to fulfil its remit.

2.2 Background

The FPRC is a Standing Committee of the Board. In order to provide effective scrutiny, assurance and escalation of key issues the FPRC adheres to the Committee Assurance Principles. To support the effective delivery of the Committee an annual workplan is developed to ensure clarity of priorities and focused agendas.

2.3 Assessment

The 2024/25 FPRC workplan is attached in appendix 1 for consideration of the Committee.

Given the dynamic nature of our organisation the workplan is included as a standing agenda item at each Committee meeting. This regular review will ensure the workplan reflects new and emerging risks or areas of focus. To support this a tracker of the workplan is maintained to monitor the business of the Committee.

2.3.1 Quality, Patient and Value-Based Health & Care

The Finance, Performance & Resources Committee's responsibility is to review the financial position and performance against key non-financial targets of the Boards, ensuring that suitable arrangements are in place to secure economy, efficiency, and effectiveness in the use of all resources and that the arrangements work effectively.

2.3.2 Workforce

N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

The workplan will be reviewed at each Committee meeting and updated to ensure that Corporate Risks as well as emerging risks or concerns are reflected in the workplan.

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

N/A

2.4 Recommendation

The Finance, Performance & Resources Committee is recommended to:

- Consider and **approve** the proposed workplan for 2024/25; and
- **Approve** the approach to ensure that the workplan remains current

3 List of appendices

The following appendices are included with this report:

- Appendix 1 - Finance, Performance & Resources Committee Workplan 2024/25

Report Contact

Margo McGurk

Director of Finance & Strategy

Email: margo.mcgurk@nhs.scot

PROPOSED FINANCE, PERFORMANCE AND RESOURCES COMMITTEE

ANNUAL WORKPLAN 2024/25

Governance – General							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Minutes of Previous Meeting	Chair	R	R	R	R	R	R
Action List	Chair	R	R	R	R	R	R
Escalation of Issues to NHS Board	Chair	R	R	R	R	R	R
Governance Matters							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Annual Assurance Statement 2023/24	Board Secretary	R					
Annual Internal Audit Report 2023/24	Director of Finance & Strategy		R				
Committee Self-Assessment	Board Secretary						R
Corporate Calendar / Committee Dates	Board Secretary			R			
Corporate Risks Aligned to Finance, Performance & Resources Committee (including Deep Dives)	Director of Finance & Strategy	R	R	R	R	R	R
Delivery of Annual Workplan 2024/25	Board Secretary	R	R	R	R	R	R
Internal Audit Review of Property Transaction Report 2023/24	Internal Audit	R					
PPP Performance Monitoring Report	Director of Property & Asset Management				R Private Session		R Private Session
Review of Annual Workplan 2025/26	Board Secretary					R Draft	R Approval
Review of General Policies & Procedures	Board Secretary	R			R		
Review of Terms of Reference	Board Secretary						R Approval

Strategy / Planning							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Annual Delivery Plan 2024/25 – Scottish Government Response	Director of Finance & Strategy	R					
Annual Delivery Plan Quarterly Performance Report 2024/25	Director of Finance & Strategy	R Q4	R Q1		R Q2		R Q3
Annual Budget Setting Process 2024/25	Director of Finance & Strategy	R					
Community Asset Transfer (CAT) - Lucky Ewe Appeal	Director of Property & Asset Management	R Private Session		R Private Session			
Corporate Objectives	Director of Finance & Strategy / Associate Director of Planning & Performance	R					
Decarbonisation of NHS Fife Fleet	Director of Property & Asset Management					R	
Fife Capital Investment Group Reports 2024/25	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	R	R	R	R	R
Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme	Director of Pharmacy & Medicine	R Private Session		R Private Session			
Orthopaedic Elective Project	Director of Nursing	R					
Planned Care Programme Report	Director of Acute Services & Medical Director			R			
Primary Care Strategy Progression	Director of Health & Social Care			R			
Property & Asset Management Strategy (PAMS)	Director of Property & Asset Management			R			

Strategy / Planning (cont.)							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Control of Entry Pharmaceutical List	Director of Pharmacy & Medicines / Director of Health & Social Care			R			
Project Hydra	Director of Property & Asset Management					R	R
Quality / Performance							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Financial Position – Mid-Year Review 2024/25	Director of Finance & Strategy			R			
Integrated Performance & Quality Report	Exec. Leads	R	R	R	R	R	R
Financial Performance & Sustainability Report	Director of Finance & Strategy		R	R	R	R	R
Labs Managed Service Contract (MSC) Performance Report	Director of Acute Services			R			
Procurement Key Performance Indicators	Head of Financial Services & Procurement	R			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	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Annual Procurement Report 2023/24	Head of Financial Services & Procurement					R	
Linked Committee Minutes							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Fife Capital Investment Group	Chair	R 17/04	R 29/05	R 10/07	R 21/08 & 02/10	R 13/11	R 18/12 & 05/02

Linked Committee Minutes (cont.)							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Procurement Governance Board	Chair		R 24/04	R 31/07		R 30/10	R 29/01
IJB Finance, Performance & Scrutiny Committee	Chair		R 15/05	R 03/07	R 11/09		R 15/01
Primary Medical Services Subcommittee	Chair	R 05/03	R 04/06		R 03/09	R 03/12	
Pharmacy Practice Committee	Chair	Ad-hoc Meetings					
Other Business							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Receipt of Business Cases		As required					
Asset Disposals		As required					
Mental Health Estates Initial Agreement	Medical Director					R	
Primary Care Premises Framework	Director of Property & Asset Management			R			
Ad-hoc Items							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Matters Arising							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25
Development Sessions							
	Lead	07/05/24	16/07/24	10/09/24	12/11/24	14/01/25	11/03/25

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				R 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	Removed		
ADP Quarterly Performance Report 2023/24	Director of Finance & Strategy				R Q2		R Q3
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	Removed	R
Medium Term Financial Plan	Director of Finance & Strategy				Removed		Removed
Population Health & Wellbeing Strategy – 2023/24 Mid-Year Review	Director of Finance & Strategy				Removed	R	
Orthopaedic Elective Project	Director of Nursing	R		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				Removed		R
Control of Entry Pharmaceutical List	Director of Pharmacy & Medicines / Director of Health & Social Care			R			
Project Hydra	Director of Property & Asset Management					Removed	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
Financial Performance & Sustainability Report (Added to workplan June 2023)	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 (also goes to PHWC)	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				Deferred to next meeting	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 01/12	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 Subcommittee	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	Removed		
Mental Health Estates Initial Agreement	Medical Director		Deferred on 11 July, 19 September & 14 November, due to financial constraints. Initial Agreement is part of a larger business plan for mental health.			Private Session	
Primary Care Premises Framework	Director of Property & Asset Management			Private Session			
Financial Performance Report	Director of Finance & Strategy			Private Session			
Internal Control Evaluation Report 2023/24	Director of Finance & Strategy					Private Session	
Reform, Transform, Perform Framework (Added 12.01.2024)	Chief Executive					Private Session Presentation	
Funding for Critical Posts (Added 12.01.2024)	Chief Executive					Private Session	
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	Private Session		Private Session			
Community Asset Transfer (CAT) - Lucky Ewe Appeal	Director of Property & Asset Management	Private Session		Private Session			
Potential PFI Re-financing – VHK Phase 3	Director of Property & Asset Management		Deferred to next meeting	Private Session	Removed	Private Session	

Planned Care Programme Report (Action from July Committee meeting)	Director of Acute Services & Medical Director				R			
Additional Agenda Items (Not on the Workplan e.g. Actions from Committee) Cont.								
	Lead	09/05/23	11/07/23	19/09/23	14/11/23	16/01/24	12/03/24	
Bank & Agency Staffing - Phased Approach Report (Action from July Committee meeting)	Director of Workforce				R			
Automated Prescription Locker boxes	Director of Pharmacy & Medicine				R			
Decarbonisation of NHS Fife Fleet	Director of Property & Asset Management					R		
Annual Delivery Plan 2024/25 & Medium Term Financial Plan 2024-2024	Director of Finance & Strategy					R		
Urgent Care Services Fife (UCSF) – Urgent Care Transport Services Contract Renewal	Director of Health & Social Care					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	R c/f 30/03/23						

Meeting: Finance, Performance and Resources Committee
Meeting date: 16 January 2024
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 £11.877m and is summarised in the table below. This reflects annual allocated capital formula resource of £7.764m as advised by the Scottish Government plus anticipated allocations for several 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.

Funding	Annual Budget £m	Spend Nov 2023 £m	Forecast Outturn £m
Core Capital Resource Limit	7,764	5,010	7,764
Capital To Revenue	(579)	0	(579)
National Equipping Board allocation	504	0	504
Greenspace Funding - QMH	150	0	150
Mental Health Funding	1,515		1,515
Anticipated Allocations	2,523	0	2,523
Total Capital Expenditure 2023/24	11,877	5,010	11,877

The anticipated allocations still to be received include several Digital & Information Projects including HEPMA and 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 and £1.5m to support infrastructure works within Mental Health facilities. During October we revised and updated our 5 year capital equipment plans and submitted to the National Infrastructure and Equipping Board (NIB) to secure funding for 2024/25. To date we await the outcome of funding decisions by the NIB following the Scottish Government budget setting exercise in December.

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. Capital expenditure to November totals £5.01m and is summarised in the table below. As we move into the final quarter of the financial year the capital expenditure plan is subject to numerous deep dive reviews to ensure all funds are committed in line with priorities and to secure delivery of the capital resource limit statutory target.

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2023/24 £'000
Statutory Compliance/Backlog Maintenance	1,500	811	1,500
Clinical Prioritisation	1,450	564	1,450
Capital Equipment	1,319	1,053	1,319
Digital & Information	500	355	500
Kincardine Health Centre			-
Lochgelly Health Centre			-
Mental Health Review	1,100	330	1,100
QMH Upgrade	1,114	985	1,114
HEPMA	1,707	356	1,707
LIMS	437	307	437
GreenSpace Project	150	-	150
Fleet Decarbonisation	486	-	486
Switch-on Fleet Funding	386	-	386
FCON Laundry	508	33	508
Project Team	271	215	271
To be allocated	1,528	-	1,528
Capital to revenue	(579)	0	(579)
Total Capital Expenditure 2023/24	11,877	5,010	11,877

HEPMA – Following lengthy negotiations, and significant engagement from CLO, the HEPMA Contract has now been signed. CNM supplier costs remain within the funding envelope identified in the FBC presented to this committee in July 2022. Local implementation costs require confirmation and there may be an increase in costs because of the time required to reach this stage in the contractual process. Any additional costs

required will impact 2024/25 capital plan and would require a reprioritisation of next year's capital plan to ensure additional costs arising are adequately funded.

LIMS – Whilst delays to the roll out of the LIMS project have led to additional costs for both revenue and capital expenditure plans are progressing to secure appropriate funding.

Queen Margaret Upgrade Works – Work completed, and the additional capacity went operational in September 2023. The Planned Care Directorate continue to develop plans to optimise use of the additional facilities the upgrade works will provide.

Clinical Prioritisation - Spend to date relates to numerous projects across the NHS Fife estate including flooring, room upgrades, lighting, ventilation, and external space improvements.

During October a deep dive of the capital expenditure plan was completed to ensure projects were on schedule for completion and to identify any potential slippage in funds for reinvestment into the capital plan. Consequently, funds were identified to enable expenditure on projects to contribute to our corporate objective to become a teaching board and move in the right direction to achieve our sustainability targets.

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 and Resource Committee
Meeting date:	16 January 2024
Title:	Population Health and Wellbeing Strategy Mid-Year Report
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This report is presented for:

- Assurance
- Decision

This report relates to:

- NHS Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Following the publication of the NHS Fife Population Health and Wellbeing Strategy in March 2023, it was agreed that a mid-year report providing an update on the implementation of the strategy would be presented to the NHS Fife Board. The first Mid-Year report provides an update on progress on actions (April 2023-September 2023) and plans for the remainder of 2023-24 (October 2023-March 2024).

This SBAR also outlines the planned approach for the development of an annual report and an updated strategy delivery plan for financial year 2024-25. This work is expected to be presented to the NHS Fife Board in May 2024.

2.2 Background

During summer 2023, a deep dive was undertaken of the corporate risk associated with the implementation of the Population Health and Wellbeing Strategy. The deep dive focused on providing assurance on implementation progress to the NHS Fife Board.

It was agreed to produce a mid year report and an annual report reflecting progress of the actions over the financial year with key achievements and impact. It will also look ahead and outline plans for the forthcoming period.

The draft mid year report was presented at the Public Health and Wellbeing Committee in November 2023. After extensive discussion, a range of changes were agreed:

- The PHW Committee asked for updates against the 'what we will do' statements described in the strategy rather than the strategic priority ambitions. For each action, there is both a summary of what has been achieved in the period April-September 2023 and the plans for October 2023- March 2024 period.
- A suite of impact indicators to support the strategy had been planned to be included. This work has been paused pending the imminent publication of the Scottish Government Care and Wellbeing Portfolio Analytical Insights Pack. It is expected that the impact indicators will be included as part of the annual report.

2.3 Assessment

This first mid-year update covers the period April-September 2023 and has been developed with extensive input from the Executive Directors Group.

The report is structured around the 'what we will do' statements described in the strategy with achievements in the first 6 months of 2023/24 and the plans for the October 2023-March 2024 period.

The table below outlines proposed changes to the wording of the 'what will do' actions between the strategy and mid-year report. These were agreed in consultation with the relevant directors and reflects the changing landscape of the NHS.

	Original Action	Proposed Action	Reason
Strategic Priority 1: Action 1.2	<i>'Ensuring universal access to immunisations including influenza and COVID-19'</i>	<i>'Ensuring equitable access to routine, seasonal & selective immunisation programmes throughout the life course'.</i>	This change reflects the breadth of all immunisation work.
Strategic Priority 4: Action 4.2 (pg 4)	<i>'Develop new buildings to support service delivery, such as new Health and Wellbeing Centres in Kincardine and Lochgelly'</i>	<i>'Develop buildings to support service delivery, such as new Health and Wellbeing Centres in Kincardine and Lochgelly'.</i>	This change reflects updated Scottish Government guidance which places more emphasis on utilising, refurbishing and repurposing our existing estate and a presumption away from new builds as part our climate emergency response.
Strategic Priority 4: Action 4.4 (pg 4)	<i>'Reduce our energy usage by adopting zero carbon technology, such as increased usage of solar panels and redesigning how we heat our buildings'</i>	<i>'Reduce our carbon footprint by adopting zero carbon technology, such as increased usage of solar panels and redesigning how we heat our buildings'.</i>	This change reflects that reducing energy usage is just one change we need to make to support sustainability.

Given the early stage of strategy implementation, it is not possible to show achievement of key outcomes, but the report does provide assurance on the breadth of work underway at the present time.

In tandem with updating the Mid-Year Review report, work is now commencing on the preparation of the annual report planned to be produced in Quarter 1 2024/25. It is proposed that the annual report will include:

- Updates on the activities undertaken between October 2023 and March 2024.
- A summary of the proposed suite of impact indicators with baselines and measurement plans.
- Refreshed deliverables (the 'what we will do' section) for 2024-25 to ensure that our work remains aligned to the priorities of the organisation.
- Description of any changes in policy that will affect NHS Fife and changes in local priorities

2.3.1 Quality, Patient and Value-Based Health & Care

The mid-year review provides a high-level progress update on the work being undertaken to improve quality and patient care in the current financial year in line with the commitments and vision outlined in the Population Health and Wellbeing Strategy.

2.3.2 Workforce

The mid-year review provides a high-level progress update on the work on the work being undertaken to improve staff experience and wellbeing in the current financial year in line with the commitments and vision outlined in the Population Health and Wellbeing Strategy.

2.3.3 Financial

The implementation of the Population Health and Wellbeing strategy is central to the achievement of our medium-term financial plan. In the longer term it is anticipated that it will

support reduced demand on our healthcare system through preventive actions which will improve the physical and mental health of the population.

2.3.4 Risk Assessment / Management

A deep dive of the corporate risk associated with implementation of the Population Health and Wellbeing Strategy was undertaken in summer 2023. This considered how we provide assurance that the strategy is being implemented and is creating impact for our patients, staff and communities. Following the deep dive reporting mechanisms have been agreed which included production of this mid-year report.

The mid-year report includes a summary of the corporate risks in appendix one. It also shows the risk score in April 2023 and the status in September 2023. This enables a comparison of the overall risk level. This shows that our risk profile has not materially changed since the beginning of the financial year and reflects that many of these risks require sustainable system change over a longer time period to affect a meaningful reduction in the risk level.

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

An Equality Impact Assessment (EQIA) was completed as part of the development of the PHW Strategy and will be reviewed annually as part of the governance process.

2.3.6 Climate Emergency & Sustainability Impact

The Mid-year Report does not raise, directly, issues relating to climate emergency and sustainability. However, these items do form important parts of our strategy. This update does make reference to key aspects of the work that has been taken forward, for example how we are reducing our energy usage and carbon emissions.

2.3.7 Communication, involvement, engagement and consultation

This paper reflects a range of communication, involvement, engagement and consultation with the PHW Strategy Core Team.

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 (EDG), Thursday 2 November
- Population Health and Wellbeing Committee, Monday 6 November
- 1-1 Discussions with EDG members and Senior Managers across NHS Fife, Nov/Dec
- Executive Directors Group (EDG), (virtually), Thursday 21 December
- Staff Governance Committee, 11 January
- Clinical Governance Committee, 12 January
- Public Health and Wellbeing Committee, 15 January

2.4 Recommendation

This paper is provided to Staff Governance Committee for:

- **Assurance** – the committee is invited to take assurance from the Mid-Year Report and the first 6 months of work to implement the NHS Fife Population Health and Wellbeing Strategy.
- **Decision** – the committee is invited to discuss and agree to the changes in the ‘what we will do’ actions in the mid year report.

3 List of appendices

The following appendices are included with this report:

- Appendix 1: Living well, working well and flourishing in Fife, Population Health and Wellbeing Strategy 2023-2028, Mid-Year Report April-September 2023

Report Contact

Tom McCarthy

Portfolio Manager

Email tom.mccarthy@nhs.scot

Dr Rishma Maini

Consultant in Public Health

Email: Rishma.maini@nhs.scot

Living well, working well and flourishing in Fife

Population health and wellbeing
mid-year report 2023-2024



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Introduction

NHS Fife Board approved [Living Well, Working Well and Flourishing in Fife](#), our Population Health and Wellbeing Strategy, in March 2023. It outlines our vision to support population health and wellbeing. In this update, our first since the strategy was approved, we provide a progress update on all the work taken forward during the first 6 months of implementation. We also outline our future plans and describe how the impact and risks of the strategy are monitored.

Our aim is to deliver value-based health and care and we know this will be achieved by driving better outcomes and experiences for the people we care for through equitable, sustainable, appropriate and transparent use of resources.

Delivering over the longer term

The Population Health and Wellbeing Strategy 2023-28 covers a 5-year period. We are currently developing our plans based on what we know. Delivery of the vision and ambitions is being supported through implementation of a range of strategies and delivery of strategic programmes.

We know that our plans will need to be updated in response to a changing health and social care landscape. We are already responding to new opportunities and challenges as they emerge, by adapting our plans and updating our assumptions.

Looking ahead over the longer term (5-10 years), we anticipate that there will be many opportunities for service change and innovation as well as challenges we are not yet aware of. As these become clearer, we will use our flexibility and agility to ensure that we respond appropriately.

Engagement

Engagement with the public and staff is fundamental when there are changes being made in health and care. From a strong foundation during the development of the strategy, we are continuing to engage with people using our services and staff in the delivery of the strategy, for example through hosting workshops and open events. We are also developing our engagement strategy which will be completed by March 2024.



Monitoring our progress

This update provides a summary of progress in the first 6 months of the implementation of the strategy and where appropriate it references work of both NHS Fife and Fife HSCP.

Monitoring our impact and risks

Impact indicators are being developed and will assist in the assessment of the difference the strategy is making to the people of Fife. These will be reported regularly.

The corporate risk collectively outlines the organisational risks associated with the delivery of our strategy.

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The Foundations of our strategy



This strategy has set ambitious objectives to improve healthy life expectancy and reduce health inequalities. We acknowledge that successfully achieving this for the population of Fife is largely outside the direct control and influence of NHS Fife. People’s health and wellbeing is determined by the conditions in which we grow up, live and work, which includes our education, employment, income, social networks, housing, and broader socio-economic, cultural and environmental factors.

Nonetheless, access to health and care services still plays a significant role. [The Marmot Review \(2010\)](#) identifies that health and social care services contribute 20% of the modifiable determinants of health. Strong healthcare systems across the world improve health outcomes, population health, and health equity.

Health and care services make an important contribution to improving health outcomes and reducing health inequalities by enabling inclusive, high quality, and patient-centred care; supporting action-focused work on prevention; improving early detection; supporting early intervention and treatment; and delivering sustainable services. All of these factors are closely aligned to the 4 strategic priorities of NHS Fife.

Supporting the strategy is our Annual Delivery Plan (ADP) which is our Scottish Government commissioned plan for 2023/24. In the ADP, NHS Fife outlines the work being undertaken against the Scottish Government’s recovery drivers.

Delivering the strategy

Strategies and programmes

Supporting the implementation of the strategy are strategies and strategic plans that are at various stages of development and delivery. The strategies have implementation plans and high-level progress is included in progress updates.

Impact indicators

Work is continuing to agree the outcome-level measures which contribute to our overall desired impact. A framework is being developed to monitor progress against delivery of the strategy. This has been paused until the Scottish Government Care and Wellbeing Portfolio Analytical Insights Pack is in place, to ensure our measures are aligned to national standards. Definitions will be developed for each of these measures and baseline data gathered. These will be reported as part of the annual report of the Population Health and Wellbeing Strategy.

Risk management

Although there is a corporate risk relating directly to the implementation of the Population Health and Wellbeing Strategy, it was recognised through the deep dive process undertaken in summer 2023 that all risks on the corporate risk register are impacted by, and are aligned to the strategy. All corporate risks are reviewed regularly and reported via the governance committees to the NHS Fife Board.

Appendix One provides a summary of the risks, their score in April 2023 and their current status (September 2023) and allows a comparison of the overall risk level and should be considered against progress of the strategy.

This analysis shows that our risk profile has not materially changed since the beginning of the financial year and reflects that many of these risks require sustainable system change over a longer time period to affect a meaningful reduction in the risk level.

Progress updates by strategic priority and ambitions

Progress has been assessed against each of the 4 strategic priorities, ambitions and the 'What we are going to do' sections in the Strategy. There has been more progress made against some actions than others but that should be expected in the delivery of a 5-year strategy. Further engagement activities such as workshops have been captured as part of progress made.

OUR STRATEGIC PRIORITIES

Improve health and wellbeing



Improve staff experience and wellbeing



Improve the quality of health and care services



Deliver value and sustainability



Priority 1: Improve health and wellbeing

Ambitions

A Fife where we:

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

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Progress update

SP1.1 **What we said we would do:** Through training and upskilling our staff we will scale up the work supporting people to access benefits advice so that more people, where appropriate, can access financial and benefits support.

Progress to 30 September 2023

- Promotion of a range of Poverty Awareness Training supported and coordinated through our multi-agency Poverty Awareness Training Group. Training reflects current issues such as the cost-of-living crisis and supports key areas of work including income maximisation, no wrong door approach and addressing child poverty. Training courses are open to all public and voluntary sector workers in Fife.
- Face to face and virtual workshops were delivered with a number of local and national partners across all sectors. For example, Citizens Advice and Rights Fife (CARF) and Child Poverty Action Group (CPAG). Some of the training delivered includes:
 - Fife Benefit Checker and Our Fife Toolkit workshops.
 - Money Talk workshops (specifically targeting Health Visitors, Family Nurse Partnership and Midwives as part of the Financial Inclusion Referral Pathway).
 - Poverty Awareness Information Session.
- Further information on all poverty awareness training is available via the [Fife Health Promotion Training website](#).



Planned Activity to 31st March 2024

- Planned activities by the multi-agency Poverty Awareness Training Group include:
 - Building capacity of all our Poverty Awareness training programmes through growing our Train the Trainer Workshops (T4T) and ensure all training is accessible, innovative, and supports all learning styles.
 - Developing a tiered approach to Poverty Awareness Training to showcase the level of training needed depending on the workers role and remit and the service they provide.
 - Creating a series of Learning Bytes demonstrating explicit links between Poverty and Mental Health recognising that poverty is both a cause and a consequence of poor mental health.
 - Collaborate with Health Promotion Localities Team to support the roll out of Poverty Awareness training across all 7 localities.
 - Continue to support campaigns such as Challenge Poverty week.
- Embed the eHNA to increase referrals from Cancer Services to the Macmillan ICJ pathway to ensure patients with a cancer diagnosis have access to financial and benefits advice.
- Explore how we embed the eHNA process with patients diagnosed via the Rapid Cancer Diagnosis Service.

SP 1.2 What we said we would do: Ensuring equitable access to routine, seasonal and selective immunisation programmes throughout the life course.

Progress to 30 September 2023

- Immunisation Inclusion Group established to explore a community champions model.
- Final report presented to Fife Community Immunisation Services Programme Board of the Strategic Review of Childhood Immunisation Services in Fife.
- Quality improvement working group established focused on improving pre-school MMR2 uptake.
- Refreshed measles elimination action plan.
- Engagement with locality groups with locality-specific data.



Planned Activity to 31st March 2024

- Agree Equality Impact Assessment action plan.
- Establish processes to oversee implementation of activities proposed within the 'Strategic Review of Childhood Immunisation Services in Fife' report.
- Report to Public Health & Wellbeing Committee at February 2024 development session on progress against short-term activities proposed within the Strategic Review of Childhood Immunisation Services in Fife.

SP1.3 **What we said we would do:** In line with the UN Convention on the Rights of the Child, we will support every child to have the best possible health. Examples include promoting breast-feeding and helping to address child poverty.

Progress to 30 September 2023

- Publication of the 2023 [Director of Public Health \(DPH\) Annual Report](#) which includes a focus on children and young people in Fife with a [formal launch event](#) in September in conjunction with Fife Council's Education Service.
- Working with community planning partners through [Plan4Fife](#), we have published our 2022-23 [Tackling Poverty and Preventing Crisis Annual Report](#) which includes the Fife Annual Local Child Poverty Action Report.
- [Children's Services Plan 2023-2026](#) published.
- Raised awareness at Board level of [The Promise](#) and Corporate Parenting responsibilities.
- Accepted as a Getting it Right for Everybody (GIRFE) pathfinder with a focus on transition from child to adult services.

Planned Activity to 31st March 2024

- Continued implementation of UNICEF Baby Friendly Standards in maternity, neonatal and community care
- Dissemination of DPH Report to Fife localities to inform development of local plans.
- Early Years will be a core aspect of the Prevention and Early Intervention Strategy as part of the life course approach that underpins the strategy.



- NHS Fife has been selected as a pathfinder site to test the implementation of the [Bairn's Hoose standards](#) seeking to provide holistic, child-centred support to those who have been victims or witness of abuse and to children under the age of criminal responsibility whose behaviour has caused harm.
- Connecting on Place based work and No Wrong Door with Fife Council.
- Developing and enhancing services that support the most vulnerable children in our communities including:
 - development of a CAMHS Kinship Team.
 - Expanding CAMHS Looked after Children's services.
 - Introducing a transitions specialist to support young people.

SP 1.4 **What we said we would do:** Improving awareness of the range of mental health and wellbeing support across Fife amongst NHS staff and the public.

Progress to 30 September 2023

For the public:

- HSCP Locality groups are functioning in all 7 localities with connections into Area Committees. Funding being made available for a Test of Change (ToC) to support Mental Health wellbeing and distress in the localities by mental health practitioners, ambulance services and police.
- Developed, launched and evaluated a new mental health and wellbeing resource 'Jobseekers Wellbeing Toolkit' designed as a self-management prevention and early intervention resource issued by employability partners to support client wellbeing.

For staff:

- Promotion of Access Therapies Fife, Step on Stress and other resources to support staff in addition to Counselling, Occupational Health, Peer Support, Spiritual Care and Staff Psychology Support.
- Pilot of Health and Safety Executive Stress Talking Toolkit undertaken within Mental Health and Learning Disability service, with positive results and excellent staff engagement.

Planned Activity to 31st March 2024

For the public:



- The NICE mapping exercise undertaken by the HSCP Wellbeing Strategy Group will be taken forward.
- Conclusion of the test of change for the mental health and wellbeing in localities work.

For staff:

- Focus on early intervention by the Occupational Health Mental Health Nursing service and retaining staff at work.
- Expansion of Stress Talking Toolkit activity to other areas on a planned basis including: Acute, Domestic Services and Pharmacy Services.

SP 1.5 What we said we would do: Improving mental health services for individuals struggling with substance misuse through closer working with the community alcohol and drug partnership.

Progress to 30 September 2023

- Concluding implementation of the [2020-23 Alcohol and Drug Partnership Strategy](#).
- Commenced work on an updated Alcohol and Drugs Strategy for 2024 onwards. [Fife Alcohol and Drug Partnership \(ADP\)](#) event held with stakeholders which identified priorities for new strategy.
- Drug Harms Assessment Group in place providing rapid assessment of potential risks to the population of Fife.
- Submission of evidence-based response by NHS Fife to Fife Licensing Board consultation on licencing policy in relation to local implementation of alcohol licensing legislation.

Planned Activity to 31st March 2024

- Developing a performance framework for all Medication Assisted Treatment (MAT) standards to inform Scottish Government returns and board performance reporting.
- Finalising the new Alcohol and Drugs Strategy by March 2024, focus groups with people with lived/living experience, staff from our commissioned services and Service Committee.
- Following publication of national guidance on Rapid Access Detox Acute Referral (RADAR) system (early notification of substances that cause harm), work will be carried out to embed in NHS Fife services.



SP 1.6 What we said we would do: We will encourage people to make healthier food choices

Progress to 30 September 2023

- Workshop taken place with a range of stakeholders to develop the Food4Fife strategy.
- An [event](#) focusing on Public Health Priority 6 (PHP6) was held on 19th September. This event aimed to focus on the 3 strands of PHP6 (food, weight, and physical activity) to identify priority areas for action and aligns with our work around type 2 diabetes prevention.
- Engagement with partnership Active Fifers Groups in 7 locality areas.

Planned Activity to 31st March 2024

- The Food4Fife strategy is expected to be published by the end of 2023 and will cover the period to 2030.
- Priority areas and actions to be agreed and approach developed to build on PHP 6 event.

SP 1.7 What we said we would do: We will support increased access to physical activity, particularly in older age, enabling people to stay independent and healthier for longer.

Progress to 30 September 2023

- Finalised the 2024- 2029 Fife Musculoskeletal Physiotherapy Service Strategic Plan which has a focus on supporting physical activity for patients.
- Recently published a range of health and physical activity resources on the NHS Fife [website](#). A [tool](#) has been developed which has links for staff to signpost patients, supporting them to increase their physical activity, linked to their personal outcomes and good conversation work. Further research is currently underway.

Planned Activity to 31st March 2024

- Commencement of a strategic plan.
- The impact of published resources will be monitored and refined as necessary.



SP 1.8 What we said we would do: We will use NHS Fife's buildings and land to support communities to improve health and wellbeing. For example, making our buildings and land more accessible to support third sector activities.

Progress to 30 September 2023

- NHS Fife's draft Anchor Strategic Plan has been submitted to Scottish Government. This outlines how NHS Fife will maximise local employment, local procurement and also seek to build the potential future use of our land and buildings.
- The Community Benefits Portal is in place for procurement activities and will be evaluated against uptake.

Planned Activity to 31st March 2024

- The baseline assessment for Anchor Strategic Plan will be completed and submitted to Scottish Government by 29th March 2024. The final version of the Anchors Strategic Plan will be presented to NHS Fife Board. finalised
- .
- Further locality stakeholder engagement planned through HSCP.

SP 1.9 What we said we would do: Collaborating in regeneration projects like the River Leven programme.

Progress to 30 September 2023

- Identified from the River Leven Programme, the Green Health Partnership has been established to support development of Green Prescribing and Social Prescribing.

Planned Activity to 31st March 2024

- The Green Health Partnership is holding its first steering group meeting in November 2023. The Steering Group will be focused on securing funding for a GHP co-ordinator role and clarifying strategic and operational pathways for the project.



SP 1.10 Other relevant areas of work linked to priority 1 ambitions

Progress to 30 September 2023

- A workshop was held to explore both why communities living in more deprived parts of Fife are less likely to participate in our screening programmes and how this can be addressed.
- Prevention and Early Intervention Strategy has been drafted.

Planned Activity to 31st March 2024

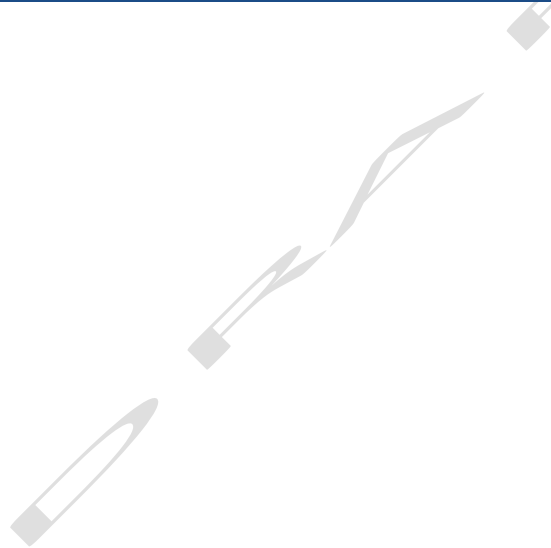
- Contribute to refreshed Plan for Fife and agreed priority areas
- Create an action plan to reduce inequalities in screening uptake.
- Finalise and develop plans for implementation of the Prevention and Early Intervention Strategy in early 2024.



Priority 2: Improve the quality of health and care services

Ambitions

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



Progress update

SP 2.1 What we said we would do: Redesign urgent and emergency care to reduce our reliance on the Emergency Department and in-patient care.

Progress to 30 September 2023

- Priority areas identified by Planned Care Programme Board:
 - Flow and Navigation Centre (FNC)
 - Interface and Complex Care
 - Scottish Ambulance Service interface
 - Front Door/Rapid Triage Unit
 - Ambulatory Care pathways
 - Crisis Management
- Improved timely discharge from hospital by increasing the number of patient discharges taking place at the weekend.
- Employed a solicitor to assist patients who require welfare guardianship.
- Testing the delivery of rapid access or 'hot' clinics to avoid attendance or admission to hospital.
- [2023-26 Home First Strategy](#) published with Action Plan
- Expansion of the ED medical workforce agreed to support system resilience and delivery of timely effective patient care.
- Primary care improvements including the activity in Community Treatment and Access Centres (CTAC).



Planned Activity to 31st March 2024

- Review and update the work plan for the Unscheduled Care Programme ahead of the winter period. We have an interim performance target to achieve 85% against the [four-hour standard](#) by March 2024.
- Monitor and report on the impact of the expansion of the ED medical workforce.
- Identify next steps following the FNC review.
- Review the learning from the Hot Clinics with a view to scaling this way of working for more specialties in Fife.
- Ensure actions from the Home First Strategy are progressed to reduce demand for acute hospital care. Examples of work include ensuring that those who do not need an admitted to an acute hospital bed (for example in the Victoria Hospital) are redirected and supported to be cared for in the right place. When patients do need to be admitted, planning for discharge begins as soon as possible following admission. This will reduce the amount of time patients need to spend in hospital.

SP 2.2 What we said we would do: Improve cancer care, for example by continuing to develop our Rapid Cancer Diagnostic Service.

Progress to 30 September 2023

- The Single Point of Contact Hub (SPOCH) is working collaboratively with Rapid Cancer Diagnosis Service (RCDS) to implement the optimal colorectal cancer diagnostic pathway.
- Expansion of the SPOCH to manage urgent suspected lung cancer referrals and parts of the bowel screening pathway.
- Initial findings show that the SPOCH has improved patient experience at the beginning of the pathway and has reduced the number of administrative calls received by the Clinical Nurse Specialists.
- Cancer Research UK funding was awarded to NHS Fife to test and evaluate a Nurse led Rapid Access Diagnostic Clinic (RADC) over a period of 18 months. This service began in August 2023 for suspected prostate cancer referrals, with the aim to improve patient experience from triage, diagnostics, and decision to treat. Evaluation of the project is underway by Stirling University.



- Work ongoing to improve and implement the Optimal Lung Cancer Pathway. Key achievements include same day/ next day chest x-ray, introduction of enhanced vetting of referrals, and reduced waits for CT scan and MDT discussion.

Planned Activity to 31st March 2024

- The Cancer Framework Action Plan has identified actions for delivery by March 2024 which focuses on improvement of cancer care from prevention, treatment, end of life and survivorship.
- Continuing to test the Prostate Rapid Access Diagnostic Nurse-led Clinic and taking forward the evaluation of this approach.
- Implementation of [optimal diagnostic pathways](#)- with a focus on lung cancer and head of neck cancers as developed by the Centre for Sustainable Delivery (CFSD):
 - Lung: Increase outpatient bronchoscopy capacity, introduction of frailty scoring prior to the first outpatient appointment to ensure patients are provided with tailored information relevant to their condition and exploring ways to provide timely good news for patients who do not have a lung cancer diagnosis.
 - Head and Neck: plans are dependent on a funding bid to Scottish Government.
- Working with the national Scottish Cancer Network on the development of end-to-end pathways for prostate and head and neck cancers.
- Evaluation of the effectiveness of lifestyle interventions that can improve health and wellbeing for example, advice around sleep, nutrition, exercise and relaxation for patients referred RCDS who are not found to have any definitive diagnosis for their symptoms.
- Explore how we can reduce waiting times for systemic anti-cancer therapies in our oncology and haematology day unit.



SP 2.3 What we said we would do: Provide a world class elective orthopaedic service through the National Treatment Centre – Fife Orthopaedics.

Progress to 30 September 2023

- Embedded the new facilities provided by the opening of the National Treatment Centre - Fife Orthopaedics.
- Commenced a review of our orthopaedics services which aims to deliver a patient centred, safe, flexible, and sustainable orthopaedic-trauma model which can positively manage the changes in demand over the next 15-20 years.

Planned Activity to 31st March 2024

- Redesign orthopaedic pathways to improve patient experience and fully embed the opportunities for new ways of working.
- Continue the work of the orthopaedics review so that by summer 2024 we are firmly on our way to delivering a gold standard, 24/7 orthopaedic-trauma service with and for the people of Fife.

SP 2.4 What we said we would do: Further develop our day surgery service at Queen Margaret Hospital.

Progress to 30 September 2023

- Opened a Procedure Unit at Queen Margaret Hospital (QMH).
- Delivered the final stages of the project to improve and expand Day Surgery facilities at QMH which has provided additional capacity and improved patient experience.

Planned Activity to 31st March 2024

- Increase utilisation of day surgery space at QMH and continue to support clinical innovation for the benefit of patients.



SP 2.5 What we said we would do: Increase the level of ambulatory services (care provided without being admitted to hospital) across Fife.

Progress to 30 September 2023

- Commenced scoping work to expand ambulatory care services to enable more patients to be treated without an unnecessary in-patient hospital admission. There are challenges to delivery of this due to availability of space and resources for this work.

Planned Activity to 31st March 2024

- Prepare the business case for the ambulatory care service to be considered as part of the medium-term financial plan and ADP for 2024/25.

SP 2.6 What we said we would do: Increase the level of ambulatory services (care provided without being admitted to hospital) across Fife.

Progress to 30 September 2023

- Local strategic leadership for the implementation of the Women's Health Plan is now confirmed. This is supporting an increasing focus on a women's life course approach to service planning across services in NHS Fife.
- An assessment covering a range of women's health services has been undertaken. This has considered access to contraception, termination of pregnancy, menopause care, promoting positive approaches to menstrual health and pregnancy. This has highlighted good practice and areas for further development.
- Plans for future focus have been informed by scoping, feedback, and review of progress to date.

Planned Activity to 31st March 2024

- Review provision of abortion services to ensure optimal geographical access.
- Work with primary care to develop guidelines and prescribing pathway for women experiencing early pregnancy bleeding.
- Explore with the Cardiac Rehab team, including staff and people using our services, to understand how services can be developed in response to women's needs.
- Identify local best practice, understand outcomes and potential local priorities for further work.



SP 2.7 What we said we would do: Implement Best Start for maternity and neonatal services.

Progress to 30 September 2023

- Increasing uptake of each 'place of birth' option as appropriate for those giving birth. This includes provision of midwife only care through home births and in the NHS Fife's Midwife led Unit which is part of the Victoria Hospital Birthing Unit.
- Systems and processes are being further developed to implement the Maternity and Neonatal (Perinatal) Adverse Review Process for Scotland. NHS Fife is a path finder site for this work.

Planned Activity to 31st March 2024

- Continue remodelling services to work towards ensuring continuity of care by a primary midwife for those using our services.
- Submission of evidence and application for the Baby Bliss Charter Silver Award before the end of 2023.

SP 2.8 What we said we would do: Focus on waiting times and support people, where appropriate, to wait well for their procedure.

Progress to 30 September 2023

- Primary care improvements including the activity in Community Treatment and Access Centres (CTAC).
- Efforts continue to identify opportunities to maximise use of planned care capacity including utilising on Active Clinical Referral Triage and Patient Initiated Review. We are also seeking to increase the use of day surgery where possible.
- Outpatient communications have been updated to provide information on the availability of The Well which can provide people with a range of support as they are waiting for treatment.
- A Waiting Well service is being tested in Orthopaedics. This service can refer people to The Well. For patients who have had longer waits, a waiting well appointment with an Advanced Nurse Practitioner is being tested to provide a review of patients waiting for treatment.



Planned Activity to 31st March 2024

- Expand the waiting well service to other specialities where patients are experiencing long waits.
- Share our experiences with other Health boards and learn from practice elsewhere.

SP 2.9 **What we said we would do:** Continue to invest and develop in new technologies such as robot assisted surgery to provide high quality care.

Progress to 30 September 2023

- Completed 500 cases using Robotically Assisted Surgery to support better outcomes for people including shorter length of stay.
- Pioneering developments in surgery such as the use of an innovative new device (iTind) to treat lower urinary tract symptoms associated with an enlarged prostate has been introduced. This is less invasive than traditional interventions with patients being treated as day-cases and returning home the same day.

Planned Activity to 31st March 2024

- Continue to embed provision of robot assisted surgical procedures for Colorectal, Gynaecology and Urology patients.
- Explore availability of funding for a second robot to continue to grow the provision of robot assisted surgery in NHS Fife.



SP 2.10 Other relevant areas of work linked to priority 2 ambitions

Progress to 30 September 2023

- Launched a project to improve the care and management of deteriorating patients in our hospitals.
- Testing approaches to improve safety and reduce the harm associated with usage of high-risk pain medicines.
- Commenced work to improve our approach to how we respond to patient complaints, including improving our response times.
- NHS Fife Charity funding support received to enhance a number of staff and patient areas.
- Fife HSCP is developing a Prevention and Early Intervention Strategy to support overall health improvement and reduce the burden of disease in the population of Fife.

Planned Activity to 31st March 2024

- Progress plans for the deteriorating patient work.
- Spread improvement as part of the High-Risk Pain Medicines project.
- Agree and implement a new approach to patient complaint responses and reduce the number of outstanding complaints by March 2024.

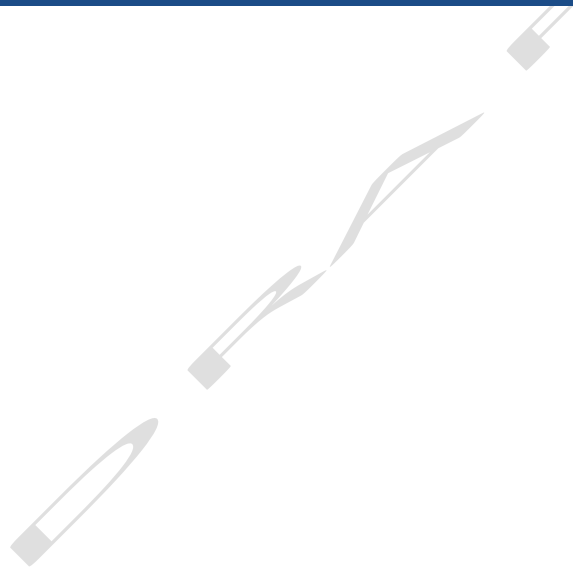


Priority 3: Improve staff experience and wellbeing

Ambitions

Our workforce:

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



Progress update

SP 3.1 Promote a range of career pathways with a focus on developing our workforce.

Progress to 30 September 2023

- Agreement on the Career Development Framework for Healthcare Support Workers and Assistant Practitioners (band 2-4) to support the development of the nursing workforce.
- Block recruitment event in June.
- Unregistered staff pools created within Acute Services to support underlying long-term vacancies.
- Investment in [Gateway doctors](#) to replace junior locum spend.
- Additional ward administration staff in post to mitigate the workload associated with non-clinical clerical tasks for nursing staff.
- Reducing use of agency staffing by working towards a more substantive workforce and use of our own in-house staff bank.

Planned Activity to 31st March 2024

- Consider the strategic framework for nursing and midwifery by NHS Fife Board by March 2024.
- Undertake a further recruitment campaign for our Mental Health Service.
- Scope opportunity to expand our international recruitment programme using existing vacancies across NHS Fife.
- Continue work on reducing agency staff usage and increase scope of this work to include the medical workforce.



SP 3.2 Expand and enhance our employability programmes across Fife including a range of foundation and modern apprenticeships.

Progress to 30 September 2023

- Showcased a wide range of NHS careers at schools and careers fairs through in-person and virtual platforms, with a #TeamNHSFife approach.
- Scoped opportunities and strengthened relationships with a variety of key partners, charities, and educational establishments, such as the [MCR Pathways Mentoring Scheme](#), which we plan to support.
- Through working closely with colleagues and local education providers, internship, and apprenticeship programmes are being established. These will support both development and progression of existing staff as well as recruitment of new staff to posts including Graduate Apprenticeships.
- Our collaborative efforts with Fife Council's Employability team resulted in the establishment of employability pathways, such as the Kickstart Scheme. This scheme has seen recruitment and development of 12 young people in a variety of entry-level roles. 7 of these individuals remain employed within NHS Fife.
- A Graduate Information Analyst was recruited through the Graduate Career Advantage Scotland (GCAS) paid work experience scheme, in collaboration with NES.
- There has been significant work with Fife College and partners to provide mentorships for students.

Planned Activity to 31st March 2024

- Increase engagement with those considering careers in healthcare through strengthened links with the Developing the Young Workforce Fife Regional Board and the Schools Co-ordinators.
- Participate in the Fife Council led recruitment initiative 'Progressive Life Chances', aimed at supporting disadvantaged individuals into employment.
- Enhance links with local educational providers to promote careers in NHS Fife. For example, offering internship placements for Dundee University students across NHS Fife and Fife HSCP and considering Graduate Apprenticeship opportunities with Heriot Watt University.
- Create opportunities for young people to engage with NHS Fife as part of the Young Person's Guarantee.



- Recruit an Employability Officer to support all our work and deliver against the Board's ambitions.
- In partnership with Fife College provide a Foundation Apprenticeship in Health.
- Continue working with Fife College to offer MA Level 2 and 3 opportunities for NHS Fife Healthcare Support Workers.

SP 3.3 Continue to support our staff with their practical health and mental wellbeing.

Progress to 30 September 2023

- NHS Fife's Occupational Health Service has developed a new mental health nursing service for staff, building on the fatigue management service introduced during the Covid-19 pandemic.
- The Chaplaincy team has worked with around 40 teams utilising [values based reflective practice](#) to help staff with their mental wellbeing in the workplace. This is in addition to existing staff spiritual care support.
- The 'Boost your Income' initiative has been delivered and evaluated. This programme supported staff with financial concerns and provided benefits advice to ensure staff are accessing all the benefits they are entitled too. Over the reporting period, 69 people have been supported and received an increase in their household income. This equated to over £160k. Uptake of this support has been lower than expected and next steps are being considered how staff with financial concerns can be supported.
- There has been a focus on Menopause support for staff as one of the key requests, with monthly sessions at Victoria and Queen Margaret Hospitals which are well attended and received by staff.
- Compassionate Connected Teams – the Staff Psychology Support team have delivered multiple Leading with Compassion sessions to managers and senior leaders.
- Since December 2022, EnergyPods have been available which give staff the opportunity to boost their energy and take time out with a personalised guided power nap in comfortable surroundings. Permanent locations for the EnergyPods on the Victoria Hospital site have now been secured.



Planned Activity to 31st March 2024

- Review existing wellbeing activity and prepare an updated staff health and wellbeing action plan to ensure maximisation of resources to support staff wellbeing.
- Develop the mental health support offered to staff.
- Open a refurbished Staff Hub in Whyteman's Brae hospital in November 2023 and refurbish staff rest areas on the Cameron, Lynebank and Stratheden Hospital sites before the end of March 2024.
- Develop further plans to refurbish and create staff hubs within clinics and health centres.
- Launch a new Cycle to Work scheme to support active travel and low carbon commuting.
- Seek investment support for Second Nature Weight Management App for staff from the East Region Programme Board
- Increase opportunities for staff to be more physically active through working with the Fife Active Communities Officer and with Fife Sports and Leisure Trust.
- Scope how opportunities for staff to access Menopause support can be expanded for those who work out with Victoria Hospital and Queen Margaret Hospital.
- Identify how staff can be supported who have experienced adverse events in the workplace.

SP 3.4 Continue to support our staff with their practical health and mental wellbeing.

Progress to 30 September 2023

- The international recruitment programme for 2023-24 is complete with 17 posts successfully recruited to.

Planned Activity to 31st March 2024

- Work with Scottish Government and other stakeholders to identify plans for further international recruitment beyond March 2024, noting that no additional funding has been confirmed for 2024-25.
- Participate in the pilot for the NHS Scotland Pastoral Care Quality Award (PCQA) and will undertake the International Recruitment Pastoral Care Quality Charter.



SP 3.5 Develop and launch a new Leadership Framework focussed on compassionate leadership and an open, transparent and nurturing culture.

Progress to 30 September 2023

- Plans agreed to recruit a new senior manager within the workforce team to accelerate our work around leadership, organisational culture, and wellbeing.
- *Compassionate, connected and effective teams* sessions led by the NHS Fife Psychology Service continued during 2023. This workshop is delivered in person with established teams, on-line for individual participants and as part of the Foundation Management Training.

Planned Activity to 31st March 2024

- Finalise the Leadership Framework in conjunction with colleagues across NHS Fife by Spring 2024.
- Hold the first meeting of the newly created Systems Leadership Group in October 2023. The focus will be on engaging with senior teams to explore how we support delivering improvements in our culture and how we collectively plan for the future.
- Commence a programme of compassionate leadership development for the Acute Senior Leadership Team and the Executive Directors' Group (EDG).



SP 3.6 Other relevant areas of work linked to priority 3 ambitions

Progress to 30 September 2023

- Relaunch of Diverse Ethnicity Network with Coffee Connect session held in May 2023.
- Ethnically Diverse Staff Experience Survey launched in September and will be open till 31 October 2023.
- Through the #SpeakingUp project, a further 21 confidential contacts were recruited and trained to offer support to staff who wish to speak up and raise concerns.
- Improved performance on iMatter: 78% of teams in NHS Fife now have an action plan. This reflects the best performance from a territorial Board.
- NHS Fife Board has continued to engage with a programme of visits to a range of locations across Fife for Board Members and Executive Directors. Our Interim Chair has promoted the work of the board through a new Bitesize Briefing and regular updates to staff.

Planned Activity to 31st March 2024

- Complete analysis of the Ethnically Diverse Staff Experience survey.
- Establish a LGBTQ+ staff network.
- Finalise our Corporate Communication and Participation and Engagement strategies.



Recognising excellence and recognising staff achievements

Across NHS Fife, there are many talented colleagues who provide fantastic care for the population of Fife. It is not possible to share everyone's achievements, but examples include:

- Vicki Bennett and Simon Fevre were both recognised at the annual British Dietetic Association Awards celebrating outstanding individuals working within the dietetic profession from across the UK. Vicki was recognised with the Mary Turner Award for her outstanding work as a trade union representative, which Vicki combines with her role in Public Health. Simon was awarded with a Fellowship, the British Dietetic Association's highest honour, given in recognition of Simon's many years of committed and inspirational service to the dietetic profession.
- Debs Steven, Lead Pharmacist Pain Management, was awarded a Fellowship of the Royal Pharmaceutical Society for Distinction in the Profession of Pharmacy. Being appointed as a Fellow is one of the highest accolades that can be paid, as it recognises the distinction members have attained in their pharmacy career. As fellowship awards are based on nominations from members, it also signifies the high esteem in which colleagues are held by their peers.
- NHS Fife Children's community nursing team won the prestigious Children's Nursing & Midwifery Award at the Royal College of Nursing Nurse of the Year Awards. The team were recognised for the incredible support and care they provide to families whose children are diagnosed with complex and severe health conditions.

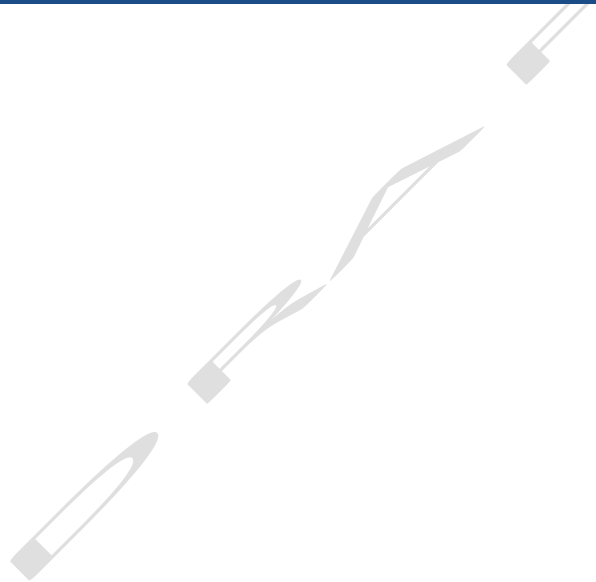
A [Celebrating Success](#) event was held in the summer 2023 where the fantastic work of all the medical trainees across NHS Fife was recognised. In September 2023, the [NHS Fife Staff Awards](#) was held acknowledging all of the outstanding work of NHS Fife staff.



Priority 4: Deliver value and sustainability

Ambitions

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



Progress update

SP 4.1 What we said we would do: Maximise the use of our buildings and land in line with service and community needs.

Progress to 30 September 2023

- A primary care premises review has been undertaken to understand the future requirements for space and facilities across GP Practices. The review identified 17 immediate, short, and medium-term recommendations. The immediate recommendations have now been completed with support of £2 million funding from Fife HSCP. This has resulted in the creation of an additional 61 consulting rooms across NHS Fife's primary care estate.
- The [Property and Asset Management Strategy \(PAMS\)](#) was submitted to Scottish Government. This outlined the investment required to address the challenges presented by the ageing estate.
- Analysis of the estate has shown that 62% of the estate is classed as green space. [NHS Fife Greenspace Strategy](#) was approved by the NHS Fife Board. The vision is to maximise the health promoting potential of the land and support a response to the climate emergency.
- An improved Day Surgery Unit Queen Margaret Hospital was opened as well as an improved A&E department with new signage and [web pages](#).
- NHS Fife are working with [Lucky Ewe](#) to explore a potential [Community Asset Transfer](#) (CAT) of land at Stratheden Hospital.

Planned Activity to 31st March 2024

- Complete the short- and medium-term actions from the primary care premises review in conjunction with the delivery of the NHS Fife primary care strategy.
- In conjunction with [Fife Climate Hub](#), planning will commence for a stakeholder event in early 2024/25. This event will bring together a range of communities and groups with an interest in climate change across Fife and support the implementation of our Greenspace Strategy.



SP 4.2 What we said we would do: Develop buildings to support service delivery, such as new Health and Wellbeing Centres in Kincardine and Lochgelly.

Progress to 30 September 2023

- Scottish Government has requested NHS Boards develop plans for the NHS estate as a whole system to support prioritisation and allocation of resource in a joined-up way. Supporting the development of the NHS Fife plan, a masterplan for the Victoria Hospital site has been drafted which will improve the experience of the site, build a green corridor supporting biodiversity, and support active travel.
- Ward 5 (VHK) upgrade is underway to develop the ward into a fit for purpose clinical area. This highlights the commitment to refurbishing the existing estate as this is one of the oldest parts of the Victoria Hospital.

Planned Activity to 31st March 2024

- Complete the refurbishment of Ward 5 by the end of this financial year.
- Deliver additional capacity for the delivery of education within Cameron and Whyteman's Brae hospitals.
- Continue to retrofit existing buildings to improve energy efficiency (see action 30 for more detail on our plans) in line with commitments to reduce carbon emissions.
- Review the existing PAMS to ensure the focus on the refurbishment of the existing estate is in line with publication of new guidance expected by March 2024.
- Continue to update and develop the whole system plan for NHS Fife to support prioritisation and allocation of resources.



SP 4.3 What we said we would do: Redesign and develop mental health services in Fife, including fit-for-purpose inpatient and community-based services.

Progress to 30 September 2023

- Following publication of the NHS Scotland [Mental Health and Wellbeing Strategy](#) in summer 2023, Fife HSCP is developing an aligned strategic statement and associated delivery plan which responds to priorities for the population of Fife.
- Initial agreement has been prepared for the Mental Health Estates Project and is now progressing through internal governance.
- There has been commitment to funding for the next 3 years to improve the Mental Health estate across NHS Fife. Work has commenced to refurbish ward 3 at Queen Margaret Hospital.

Planned Activity to 31st March 2024

- Complete the refurbishment of Ward 5 by the end of this financial year.
- Deliver additional capacity for the delivery of education within Cameron and Whyteman's Brae hospitals.
- Continue to retrofit existing buildings to improve energy efficiency (see action 30 for more detail on our plans) in line with commitments to reduce carbon emissions.
- Review the existing PAMS to ensure the focus on the refurbishment of the existing estate is in line with publication of new guidance expected by March 2024.
- Continue to update and develop the whole system plan for NHS Fife to support prioritisation and allocation of resources.



SP 4.4 What we said we would do: Reduce our carbon footprint by adopting zero carbon technology, such as increased usage of solar panels and redesigning how we heat our buildings.

Progress to 30 September 2023

- Investment of £1.8 million has been secured as part of a low carbon infrastructure programme. This has seen installation of solar panels, improvements to hot water systems, more accurate automated heating controls and optimisation of our fridge-freezers. This will make buildings more comfortable, reliable, and reduce carbon emissions.
- Reduction in use of medical gases and working with pharmacy colleagues to prepare to transition inhalers to non-greenhouse gas propellant inhalers.
- Published our [2021/22 Climate Emergency and Sustainability annual report](#) which outlines work towards achieving net-zero. The Climate Emergency and Sustainability annual report 2022/23 is being drafted. This suggests that since 2021/22, there has been reductions in Greenhouse Emissions of over 2%, reductions in medical gases of over 12% and a reduction in water usage of around 15%.

Planned Activity to 31st March 2024

- Complete the low carbon infrastructure investment programme with upgrades to windows at Whytemans Brae and Stratheden Hospitals.
- Secure funding for installation of LED lighting across the NHS Fife estates, a heat recovery system in the NHS Fife laundry and further funding for windows and insulation in the Fife college of nursing.
- Finalise and publish of the Climate Emergency and Sustainability Report for 2022/23.



SP 4.5 What we said we would do: Lower the environmental impact of travel by adapting the use of technology (virtual appointments and virtual working), supporting sustainable travel (walking, cycling and public transport) and investing in electric and low emissions vehicles.

Progress to 30 September 2023

To support delivery of the 2025 target to decarbonise vehicles, plans are now agreed to increase the availability and usage of electric vehicles. Currently 44% of light vehicles and 6% of cars are electric. This number is expected to rise substantially between now and 2025.

Planned Activity to 31st March 2024

- Increase corporate electric vehicle charging infrastructure to support the transition to electric vehicles. Across Fife, there are already 61 charging points for corporate electric vehicles, and this will increase to 77 charging points by March 2024.
- Explore how to increase the availability of charging points for private vehicles (for example those belonging to staff, patients and other visitors to NHS Fife) through collaborating with commercial companies.
- Encourage low carbon commuting through provision of a salary sacrifice scheme for staff to lease electric cars and expansion of the cycle to work scheme.



SP 4.6 What we said we would do: Become an organisation providing more responsive care using technology, developing digital solutions such as virtual appointments, electronic access to test results and growing our use of data to support planning and delivery of care.

Progress to 30 September 2023

- Established the Electronic Health Record (EHR) Group to provide oversight to digital adoption in clinical settings.
- Conducted prioritisation workshop with Digital and Information (D&I) Board and EHR Group members.
- Extended data sharing arrangements with Scottish Ambulance Service to support sharing of electronic summaries.
- Appointment notifications being received by patients within Patient Hub for Pain Management and Vasectomy.
- Scanning of active health records for Cohort 1 complete.
- Federation between NHS Fife and Fife Council established on M365 platform to ease sharing of calendars and MS Teams.
- Other highlights of the work of the Digital Strategic Delivery Team are available in our [November 2023 Update](#).

Planned Activity to 31st March 2024

- Review the progress in delivering the existing Digital Strategy and present findings to the Clinical Governance Committee.
- Commence development of the future Digital Strategy and ensure alignment to national and local strategic priorities.
- Complete of the prioritisation and planning to finalise our 2024-25 delivery plan via EHR Group and Digital and Information Board.
- Implement Phase 1 and Phase 2 concurrently of the Laboratory Information Management System (LIMS).
- Begin the Hospital Electronic Prescribing Management Administration (HEPMA) project with replacement of Pharmacy Stock Control system.
- Finalise the Business Case for GP IT replacement programme.



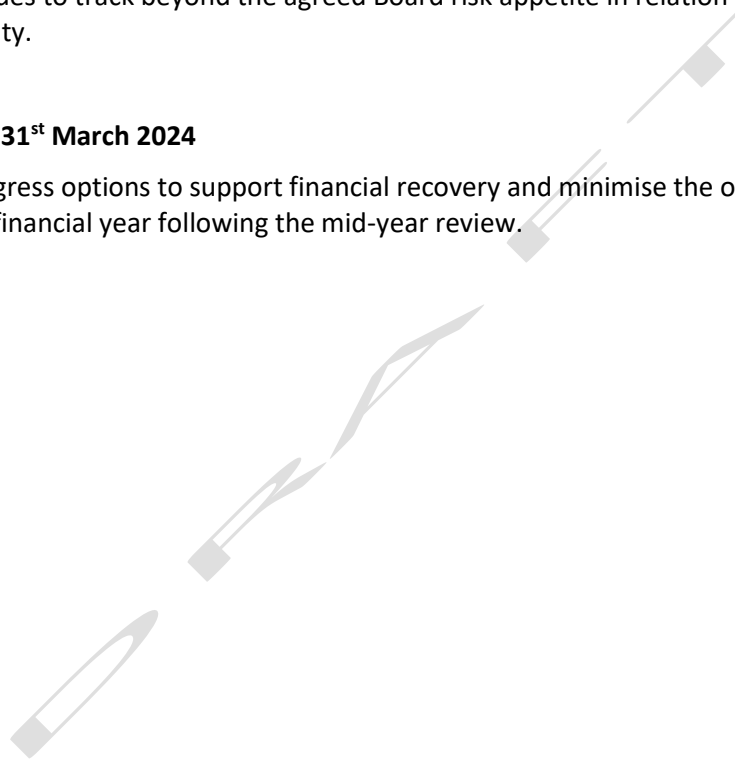
SP 4.7 What we said we would do: Use a structured approach to identify financial efficiencies, for example, through careful procurement of supplies and optimising the use of medicines.

Progress to 30 September 2023

- A £15.8m revenue overspend is reported for the first six months of the 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.

Planned Activity to 31st March 2024

- Assess and progress options to support financial recovery and minimise the overspend before the end of the financial year following the mid-year review.



Emergent opportunities and challenges

A range of opportunities and challenges are emerging as we consider longer term planning horizons. Below are some areas that we will be considering as we undertake our planning work.

1. Anchor Institution

We are producing an Anchor Strategic Plan that will be implemented over the next few years. This work represents a significant opportunity to achieve many of our ambitions in the Population Health and Wellbeing Strategy.

2. Changing risks associated with Covid-19

The risks associated with Covid-19 are changing. The success of the vaccination programme and increasing immunity means that the associated risk in the risk register will be reduced. Sustained reductions in this risk means that there are more options in how services are delivered and the focus can move to other strategic challenges.

3. Embedding Realistic Medicine and Value Based Healthcare learning

We are continuing to take forward work to help us to deliver more person-centred and responsive care that meets the needs of the population of Fife and considering how we can do things differently. Central to our approach is embedding the values and principles of Realistic Medicine and Values Based Healthcare which will help us deliver quality care designed around the needs of people and lead to an improved experience.



4. Health and Care Staffing (Scotland) Act 2019 (HCSA /Safe Staffing)

Full implementation of the Health and Care Staffing (Scotland) Act will take place on 1 April 2024. This includes the commencement of monitoring and governance. Board reports are due to the Scottish Government by 31 March 2025. NHS Fife must demonstrate how we have met the specific duties of the Act and provide information to the Scottish Ministers on the steps taken to comply with the legislation. The first Ministerial reports to Parliament are expected in April 2026.

The Common Staffing Methodology, as part of the Act, includes using the outputs of the staffing level tools and professional judgment to inform and ensure appropriate staffing in place for all staff covered within the scope of the Act.

5. New and Emerging Legislation

The Scottish Parliament continues to enact a range of legislation that will impact NHS Fife and the wider health and social care sector. For example, the creation of a Patient Safety Commissioner with a remit to ensure the safety of healthcare; a Housing Bill which may include a duty on the wider public sector (including NHS Scotland) to prevent homelessness; and the National Care Service. As legislation is enacted we will continually seek to improve care for those using our services.



Appendix one: NHS Fife corporate risk register

Risk title (taken from risk register)	Score April 2023	Score Sept 2023	Target Risk Level	Trend ¹
1. Population Health and Wellbeing Strategy	Mod 12	Mod 12	Mod 12 by 31/03/24	=
2. Health Inequalities	High 20	High 20	Mod 10 by 31/03/24	=
3. COVID 19 Pandemic	Mod 12	Mod 9	Mod 12 by October 2023	↓
4. Policy obligations in relation to environmental management and climate change	Mod 12	Mod 12	Mod 10 by 01/04/25	=
5. Optimal Clinical Outcomes	High 15	High 15	Mod 10 by 31/03/24	=
6. Whole System Capacity	High 20	High 20	Mod 9 by 30/04/24	=
7. Access to outpatient, diagnostic and treatment services	High 20	High 20	- ²	=
8. Cancer Waiting Times (CWT)	High 15	High 15	Mod 12 by 30/04/24	=
9. Quality & Safety	High 15	High 15	Mod 10 by 31/03/24	=
10. Primary Care Services	High 16	High 16	Mod 12 by 31/03/24	=
11. Workforce Planning and Delivery	High 16	High 16	Mod 8 by	=
12. Staff Health and Wellbeing	High 16	High 16	Mod 8 by 31/03/25	=
13. Delivery of a balanced in-year financial position	High 16	High 16	Mod 12 by 31/03/24	=
14. Delivery of recurring financial balance over the medium-term	High 16	High 16	Mod 12 by 31/03/24	=
15. Prioritisation & Management of Capital funding	Mod 12	Mod 12	Mod 8 by 1/04/26	=
16. Off-Site Area Sterilisation and Disinfection Unit Service	Mod 12	Mod 12	Low 6 by 01/04/26	=
17. Cyber Resilience	High 16	High 16	Mod 12 by	=
18. Digital & Information	High 15	High 15	Mod 8 by April 2025	=

¹ = risk stayed the same, ↓ risk falling, ↑ risk increasing

² It is not possible to provide a target risk and date given the uncertainty over future availability of funding.

NHS Fife provides accessible communication in a variety of formats including for people who are speakers of community languages, who need Easy Read versions, who speak BSL, read Braille or use Audio formats.

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





To find out more about accessible formats contact:

fife.EqualityandHumanRights@nhs.scot or phone 01592 729130.

NHS Fife

Hayfield House
Hayfield Road
Kirkcaldy, KY2 5AH

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Meeting:	Finance, Performance and Resources Committee
Meeting date:	16 January 2024
Title:	Annual Delivery Plan 2024/25 & Medium Term Finance Plan 2024-2027
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Bryan Archibald, Planning and Performance Manager and Maxine Michie, Deputy Director of Finance

1 Purpose

This is presented to the Committee for:

- Discussion

This report relates to:

- Annual Delivery Plan 2024/25
- Medium Term Finance Plan 2024-2027

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

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

The core aim of this year's guidance is to support Boards in updating their Delivery Plans into Three Year Delivery Plans with detailed actions for 2024/25 which are aligned to their Three-Year Financial Plans and to the ministerial priorities as set out in the First Minister's vision for Scotland and the outcomes the government aims to achieve by 2026.

As the work around long-term ambition continues, with the aim to adopt a more preventative, collaborative, and integrated approach to delivering services, it is intended that Boards will be asked to develop long term plans next year.

2.2 Background

The financial context is extremely challenging in 2024/25 and beyond and consequently Scottish Government (SG) are keen to integrate their different planning cycles – including financial, service and workforce. The Annual Delivery Plan guidance is issued alongside the NHS Scotland Financial Plan 2024/25 Guidance, and the two should be read in conjunction to ensure that delivery planning is affordable within a Boards financial envelope, and that this in turn supports the savings aims as set out in the finance guidance.

The planning priorities set out in this guidance are intended to give clarity on the high-level priorities which Boards should deliver in 2024/25, whilst remaining flexible enough to allow Boards to appropriately plan and prioritise within their own financial context.

As well as ensuring Delivery Plans are affordable within the context of the Board's financial plan, they should also ensure the workforce is in place to support service delivery.

The ten 'Drivers of Recovery', which will be used to frame planning 2024/25, have remained broadly in line with those used in 2023/24.

The "Health Inequalities" driver has been expanded to more explicitly cover a wider range of population health planning and the previously separate drivers that covered "Digital Services and Technology" and "Innovation Adoption", have now been merged into a combined "Digital Services Innovation Adoption" driver.

A new "Women and Children's Health" driver has been added, to better encapsulate planning priorities previously covered under other recovery drivers.

Drivers for Recovery in full are listed below:

1. **Primary and Community Care** - Improve access to primary and community care to enable earlier intervention and more care to be delivered in the community.
2. **Urgent and Unscheduled Care** - Access to urgent and unscheduled care, including scaling of integrated frailty services to reduce admissions to hospital.
3. **Mental Health** - Improving the delivery of mental health support and services, reflecting key priorities set out in the Mental health and wellbeing strategy.
4. **Planned Care** - Recovering and improving delivery of planned care.
5. **Cancer** - Delivering the National Cancer Action Plan (2023-2026)
6. **Health Inequalities and Population Health** - Enhance planning and delivery of the approach to tackling health inequalities and improving population health.
7. **Women and Children's Health** - Take forward the actions in the Women's Health Plan and support good child and maternal health, so that all children in Scotland can have the best possible start in life.
8. **Workforce** - Implementation of the Workforce Strategy.
9. **Digital Services Innovation Adoption** - Optimise use of digital & data technologies in the design and delivery of health and care services for improved

patient access and fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes.

10. **Climate** - Climate Emergency and Environment.

The Deputy First Minister announced the Scottish Government's budget for 2024/25 in Parliament on 19 December. The key issues from the budget announcement are as follows:

- A revenue budgetary uplift of 4.3% in the new financial year to cover costs for the 23/24 pay deals and baselining of Sustainability/NRAC funding provided in 23/24.
- An assumption for boards that any uplift for pay agreed for 24/25 will be provided by the SG
- Additional NRAC funding for Boards to maintain them at a minimum at 0.6% of parity.
- Covid 19 funding will again be provided to meet costs of Vaccinations, Test and Protect, PPE.
- Health and Social Care Integration only specific mention relates transfer to Local Authorities to meet £12 per hour minimum pay settlement and inflationary uplift to Free Personal Nursing Care (£241.5m)
- Capital Funding – Formula Capital will be maintained at 23/24 levels for boards, and existing projects under construction will have funding for them to allow completion. No funding will be available for new projects, and an expectation that these should be placed on pause for two years at least.

2.3 **Assessment**

Despite an extremely challenging budget announcement there is a clear expectation within Scottish Government that NHS Boards will have finance plans for 2024-25 which deliver a significant financial improvement on the 2023-24 position.

These expectations are that all NHS Board plans for 2024-25 will set out:

- a clear programme of work and supporting actions to achieve the target of 3% recurring savings on baseline budgets; and
- an improved forecast outturn position compared to your forecast outturn position reported at the start of 2023-24.

NHS Boards are to provide a draft submission of their financial plans by 29 January, with financial submissions due on 11 March. Scottish Government aim to review progress of plans early in the calendar year with plans being signed off before 31 March 2024. Where

financial plans cannot be approved SG will consider the impact on the ADP sign off process.

The Annual Delivery Plan 2024/25 is due for submission by 7 March 2024 with formal confirmation, following review, from Scottish Government that it is content with the Plan by 12 April 2024. There will be twice-a-year joint Executive Team meetings between Scottish Government and Boards to discuss progress.

No templates have been provided this year, but a Service Sustainability template was received on 22 December for completion by 12 January with Delivery Performance Framework due by end of January 2024.

Services will be sent a locally devised template to collate narrative for each Planning Priority outlined in the guidance to ensure all points are addressed. There is a request this year to align the medium term financial plan more closely to the ADP deliverables.

A blank template will also be provided for Services to detail any local priority they wish to include.

The Plan should also set out what will be delivered over the next three years, firm planned actions and programmes of activity for 2024/25 and indicative set of actions for 2025/26 and 2026/27. To capture this information, a modified version of previous years ADP2 template will be distributed to Services. This template will allow for the capture of actions across each quarter of 2024/25 as well 2025/26 and 2026/27.

Full timetable from receipt of guidance to formal sign off by Scottish Government is below. It is planned for governance for delivery of the recovery drivers will sit with the respective programme boards.

4 December 2023	Guidance received for ADP 2024/25
W/11 December	ADP drop in sessions for directors
19 December	Information request to Directors (ADP1 and ADP2)
20 December	Reinstate ADP Forum
By mid-December	Receipt of Service Sustainability template
29 January 2024	ADP1 templates to be returned
29 January 2024	Draft Finance Plan submitted to Scottish Government
By 31 January	Receipt of Delivery Performance Framework

15 February	Executive Directors Group
1 March	Clinical Governance Committee
4 March	Public Health & Wellbeing Committee
6 March	Staff Governance Committee
7 March	Submission to Scottish Government
11 March	Final Finance Plan submitted to Scottish Government
12 March	Finance Performance & Resources Committee
20 March	Area Partnership Forum
26 March	Fife NHS Board
29 March	Sign off ADP2 deliverables
4 April	Area Clinical Forum
By 12 April	Formal sign off from Scottish Government

2.3.1 Quality/ Patient Care

The main aim of the planning and delivery process is to continue to deliver high quality care to patients.

2.3.2 Workforce

Workforce planning is key to the planning and delivery process.

2.3.3 Financial

Financial planning is key to the planning and delivery process.

2.3.4 Risk Assessment/Management

Risk assessment is part of planning and delivery process.

2.3.5 Equality and Diversity, including health inequalities.

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

2.3.8 Route to the Meeting

EGD 21 December 2024

2.4 Recommendation

The Committee is asked to:

- **Discuss** process for Medium Term Finance Plan & Annual Delivery Plan 2024/25.

3 List of appendices

None

Report Contact

Susan Fraser
Associate Director of Planning and Performance
Email: susan.fraser3@nhs.scot

Bryan Archibald
Planning and Performance Manager
Email: bryan.archibald@nhs.scot

Maxine Michie
Deputy Director of Finance
Email: maxine.michie@nhs.scot

Meeting: NHS Fife Finance, Performance and Resources Committee

Meeting date: Tuesday 16 January 2024

Title: Urgent Care Services Fife (UCSF) – Urgent Care Transport Services Contract Renewal

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

Report Author: Martyn Berrie, Interim Clinical Services Manager for Urgent Care Services Fife (UCSF)
Christopher Conroy, Senior Portfolio Manager for Primary and Preventative Care Services

1 Purpose

This report is presented for:

- Decision

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

The purpose of this paper is to advise the outcome of the recent procurement process for the Urgent Care Transport Services Contract Renewal. This report details the outcome of a recent retendering exercise for UCSF Conveyancing, recommending that the contract is awarded to Alliance Ambulance Services at a cost of £1,714,752 for 3 years with an option to extend for a further 2 x 12 months, equating to a total contract value of £2,930,555 (£2,442,129 when VAT reclaim are considered).

Currently, conveyancing resource for Clinicians within UCSF is provided by EMED Group (previously ERS, who merged with E-Zec Medical to Form EMED). This contract ends on the 31 March 2024, with no option of extension. Therefore, there was a requirement to go out to tender, via Public Contracts Scotland procurement portal.

2.2 Background

Urgent Care Services Fife (UCSF) provides a vital role in responding to NHS 24 patient referrals outside General Practice operational hours within NHS Fife. With a commitment to delivering high-quality urgent care to the entire population of Fife and Kinross, UCSF serves a population of approximately 380,000 individuals. UCSF have supported patients within Kinross for over 20 years and reimbursed by NHS Tayside to provide this service, which has been built in as core business with no detriment to the population of Fife.

Patient calls undergo triage via NHS 24, and some cases may necessitate a home visit by a dedicated UCSF Clinician. UCSF operates during 'out-of-hours' periods from 6 pm to 8 am on weekdays and operates 24/7 over weekends and public holidays. Working within these time frames across Fife and Kinross, providing care where clinically appropriate in patients' own residences as a home visit. This model includes transport of clinicians and core medical supplies, including certain levels of medications and medical equipment within vehicles. This directs a necessary focus on staff and medicine safety.

To prioritise safety and efficiency, UCSF Clinicians are chauffeured and do not drive themselves, this is in line with national protocol consistent across all boards in Scotland. There is a requirement for clinicians, accompanied by a designated driver in a marked vehicle, to promptly reach patients' residences to ensure safe and effective care.

The current contract for delivering this transport support Currently is EMED Group (previously ERS, who merged with E-Zec Medical to Form EMED). This contract ends on the 31 March 2024, with no option of extension. The currently annual budget for delivery of transport is **£483,716**.

As per normal procurement practice and to ensure due diligence, a cost comparison was carried out on in-house versus outsourced model, the in-house model would have a cost of approx. **£730,000** per annum, totalling **£3,650,000** for a 5-year duration. The in-house model was therefore ruled out as first model for delivery due to projected cost increase at **£1,207,871**, pending the outcome of a formal tender process.

Additionally, UCSF has an established patient conveyance procedure wherein NHS Fife Transport services provide vehicles and drivers for transporting patients to appointments at the Urgent Care Centre in Kirkcaldy. This arrangement extends to facilitating patient admissions to the VHK acute hospital, where UCSF Clinicians are

assisted by drivers when such transfers are necessary. The cost of this resource is approximately **£150,000**, which is an ongoing cost pressure to Fife HSCP. Given this ongoing cost pressure, the transfer of patients to and from UCC and onwards to VHK was included in the service specification.

2.3 Assessment

A formal request for notes of interest via the Public Contracts Scotland procurement portal for provision of Conveyancing resource for UCSF was sought on 6th October 2023, with the portal closing on 6th November 2023.

There was one note of interest, with the current incumbent supplier not submitting a bid.

An evaluation of the single supplier who submitted a bid, Alliance Ambulance Service, was carried by an evaluation panel, consisting of key members of the UCSF Conveyance Contract Procurement Process Group. This saw a technical review carried out by the UCSF team, and commercial(cost) review from the Procurement team.

The score weighting was 50% Technical and 50% cost, with Alliance Ambulance Service score detailed below:

Scoring Area	Score
Technical Score	48.54
Commercial Score	50
Total Score	98.54

Whilst they were the only bidder, Alliance Ambulance Service were scored extremely high by the evaluation panel, with a total score of 98.54 out of 100 based on Most Economically Advantageous Tender (MEAT). As such, the evaluation panel recommend the contract of delivering conveyancing resource to UCSF be awarded to Alliance Ambulance Service, from 1st April 2024, pending transitional arrangements with current supplier. This would see a commitment to provide services at a cost of £1,714,752 for 3 years with an option to extend for a further 2 x 12 months, equating to a total contract value of £2,930,555 (£2,442,129 when a VAT reclaim is considered).

It is important to advise following guidance from NHS Fife procurement that this paper and according to recommendation will be progressed to NHS Fife Finance Performance and Resources committee for information and support given level of spend attributed to the model and to ensure good governance.

As per **Table.1** below, this is within budget and for the first 2 years of the contract would see a saving.

Table.1 – Alliance Ambulance Service Costs 1-5 years

Annual Cost of Contract taking account of the Tender Specification:		Cost GBP/£	Chargeable to budgets post VAT recovery	Budget available	Saving
Year 1	Total Cost	£557,530.00	464,608	483,716	19,108
Year 2	Total Cost	£571,468.00	476,223	483,717	7,494
Year 3	Total Cost	£585,754.00	488,128	483,718	- 4,410
		£1,714,752.00	1,428,960	1,451,157	22,197
Possible Extension:					
Year 4	Total Cost	£600,397.00	500,331	483,718	- 16,613
Year 5	Total Cost	£615,406.00	512,838	483,718	- 29,120
		£1,215,803.00	1,013,169	967,436	- 45,733
Overall Cost					
Years 1 & 3	Total Cost	£1,714,752.00	1,428,960	1,451,154	22,194
Years 1 – 5	Total Cost	£2,930,555.00	2,442,129	2,418,590	- 23,539

2.3.1 Quality / Patient Care

Given an extremely high score as part of the technical review of Alliance Ambulance Service bid, it is anticipated that UCSF and the population of Fife will continue to receive a high-quality level of service.

2.3.2 Workforce

The bidding supplier for the re-tender isn't the current provider, E-MED. Consequently, in progressing with the new supplier for transport services in Urgent Care Service Fife, both the incumbent and the new provider will be introduced to uphold NHS Fife's commitment as an exemplar employer by implementing TUPE - Transfer of Undertakings Protection of Employment rights.

TUPE is a legal safeguard that ensures the protection of employees and their benefits during changes in employment, particularly when there's a change in service provider. This commonly occurs when contracts transition to new contractors, a process often termed as 'retendering'. NHS Fife/Fife HSCP are not responsible for implementing TUPE within this scenario, however, will provide support and guidance to Alliance Ambulance Service and EMED Group when required.

2.3.3 Financial

The initial transition cost for UCSF to onboard the new supplier, 'Alliance Ambulance Services LTD,' amounts to £464,608 per annum. Notably, as per Table.1 in section 3.3, Alliance Ambulance Services LTD immediately generates cost savings of £22,197 over the initial of 3-year contract, with £19,108 saved within the first year.

Further examination of the tender specifications allows 'Alliance Ambulance Services LTD' to absorb the financial impact previously incurred from taxi conveyance to and from appointments, therefore creating an additional cost saving averaging £7,000 per annum.

Additionally, as part of Alliance Ambulance Service's bid, they have committed to supporting conveyance of patients from UCC to VHK, which would see a reduction in cost pressure of £150,000 per annum.

2.3.4 Risk Assessment / Management

Given Alliance Ambulance Service are a new supplier, there is a requirement to work with current supplier to make sure there is no gap in service provision during transition. Commitment has already been provided by EMED Group to support safe and effective transition; however, assurance is provided this will be monitored by the UCSF team.

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

It is recognised that by Alliance Ambulance Service supporting patients to be conveyed to and from Urgent Care Centred across Fife, will allow UCSF to provide accessible, inclusive, and equitable services across Fife.

2.3.6 Climate Emergency & Sustainability Impact

Alliance Ambulance Service exclusively use electric vehicles, positively contributing to improving the environment of Fife.

2.3.7 Communication, involvement, engagement, and consultation

N/A

2.3.8 Route to the Meeting

See below route to this meeting:

- This procurement process has been overseen by the UCSF Conveyance Contract Procurement Process Group, who have met every 2 weeks since June 2023.
- HSCP SLT on 8th January 2024

2.4 Recommendation

Be **assured** regarding the process followed to successfully tender within procurement law the Drivers contract for Urgent Care Services Fife

Support the recommendations outlined to successfully award the contract to Alliance Ambulance Service for an initial 3 years with the ability to extend for up to 5 years in line with process having demonstrated that they have submitted the Most Economically Advantageous Tender (MEAT).

Note the cost savings projected and reduction in cost pressures in line with Fife HSCPs Medium-Term Financial Plan and commitment to working within the resources available.

Be **assured** that there will be close scrutiny from UCSF oversight Group to support safe and effective transition of contract between providers.

3 List of appendices

N/A

Report Contact

Christopher Conroy
Programme Director PPC
Christopher.conroy@nhs.scot

Meeting:	Finance, Performance & Resources Committee
Meeting date:	16 January 2024
Title:	Annual Procurement Report 2022/23
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Kevin Booth, Head of Financial Services & Procurement

1 Purpose

This is presented to the Committee for:

- Endorsement

This report relates to a:

- Annual Operational Plan
- Legal requirement

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

- Safe
- Effective

2 Report summary

2.1 Situation

The committee is asked to review the content of the Annual Procurement Report and endorse prior to this report being presented to the Board for approval and publication.

2.2 Background

To meet the regulatory requirements of the Procurement Reform (Scotland) Act 2014, NHS Fife must prepare and publish an Annual Procurement Report. The Annual Report demonstrates to our stakeholders how our procurement activity supports improvements to social, economic, and environmental outcomes in the local area and a range of local and national policies including those tackling inequality and climate change obligations.

2.3 Assessment

The NHS Fife Annual Procurement Report provides the reporting requirements from 1 April 2022 to 31 March 2023 as required by the Scottish Government.

2.3.1 Quality, Patient and Value-Based Health & Care

Compliance with effective procurement arrangements, processes and controls supports the delivery of clinical services.

2.3.2 Workforce

The report highlights the procurement activity undertaken corporately by the procurement team on behalf of the organisation to support effective controls in this area.

2.3.3 Financial

Compliance with effective procurement arrangements, processes and controls supports delivery of best value.

2.3.4 Risk Assessment/Management

Operational risks in relation to compliance with procurement controls and procurement activity generally are monitored regularly through the Procurement Governance Board.

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

The Annual Report references a number of the contributions towards delivery of the Board Anchor Institute objectives.

2.3.6 Climate Emergency & Sustainability Impact

Climate Emergency and Sustainability is a key consideration and is incorporated into consideration for all regulated procurements.

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

The report has been reviewed and endorsed by the Procurement Governance Board on 30 August 2023 and EDG on 16 November 2023.

2.4 Recommendation

- **Endorsement** – for submission to the Board to approve.

3 List of appendices

The following appendices are included with this report:

- NHS Fife Annual Procurement Report 2022-23 (Draft V1.1)



NHS Fife Annual
Procurement Report 2

Report Contact

Kevin Booth

Head of Financial Services & Procurement

Kevin.Booth@nhs.scot



Annual Procurement Report 2022-2023

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1. Introduction

The Procurement Reform (Scotland) Act 2014 requires Public Sector bodies with a trade spend in excess £5m per annum to publish an annual report after the end of each financial reporting period which covers all regulated procurements and other information as specified by the Scottish Government.

This report covers the reporting requirements for NHS Fife from 1 April 2022 to 31 March 2023.

The procurement function forms a key part of NHS Fife in contributing to optimising the resources available for delivering health priorities and high-quality patient care. The NHS Fife Procurement Department is part of the Finance Directorate, reporting to the Director of Finance & Strategy, who is an Executive Member of the NHS Fife Board. Effective oversight is provided through the Procurement Governance Board.

NHS Fife have a small procurement team (headcount of 10) who are responsible for the full range of procurement services across the Board. The total non-pay spend is £355m across a combination of local and collaborative contracts.

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

To illustrate this further, over the financial year 2022/23 NHS Fife Procurement:

- **Saved NHS Fife £479k.**
- **Managed over 98,000 purchase orders.**
- **Managed over 10,380 customer interactions via our Procurement Helpdesk.**
- **Managed 1,920 suppliers.**

The Annual Procurement Report should be read in conjunction with our [Procurement Strategy](#), which details our plans for the years ahead.

2. Review of Reporting Period

Throughout 2022/23 the continuing impact of the Covid-19 pandemic combined with significant global supply issues and inflationary pressures have created considerable service and financial pressures for NHS Fife. As a result the Procurement Team has had to continue to demonstrate considerable resilience to support the increased and additional newly emerging risks faced by the Board.

Achieving the savings figures illustrated above, is significant in a market where the majority prices are rising in line with or above inflation.

The Procurement Team continue to investigate any savings opportunities identified through contract renewals, whilst also undertaking additional in-depth analysis to ascertain any efficiencies that may be implemented in conjunction with the service.

This section of the Procurement Report will look at some key pieces of work over 2022/23.

Anchor Institute

NHS Fife has adopted the principles of an Anchor Institute and has implemented a Programme Board to consider and develop ways that it can use its influence to enhance the community benefits of the people of Fife. The Procurement team has a key role in this programme, using its considerable influence on:

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

Community Benefits

Community Benefits clause ensures that the successful supplier(s) will be required to deliver Community Benefits in support of the authority's economic and social objectives. The Procurement Reform (Scotland) Act 2014 requires the Board to ensure that for all contracts of £4m or above that they have considered whether to impose a community benefit requirement as part of the procurement.

Working with Public Health and Fife Voluntary Action (FVA), the Procurement Team are developing and implementing a new innovative approach to identifying Community Benefits. Supporting community groups to submit relevant needs via the Community Benefits Portal to enable resource allocation through local and national contracts, to deliver these benefits to improve the economic, social and/or environment wellbeing of our communities. Community groups are encouraged to submit requests that align with NHS Fife's priority themes of, reducing health inequalities, contributing to anti-poverty work, improving health and wellbeing and responding to climate emergency.

Community Benefits delivered during 2022/23 include:

Contract	Supplier	Community Benefits
Orthopaedic Power Tools	Link Ortho	Beach clean ups.
Office & Patient Furniture	National Procurement	Office furniture and equipment to furnish new location for Fife Employment Access Trust.
National Treatment Centre	Graham Group	Local Apprentices & Recruitment – 26 posts in total including, 4 existing, 7 additional recruits, 9 graduate recruits and 6 others (cleaners and site assistants).
National Treatment Centre	Graham Group	Work Experience, Training and Visits – 10 work experience placements, 3 site visits, 78 school visits, SME & 3 rd sector training to upskill members of the supply chain and 5 trained in building management and efficient use of building to improve carbon performance.
National Treatment Centre	Graham Group	Community Projects – Your Health Your Choice Seminar, signage, Fife Health Charity, donated products, volunteering, local food charities, landscaping, and Considerate Constructors Scheme score of at least 40 (49 achieved).



Supported Businesses

A supported business is an organisation where more than 50% of the workers are disabled persons who are unable to take up work in the open labour market. Contracting Authorities may restrict participation in a regulated Procurement to a business identified as a supported business.

NHS Fife continues to review all opportunities to engage with Supported Businesses. For this period no regulated procurements have been restricted, however NHS Fife engaged with the following Supported Businesses:

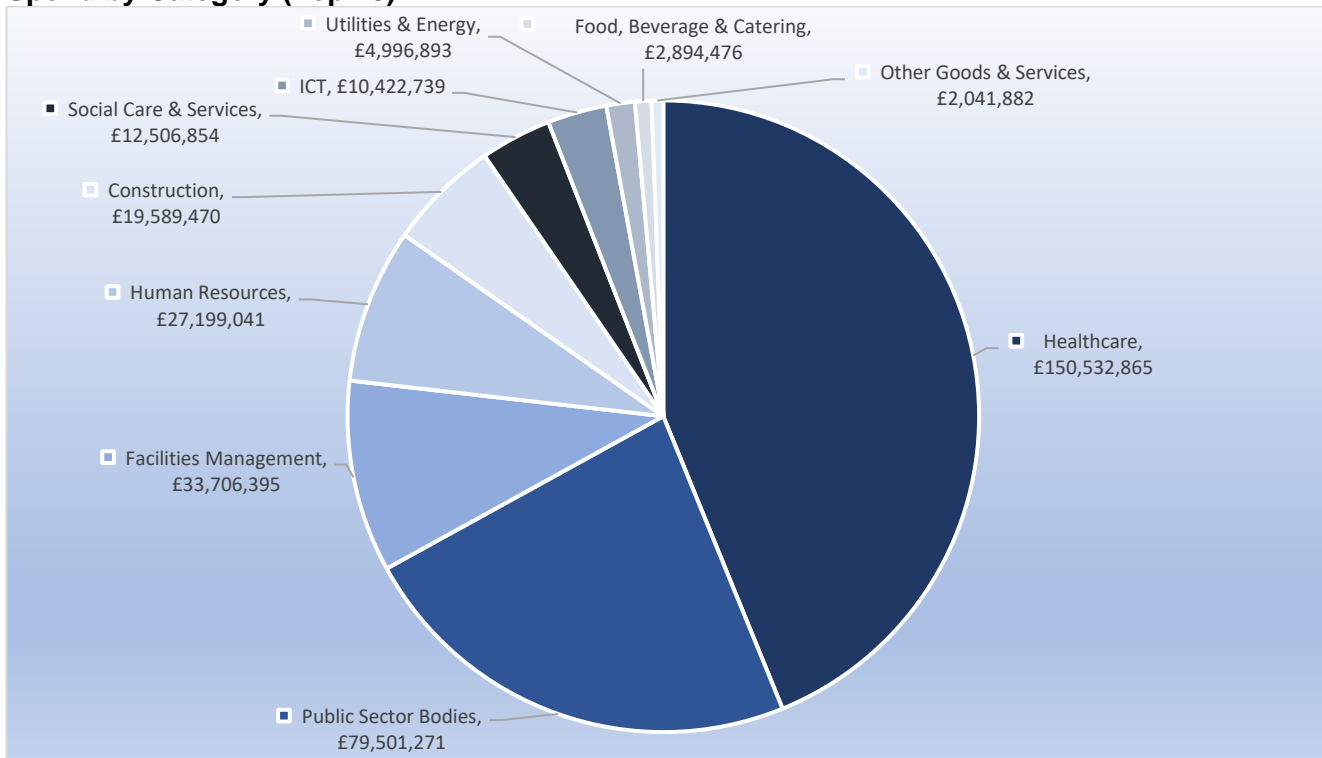
Supported Business	Spend	Product/Service
Matrix	£18,527	Furniture and Re-upholstery Services
Lady Haig's Poppy Factory	£144	Remembrance Wreaths

3. Spend

In 2022/23, NHS Fife had a total non-pay spend of £355 million. Driving best value from this expenditure is through a combination of, Category Management, Market Intelligence, Supplier Negotiation, Stakeholder Influencing, Economies of Scale, Innovation, National and Local Contracts.

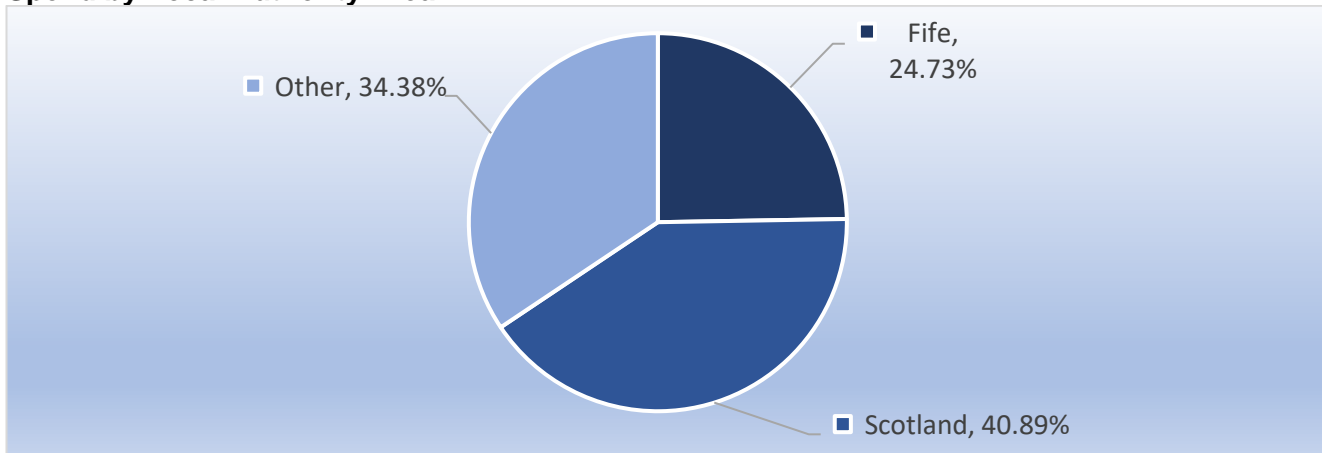
The majority of the non-pay spend is procured through public sector frameworks and contracts already carried out nationally on the Boards behalf and these include National Procurement, Scottish Government and Crown Commercial Services Frameworks.

Spend by Category (Top 10)



What is spent is as important as where it is spent, in order to harness the power of Procurement to support the health and wellbeing of the Fife population.

Spend by Local Authority Area



4. Reporting

Annual Report

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

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

Communication

The Annual Procurement Report and Procurement Strategy are shared with all members of the Procurement Team, in addition to being published on the NHS Fife website as set out in the Procurement Reform Act 2014.

Ownership

The Annual Procurement Report and Procurement Strategy are owned by the Head of Financial Services & Procurement.

5. Regulated Procurements

In accordance with the Procurement Reform (Scotland) Act 2014, any public contract (other than a public works contract) of £50k or greater and public works contract of £2m or greater is considered a Regulated Contract. A regulated procurement is any procedure carried out by a contracting authority in relation to the award of a proposed regulated contract which is completed when the award notice is published or where the procurement process otherwise comes to an end. This includes both contracts and framework agreements. All regulated procurements are required to be published on the Public Contracts Scotland Portal.

Completed Regulated Procurements (2022/23)

A summary of the regulated procurements completed for NHS Fife in 2022/23 along with the prior year comparison are shown below:

Regulated Procurements	2022/23	2021/22
Number of contracts awarded	11	13
Total Contract Value	£1,991,255	£3,245,347

Details of the regulated procurements completed for NHS Fife in 2022/23 are included below:

Title	Value	Supplier
San Replacement	£677,006	Trustco Plc
Cisco 9200 and 9300 Switches Support	£403,947	SCC
GP Print Mobilisation	£216,000	SCC
Laboratory Information Management System	£212,303	Citadel Health
PACS Support and Licences	£114,373	Philips Electronic UK Ltd
Keyed In	£68,394	Softcat Ltd
SQL Licences	£66,350	SCC
One Cloud Cisco (UK) Service	£63,360	BT Global Services
10 Gig Point to Point Circuit	£61,846	BT
MIG Gateway	£55,093	Softcat Ltd
Fire Alarm Maintenance	£52,583	SPG Fire & Security Ltd

Future Regulated Procurements (2023/24)

The following table sets out the regulated procurements which are expected to be undertaken by NHS Fife in 2023/24:

Title	Estimated Value	Estimated Start Date
Urgent Care Out of Hours GP Transport Services	£1,250,000	January 2024
Bed/Mattress Hire	£199,000	TBC

6. Reporting Metrics

1. Organisation and report details

- a) Contracting Authority Name
- b) Period of the annual procurement report
- c) Required by s18 Procurement Reform (Scotland) Act 2014 to prepare an annual procurement report? (*Yes / No*)

NHS Fife
2022/23
Yes

2. Summary of Regulated Procurements Completed

- a) Total number of regulated contracts awarded within the report period
- b) Total value of regulated contracts awarded within the report period
- c) Total number of unique suppliers awarded a place on a regulated contract awarded during the period
- i) how many of these unique suppliers are SMEs
- ii) how many of these unique suppliers are Third sector bodies

11
£1,991,255
8
3
0

3. Review of Regulated Procurements Compliance

- a) Number of regulated contracts awarded within the period that complied with your Procurement Strategy
- b) Number of regulated contracts awarded within the period that did not comply with your Procurement Strategy

11
0

4. Community Benefit Requirements Summary

Use of Community Benefit Requirements in Procurement:

- a) Total Number of regulated contracts awarded with a value of £4 million or greater.
- b) Total Number of regulated contracts awarded with a value of £4 million or greater that contain Community Benefit Requirements.
- c) Total Number of regulated contracts awarded with a value of less than £4 million that contain Community Benefit Requirements

1
1
2

Key Contract Information on community benefit requirements imposed as part of a regulated procurement that were fulfilled during the period:

- d) Number of Jobs Filled by Priority Groups (Each contracting authority sets its own priority groups)
- e) Number of Apprenticeships Filled by Priority Groups
- f) Number of Work Placements for Priority Groups
- g) Number of Qualifications Achieved Through Training by Priority Groups
- h) Total Value of contracts sub-contracted to SMEs
- i) Total Value of contracts sub-contracted to Social Enterprises
- j) Total Value of contracts sub-contracted to Supported Businesses
- k) Other community benefit(s) fulfilled

Not Recorded
Not Recorded
10
Not Recorded
Not Recorded
Not Recorded
Not Recorded
12 (see section 2)

5. Fair Work and the real Living Wage

a) Number of regulated contracts awarded during the period that included a Fair Work First criterion.	1
b) Number of unique suppliers who have committed to pay the real Living Wage in the delivery of a regulated contract awarded during the period.	1
c) Number of unique suppliers who are accredited Living Wage employers and were awarded a regulated contract during the period.	1

6. Payment performance

a) Number of valid invoices received during the reporting period.	147,265
b) Percentage of invoices paid on time during the period (“On time” means within the time period set out in the contract terms.)	87%
c) Number of regulated contracts awarded during the period containing a contract term requiring the prompt payment of invoices in public contract supply chains.	14
d) Number of concerns raised by sub-contractors about the timely payment of invoices within the supply chain of public contracts.	Not Recorded

7. Supported Businesses Summary

a) Total number of regulated contracts awarded to supported businesses during the period	0
b) Total spend with supported businesses during the period covered by the report, including:	£18,671
i) spend within the reporting year on regulated contracts	0
ii) spend within the reporting year on non-regulated contracts	£18,671

8. Spend and Savings Summary

a) Total procurement spend for the period covered by the annual procurement report.	£355,018,374
b) Total procurement spend with SMEs during the period covered by the annual procurement report.	£64,247,881
c) Total procurement spend with third sector bodies during the period covered by the report.	£4,659,620
d) Percentage of total procurement spend through collaborative contracts.	52%
e) Total delivered cash savings for the period covered by the annual procurement report	£479,036
f) Total non-cash savings value for the period covered by the annual procurement report	0

9. Future regulated procurements

a) Total number of regulated procurements expected to commence in the next two financial years	2-5
b) Total estimated value of regulated procurements expected to commence in the next two financial years	TBC

FIFE CAPITAL INVESTMENT GROUP MEETING

(Meeting on 8 November 2023)

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

MINUTE OF FIFE CAPITAL INVESTMENT GROUP MEETING

**Wednesday 8 November 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)
 Tracy Gardiner, Capital Accountant (TG)
 Ben Johnston, Head of Capital Planning / Project Director (BJ)
 Janette Keenan, Director of Nursing (JK)
 Lisa Cooper, Head of Primary & Preventative Care Services (LC)
 Ben Hannan, Director of Pharmacy & Medicines (BH)
 Maxine Michie, Deputy Director of Finance (MMi)
 Claire Dobson, Director of Acute Services (CD)
 Alistair Graham, Associate Director of Digital & Information (AG)
 Chris McKenna, Medical Director (CM)
 David Miller, Director of Workforce (DM)

In Attendance: Kerrie Donald, Executive Assistant to Director of Finance & Strategy (KD)

Apologies: Paul Bishop, Head of Estates

1.0	<p>WELCOME AND APOLOGIES</p> <p>Apologies were received from Paul Bishop (Head of Estates).</p>	
2.0	<p>NOTES OF PREVIOUS MEETING</p> <p>The note of the previous meeting held on 27 September 2023, was approved, and agreed as an accurate record.</p>	
3.0	<p>ROLLING ACTION LIST / MATTERS ARISING</p> <p>The action log was updated accordingly.</p>	
4.0	<p>MINUTES OF OTHER COMMITTEES</p> <p>4.1 Clinical Contingency Group The minute of the meeting held on 14 September 2023 and 12 October 2023 was noted by the group.</p> <p>4.2 Capital Equipment Management Group The minute of the meeting held on 7 September 2023 was noted by the group.</p> <p>MMi highlighted to members that there is no money left in the capital funds however the team are routinely reviewing revenue budgets to investigate items that can be purchased through the capital funds. Guidance was previously issued on capital and revenue spend criteria</p>	

	<p>however will be re-circulated to assist teams to ensure the correct spend is being utilised. KD to circulate guidance to FCIG members.</p>	<p>KD</p>
<p>5.0</p>	<p>FCIG Development Session – VHK Masterplan</p> <p>BJ provided an overview of the VHK Masterplan noting the plan has been sectioned into short term (0-5yrs), mid-term (5-10years) and long term (10+years) strategies. It was noted the strategy ties in with NHS Fife’s anchor ambitions and would utilise the greenspace available to NHS Fife.</p>	
<p>6.0</p>	<p>GOVERNANCE</p> <p>6.1 Medical Devices Group Feedback NMcC provided an update from the September Medical Devices Group noting a number of topics were discussed in detail such as; transfer of data – particularly linked to medical devices, a device being brought to NHS Fife to conduct a post-stroke study and reviewing the current KPI’s for the group following an internal audit review. The next meeting is scheduled to take place on 13 December 2023.</p> <p>It was advised queries were raised that the Medical Devices Group and the Capital Equipment Management Groups may overlap however it was confirmed the Medical Devices Group reviews policies and strategic matters whereas the Capital Equipment Management Group reviews the procurement of equipment.</p> <p>6.2 Ambulatory Care Update CD provided an update on Ambulatory Care noting a business case proposal has been prepared by the Ambulatory Care Short Life Working Group proposing that Ambulatory Care relocate to ward 10 within the tower block. However ward 10 is currently being used as a decant for ward 5 and potentially ward 6 due to the results of the recent HIS inspection. The capital cost for the business case is currently £360k however will need revisited to ensure the business case is compelling in terms of revenue and to ensure all opportunities to offset the cost have been reviewed. CD noted an update paper is expected to come back to the group at the beginning of 2024.</p> <p>6.3 PPP Performance Monitoring Report NMcC noted the paper was previously reviewed by FCIG however has been brought back on the new SBAR template and will be discussed at the November Committees and Board meeting.</p>	
<p>7.0</p>	<p>MATTERS ARISING</p> <p>7.1 Reinforced Autoclaved Aerated Concrete NMcC provided an overview of the paper noting 27 blocks were identified however only 22 were presented as having a high or medium risk of containing RAAC. Of the 22 blocks survived, 16 do not have any RAAC, 5 have discovered RAAC and 1 has not been surveyed as it is currently derelict. The remaining 5 blocks have not been surveyed as the national programme is prioritising high and medium likelihood risk areas before moving to low-risk areas.</p>	

<p>8.0</p>	<p>PLANNING</p> <p>8.1 Mental Health Strategy Update BJ provided an update on the Mental Health Strategy noting the paper outlines the Mental Health Strategy and will be presented to Committees and NHS Fife Board in January 2024 with a public consultation taking place from March 2024. It was advised the aim is to have the final Strategy Report available towards the end of 2024.</p> <p>8.2 Project Hydra NMCC noted the project for the hot water replacement work is currently on a green status and is on track for completion. Monthly meetings continue with CD, NMCC and PB to ensure any mitigating actions are resolved.</p> <p>8.3 Environmental Sustainability – Reducing Commuter Emissions Through an EV Salary Sacrifice Scheme NMCC advised the paper proposes a NHS Fife staff salary sacrifice scheme for electric vehicles. It was noted while this proposal would require further input from Human Resources and Procurement, NHS Fife is not the only board reviewing this proposal and would make NHS Fife a more sustainable and attractive employer. It was highlighted further investigation into the administration costs of rolling out this project and clarity on any effects this may have on pensions would need to be sought, however following feedback from members, it was agreed this scheme would be extremely beneficial for staff and NHS Fife as an employer. Further research into how other Boards will implement the scheme and any effects/additional work this may cause for Payroll should be evaluated and reflected within an updated paper to present at a future EDG.</p> <p>8.4 Decarbonisation of the NHS Fife Fleet JR provided an overview of the paper noting ‘NHS Scotland Climate Emergency and Sustainability Strategy 2022-2026’ requires NHS Boards to ensure small and light commercial vehicles are powered by renewable alternatives by 2025 and no longer buy or lease large fossil-fueled vehicles by 2030. JR highlighted in order to achieve these targets, £100k in revenue cost would be required to support the small vehicles target by 2025, with approximately a further £100k to support the heavy commercial vehicles target by 2023. MMcG noted the paper is very thorough and agreed as the decarbonisation of NHS Fleet is a priority for the NHS Fife Board. Following discussion, it was agreed the required funding would be provisioned within the 2024/25 capital programme and the proposal should be presented at the Finance, Performance and Resources Committee then NHS Fife Board for approval.</p> <p>8.5 Medical Education BJ noted since the September FCIG meeting, further review and meetings have taken place to enhance the Medical Education paper, and an overview of the paper was noted. BJ advised the funding required for each area noting Cameron Hospital would require £600k split over 2023/24 and 2024/25, Cedar House would require £630k in 2024/25, OHSAS building would require £630k split over 2024/25 and 2025/26 and VHK would require £300k in 2025/26. T. Gardiner however confirmed, following a call with Scottish Government, a written confirmation will be issued noting support and authorisation from Scottish Government for funding to be converted from revenue to capital for the project.</p> <p>Following discussion, FCIG approved the proposal noting a verbal update should be noted at EDG to highlight the success of the proposal and confirmation of converting funding from revenue to capital from Scottish Government.</p>	<p>NMCC</p> <p>BJ</p>
<p>9.0</p>	<p>PERFORMANCE</p> <p>9.1 Capital Expenditure Report</p>	

	<p>TG provided an update on the Capital Expenditure report noting the team are working towards an £11.5m capital budget which includes £386K from fleet funding which has been approved. All capital equipment is in the process of being ordered and all digital equipment has been ordered and in place. An additional £507k has been received from the Decarbonisation Grant which will see work being completed in laundry and the College of Nursing buildings to aid heat recovery.</p>	
10.0	<p>ISSUES TO BE ESCALATED TO EDG</p> <p><u>Environmental Sustainability; Reducing Commuter Emissions Through an EV Salary Sacrifice Scheme:</u> An updated paper with support from Procurement and Human Resources to be presented to EDG also noting any effects/additional work this may cause for Payroll.</p> <p><u>Medical Education:</u> A verbal update should be provided to EDG highlighting the success of the Medical Education proposal, and confirmation of converting funding from revenue to capital from Scottish Government.</p>	
11.0	<p>AOCB</p> <p>No other business discussed.</p>	
12.0	<p>DATE OF NEXT MEETING</p> <p>Wednesday 13 December 2023, 11am – 12:30pm, via MS Teams</p>	

IJB FINANCE, PERFORMANCE & SCRUTINY COMMITTEE

(Meeting on 10 November 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 FRIDAY 10TH NOVEMBER 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

Attending: Nicky Connor, Director of Health & Social Care
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Audrey Valente, Chief Finance Officer
Lynne Garvey, Head of Community Care Services
Vanessa Salmond, Head of Corporate Services
Rona Laskowski, Head of Complex & Critical Care
Lynn Barker, Associate Director of Nursing
Jennifer Rezendes, Professional Social Work Lead

In attendance:

Roy Lawrence
Gillian Muir, Management Support Officer (Minutes)

Apologies for Absence: Ben Hannan, Director of Pharmacy and Medicines
Margo McGurk, Director of Finance
Helen Hellewell, Associate Medical Director
Lisa Cooper, Head of Primary and Preventative Care Services

No.	Item	ACTION
1.	<p>WELCOME AND APOLOGIES</p> <p>Alastair Grant welcomed everyone to the meeting.</p> <p>Apologies were noted as above and all were reminded of meeting protocols.</p> <p>Those present were asked that, in an effort to keep to timings, all questions and responses should be as succinct as possible.</p> <p>Members were advised that a recording pen would be in use during the meeting to assist with minute taking.</p>	

2.	<p>DECLARATIONS OF INTEREST</p> <p>No declarations of interest were noted.</p>	
3.	<p>MINUTE OF PREVIOUS MEETING – 15TH SEPTEMBER 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>TRANSFORMATION BUSINESS CASES</p> <p>Four presentations were given to Committee outlining the business cases for each of the following transformational change areas :</p> <ul style="list-style-type: none"> • Community Rehabilitation and Care Model - presented by Lynne Garvey • Transforming Overnight Care - presented by Rona Laskowski • Care at Home Commissioning - presented by Lynne Garvey • Reimagining the Third Sector - presented by Fiona McKay <p>Committee Members were given the opportunity to ask questions of the presentations.</p> <p>Combined Committee meetings have been arranged for each of the areas to give members a further opportunity to ask questions.</p>	
6.	<p>FINANCE</p>	
6.1	<p>Finance Update</p> <p>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 30 September 2023. Noting the forecast for the Partnership is currently a deficit of £1.468m which is a movement from the figure reported at July.</p> <p>Audrey Valente drew Committee’s attention to the position reported in July 2023 of Homecare Services overspend of £0.015m, this has increased to £1.642m due to an increase of Care at Home packages provided externally. A fuller deep dive will be undertaken to understand what the additional costs relate to, and findings reported back to Committee.</p> <p>Due to the adverse movements in budget, it was noted that further to the recovery plan presented at September’s Committee additional recovery actions will be considered and brought to the next Committee meeting.</p>	

	<p>Committee noted that the unachieved savings have remained at the levels reported in July with £8m being utilised from the £10m reserves.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included whether there was a pattern(s) emerging in relation to the increase of commissioned care at home packages and was the position worsening as we approach the winter period?</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 September 2023. 3. Agreed onward submission to the IJB for approval of the use of reserves and proposed recovery actions as at September 2023. 	
7.	PERFORMANCE	
7.1	<p>PRIMARY CARE IMPROVEMENT PLAN</p> <p>The Committee considered a report by Lisa Copper, Head of Service, Primary & Preventative Care and presented by Audrey Valente for information and assurance regarding the Partnerships on-going commitment to deliver the Primary Care Improvement Plan.</p> <p>Committee noted that the plan underpins delivery of the general medical services contract 2018 and is a key deliverable associated with the Primary Care Strategy, is aligned to the Workforce Strategy and supports the Partnerships ambitions.</p> <p>Committee also noted the key objective of the plan is to reduce GP workload and allow them to focus on their role as expert medical generalists by building a multi-disciplinary team around them.</p> <p>Committee's attention was also drawn to appendix 1, Progress Update and Delivery Intentions 23-24 noting that the plan continues to focus on the priorities of the Memorandum of Understanding 2 whilst maintaining and delivering the other priorities in line with the original Memorandum of Understanding.</p> <p>Committee were asked to be cognisant of the resource challenge notably finance and workforce, the most valuable asset, being central to success and working within the resources available.</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 budget gap of £11.5m, what did this mean and / or what could be done? A query was also made with regards to recurring funding.</p> <p>There was considerable discussion around section 3.3.4 of the report that without endpoint of direction from Scottish Government the challenge remains as to the vision of the full transfer of services. Nicky Connor provided assurance and further insight into the work being undertaken by Primary Care Services and their stakeholders and acknowledged the feedback provided by Committee on the content of the report, noting that future reports require to describe more fully the picture, laying out the problems and issues faced as well as highlighting solutions and their effect.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Noted the report was provided to assure members of the current position. 2. Are now aware of the complex nature of the situation. 	
<p>8.</p>	<p>SCRUTINY</p>	
<p>8.1</p>	<p>Ministerial Strategic Group (MSG) Indicators</p> <p>The Committee considered a report from Fiona McKay, Head of Strategic Planning, Performance & Commissioning detailing the background of the Scottish Government’s Ministerial Strategic Group review report in 2019 and the progress the Partnership has made against this through the self-evaluation process.</p> <p>Committee noted that overall, the Partnership is making good progress with the integration proposals and is on track to deliver most of the agreed targets by 2024.</p> <p>The workplan provides an update on where the Partnership thinks it can move from established to exemplary or from partly established to established. Committee noted this is evidenced within the report.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included a query with regards to the status of item 2.1 in the summary rating table of appendix 1 as being partially established.</p> <p><u>Decision</u></p> <p>The Committee</p>	

	<ol style="list-style-type: none"> 1. Noted the Partnership’s progress towards the Ministerial Strategic Group (MSG) integration proposals. 2. Provided feedback on the Self-Evaluation Update. 3. Recommend that the MSG work plan update 2023 is progressed to the Integration Joint Board for final approval. 	
8.2	<p>Public Sector Climate Change Duties</p> <p>The Committee considered a report from Audrey Valente, Chief Finance Officer outlining the IJB’s statutory duty to submit a climate change report to the Scottish Government by the end of November each year, noting this is the seventh report for Fife IJB and covers the period 2022 – 2023.</p> <p>Committee members were asked to consider and agree the priorities for climate change governance, management and strategy for the year ahead as detailed in the assessment section in order for the annual report to be submitted to the Scottish Government by 30th November 2023 deadline.</p> <p>The discussion was opened up to Committee members. No additional questions were raised.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Agreed the priorities as highlighted in the report. 2. Agreed the report be recommended for submission to the IJB for sign off and inclusion in the annual Scottish Government report. 	
9.	<p>STRATEGIES</p>	
9.1	<p>Year 1 Workforce Annual Report & Year 2 Workforce Plan</p> <p>The Committee considered a report from Roy Lawrence, Professional Lead for Organisational Development & Culture noting the Year 1 Workforce Annual Report highlights the Partnership’s performance over 2022 – 2023 and the Year 2 Workforce Action Plan sets out the workforce priorities for the year ahead.</p> <p>The Strategy & Plan are structured around the ‘Five Pillars’ within the Scottish Governments National Workforce Strategy for Health & Social Care to plan and focus on both short and medium-term actions to enable delivery of the strategy over the next three years.</p>	

	<p>The Annual Report and Year 2 Plan are both co-designed collaboratively with stakeholders across the whole Partnership, led by the Workforce Strategy Group.</p> <p>The Year 2 Workforce Action Plan 2023-2024 is a result of a significant collaborative effort across all stakeholders. The Plan focuses the Partnership's efforts on the strategic and operational priorities across the whole Partnership.</p> <p>The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included what was the biggest issue getting in the way?</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> 1. Endorsed the Annual Report as a positive reflection of the work done over 2022-2023. 2. Agreed the Year 2 Action Plan 2023-2024 captures the workforce priorities for the year ahead. 3. Recommended that the Report & Plan move forward to the IJB. 	
<p>10.</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 24th November 2023.</p>	
<p>11.</p>	<p>AOCB</p> <p>No issues were raised under AOCB.</p>	
<p>12.</p>	<p>DATE OF NEXT MEETING</p> <p>Thursday 18th January 2024 at 10.00am via MS Teams.</p>	

PRIMARY MEDICAL SERVICES SUBCOMMITTEE

(Meeting on 5 December 2023)

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

MINUTES OF THE PRIMARY MEDICAL SERVICE SUB-COMMITTEE HELD ON TUESDAY, 5 DECEMBER 2023 HELD BY TEAMS

PRESENT:

Dr C Mc Kenna (CM) (Acting Chair)	Mrs M McGurk (MM)
Dr F Henderson (FH)	Dr S Mitchell (SM)
Dr S Lim (SL)	

IN ATTENDANCE:

Mr C Conroy (CC)	Miss L Neave (LN)
Mrs L Cooper (LC)	Mr C Sharkey (CS)
Dr H Hellewell (HH)	
Miss D Watson	

NO	HEADING	ACTION
1	CHAIRPERSON’S WELCOME AND OPENING REMARKS Welcomed the Committee.	
2	DECLARATION OF MEMBERS’ INTERESTS A Committee member advised they had an interest in Item 7 and another Committee member declared an interest in Item 11i.	
3	APOLOGIES FOR ABSENCE Apologies were received from Mrs N Taylor.	
4	MINUTES OF PREVIOUS MEETINGS a) The minute of the meeting held on 5 September was acknowledged and agreed as a true record of proceedings. b) CC advised the Committee he would email an SBAR with the proposals. He then summarised the key points – increased frequency of meetings in order to be more responsive, the Head of P&PC, plus the Directors of Health and Social Care and Facilities to be members, a non-executive member of the Board to be Chair, scheme of delegation between this sub-committee and the Board’s FP&R to be clarified. SM advised that this Committee’s membership had been restricted due to the sensitive nature of much of the business in relation to GP practices. MM stated she would need time to consider the proposed changes especially the proposal that a non-executive Chair the meeting as the role of a non-executive was to scrutinise and not make decisions. CM agreed with MM and added that he felt that the sub-committee had a small remit that did not require an increased membership. LC advised that these points were an update and that a decision was not required at this time. She also stated that she supported these points.	

CC stated that not all of the current sub-committee would remain. He also advised that one of the proposals that items coming to be the Committee be more structured had already been put in place.

HH advised that the SBAR for this item included having private sessions of the Committee when appropriate.

5 MATTERS ARISING – ACTION POINTS

Table of Actions

06.12.22/40.22	LN confirmed that it had been decided that the percentage of funding allocated to IGS applications would be decided on a case to case basis provided they met the Premises Directions criteria. Draft policy/procedure to be brought to next PMSSC meeting.	NT/LN
07.03.23/6a	CC advised that other Boards had been contacted to see if any lessons could be learned that could improve Fife's current procedure to deal with a practice handing back their contract to the Board. It was then planned that a standardise procedure would be brought to this Committee. It was hoped this would enable the process to be more streamlined and that the procedure would be able to progress at a faster pace than at present.	CC/HH
07.03.23/10	LN advised that other Boards were using a version of the form created by Fife. She confirmed that in the past practices had just been asked to provide evidence of the steps they had taken to recruit a new GP. It was confirmed by LN that there were no specific criteria detailed in the SFE for the awarding of a non-deprivation Golden Hello. CM asked that a process for reviewing these applications be produced for the next meeting. SM suggested this could be a good opportunity for Fife to be creative in supporting practices to recruit GPs at a relatively small cost.	NT/LN
07.03.23/10	CC advised he would be happy to take this issue to the Sustainability Group and report back to the Committee.	CC
07.03.23/10	HH confirmed updated Terms of Reference for this Committee would need to be ratified by the FP&R either in the new year when the FP&R carried out an annual review or at as an extraordinary item at a subsequent meeting.	
05.09.23/5.4	A Practice in North East Fife's application to restrict patient registration. This item has been approved and is now closed	
05.09.23/7a	A practice in West Fife's application for an IGS for automatic doors. This item has been approved and is now closed	
05.09.23/7b	A practice in West Fife's application for an IGS telephone system. This item has been approved and is now closed.	
05.09.23/8	HH confirmed the overall stability of GP practices in Fife will be included in future SBARs regarding 2c practices.	

05.09.23-9 LN advised that practices had been notified about the Palliative Care DES payment.

6 PMS EXPENDITURE BUDGET

CS confirmed the £71.5m budget for PMS included a £4m global sum uplift. This has now been paid to practices, uplifted from October together with the April – September arrears.

CS advised that £950k of the budget was for back scanning and this was non-recurring. To date the Board had been billed for £227k with a further work worth £350k having been done. It is still anticipated that back scanning will be complete in this financial year. CS and David Gowans are planning to meet with ATOS in the fourth quarter to ensure this progressing as expected.

CS advised that the current budget position was a £492k overspend and that this was driven by the 2c practices who were currently overspent by £662k, this being mainly locum costs. Taking into account the reduced number of 2c practices (seven to four) the projected overspend as at the end of October is £659k.

CS confirmed there was nearly £125k of funding for Improvement Grants with applications worth £80k approved to date. This figure did not include the IGS application on this agenda, item 8. Practices who have grants approved but not yet claimed will be contacted to determine whether they will be claiming the funding before year end.

LN

MM queried whether the predicted overspend was covered in the Partnership consolidated budget (PCB).

CS advised there were ongoing discussions with Audrey Valente. CS agreed to confirm that the overspend would be paid from the PCB.

CS

7 IMPROVEMENT GRANTS

Practice in West Fife

A Committee member left the meeting during this item.

LN advised the practice were looking to change the flooring in the clinical rooms and the corridor from carpet to linoleum.

The Committee approved the practice's application.

LN

8 APPLICATION FROM WEST FIFE PRACTICE TO CLOSE THEIR BRANCH SURGERY

LN advised that an additional consideration to the letter sent by the practice was that there was a new nursing home opening in the area which eventually would result in another 64 patients registering with the practice.

CM also advised there was also a new housing development in the area which would lead to even more patients registering at the practice.

CM asked if practices were required to undertake a consultation with the community when they were requesting to close a branch surgery.

FH advised that the criteria for branch surgery closures should be consistent and that other practices who had applied had been asked for additional information.

CC confirmed a previous practice had been asked for proof that they had consulted their patients, and for consistency the practice should also be asked to provide this information. He also asked that practices should be asked for this before the application comes to the Committee.

SM queried whether it was financially viable for the practice to keep the branch surgery open, and if it had to remain open, the method of funding the practice to do so should be looked at.

CM would like the practice to strengthen their application and provide information on why they are proposing to close the branch surgery when the population of branch surgery location is increasing, proof that they had consulted with the patients and that they had liaised with the pharmacy to see if there were options to enhance the service they currently provided.

CM also asked how this was fitting in to the Partnership's primary care strategy.

SM advised that the LMC and the GP Sub would struggle to ask the practice to keep the branch surgery open if this would mean them being financially disadvantaged.

It was agreed that the practice would be asked to strengthen their application in line with what other practices had been required to provide in the past.

LN

9 TEMPORARY RESIDENTS

After a short discussion the Committee agreed that a communication would not be sent to all the GP practices regarding accepting patients as temporary residents as requested by one practice manager and that any future issues would be dealt with on an individual basis.

LN?

10 SUSPENSION OF MOVEMENT OF FORMER KIRKCALDY PRACTICE'S PATIENTS

CM thought that it was not unreasonable to expect patients to travel to the new practice, as in other area of Fife people had to travel to and from villages that did not have a GP practice.

SM believed that the stability of the new enlarged practice was important and that the suspension should remain in place until at least the new financial year.

It was agreed the suspension of patient movement within Kirkcaldy would be lifted on 1 April 2024 and that all the Kirkcaldy practices would be notified of this decision.

LN

11 PATIENT REGISTRATION

i West Fife Practice

Application to temporarily pause patient registrations

A Committee member left the meeting for this item.

FH stated she did not have an issue with this application as it was only until February and the practice looked to have a clear plan in place. She also stated that taking on 10 patients a week for this time could have a massive impact on an understaffed practice.

HH agreed and was of the opinion this would not significantly impact the area in which the practice is located.

The practice's application was approved by the Committee.

LN

The Committee member returned to the meeting.

ii Central Fife Practice

Application to cap the number of patients registering monthly with the practice

An attendee declared an interest in this item as she is a partner at a nearby practice, but remained in the meeting in her Board role.

The Committee was advised that the practice had not mentioned in their application that they had a contract for care with a Community hospital ward.

FH believed that due to the phenomenal number of houses being built in the town the practice had its challenges, but so did a number of other practices in the area.

She stated that other practices had been trying to recruit for a longer period than the practice and approving this application could destabilise other practices in the area if they had to accept more patients.

SL advised that both the two local West Fife practices would have significant problems if they were forced to accept additional patients as they are both single handed practices.

LN informed the Committee that the one of the West Fife practices currently had a closed list, which was to be reviewed in February 2024. The list would be reopened if the number of patients dropped below 2,950. At present the list is at 3,057.

FH reminded the Committee that the this West Fife practice had been asked to take active steps to improve their situation as even a reduced list of 2,950 was seen as too large a list for one GP.

The Committee agreed that this application would be refused at this time due to the significant impact it would cause to other vulnerable practices in the area, but would be happy to review any future application should the practice decide to take a different approach.

LN

12 GOLDEN HELLO APPLICATION FROM CENTRAL FIFE PRACTICE – RECRUITMENT AND RETENTION

The Committee asked that clarity be sought from the practice as to why they were applying for a Golden Hello if they had already been successful in appointing a new partner. A decision will then be made remotely.

LN

CM asked that a procedure be produced for Golden Hello applications which should include a thorough list of how and when the practice has previously tried to recruit a GP.

This item is already on the Action List under 06.06.23 – 8.

13 ROUTINE REPORTING

CM stated that he found the report quite encouraging as there were more GPs joining than leaving.

CM also advised that the Scot Gem programme had been very successful in recruiting GPs and hoped that Scot Com would enhance GP recruitment further.

The Committee noted the content of the report.

14 AOCB

Registration Advice – Levenmouth Cluster

HH advised that due to the transfer of Methilhaven patients not being completed and a local practice recently becoming a 2c practice that the Cluster Lead had requested an extension to the current restriction of patient movement in the Levenmouth area.

The Committee approved this application until June 2024.

LN

15 DATE OF NEXT MEETING

The next meeting will be held on Tuesday, 5 March 2024.

The provisional dates for 2024 are 4 June, 3 September and 3 December at 1pm.

PROCUREMENT GOVERNANCE BOARD

(Meeting on 1 December 2023)

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

MINUTE OF NHS FIFE PROCUREMENT GOVERNANCE BOARD (PGB)

**Friday 1 December 2023, 9am
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
 Claire Dobson (CD), Director of Acute Services
 Paula Lee (PL), Head of Procurement
 Maxine Michie (MM), Deputy Director of Finance
 Ben Hannan (BH), Director of Pharmacy & Medicines
 Lynne Parson (LP), Employee Director
 Rose Robertson (RR), Assistant Director of Finance
 Janette Keenan (JK), Director of Nursing

In Attendance: Kerrie Donald, Executive Assistant

<p>1.0</p>	<p>WELCOME AND APOLOGIES</p> <p>Apologies were received from:</p> <ul style="list-style-type: none"> • M. Cambridge, Associate Director of Procurement • A. Graham, Associate Director of Digital & Information • C. McKenna, Medical Director • A. Valente, HSCP Chief Finance Officer • S. Slayford, Principal Auditor 	
<p>2.0</p>	<p>NOTES OF PREVIOUS MEETING</p> <p>The note of the meeting held on 30 August 2023 was agreed as an accurate record.</p>	
<p>3.0</p>	<p>ACTION LOG</p> <p>All actions have been completed and closed as approved by members.</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, 2 are low and 1 is high.</p> <p>Risk 2187, in relation to the capacity within the Procurement function has improved. The revised procurement structure continues to imbed with the ongoing skills development across the team. Following the recent recruitment to the more senior posts, only 2 vacancies remain with the expectation of these being recruited to by the end of the financial year. As a result,</p>	

the risk has been lowered and it is anticipated that once the remaining vacancies are filled, the risk level will be reduced further.

Risk 2189, is in relation to the current economic climate resulting in significant cost pressures and an increased inability to achieve efficiencies. The team continue to monitor and minimise cost pressures whenever possible, along with investigating and taking forward any savings opportunities that are identified, although it was noted that these opportunities are significantly less than the level of previous years.

Risk 2372, in relation to global supply issues resulting in inability to meet previously achieved deadlines for capital purchases, has been reduced from a risk score of 8 to 6 as a result of Procurement being more confident that there is suitable awareness and mitigation of this risk across the service. The Procurement team continue to update services wherever possible on any commodity supply challenges received through National Procurement and anticipate this risk will move into business as usual by the end of the financial year.

The Procurement Governance Board endorsed the update.

4.2 PROCUREMENT KEY PERFORMANCE INDICATORS

PL provided an in-depth analysis of the key performance indicators presented within the paper, highlighting the average monthly purchase order spend via Pecos is £12m, and as of 31 October 2023, the total purchase order spend is £83.6m. It was further noted as of 31 October 2023, validated procurement savings totalled £690k whilst cost pressures totalled £442k resulting in a net cost saving of £248k. In relation to customer feedback, while no formal complaints have been raised in relation to procurement services, 75% of feedback in the 7 months to October 2023 was rated as excellent which has reduced by 1% since the previous report.

Following a query from MMcG, it was advised the low value orders are continually monitored and orders are consolidated wherever possible however the volume of low value orders does not add any additional activity for the team.

The Procurement Governance Board endorsed the update.

5.0 SPEND PROFILING AND EFFICIENCY OPPORTUNITIES

5.1 NATIONAL PROCURMENT GAP REPORT

PL presented the paper noting the figures are from October 2023 as reported from National Procurement. It was noted the GAP relates to opportunities that NHS Fife need to review and validate from a local Procurement and services perspective. It was highlighted the opportunities to make savings are significantly less compared to previous years however NHS Fife have closed off as much of the GAP as possible.

MMcG advised the report demonstrates that NHS Fife are addressing the opportunities presented by National Procurement however due to the economic climate being experienced at present, significant opportunities are not available.

Following a query from the MM, it was advised only a draft version of the workplan from National Procurement for 2024/25 is produced in January/February with the confirmed version being issued in April.

The Procurement Governance Board took assurance from the update.

<p>6.0</p>	<p>NATIONAL REPORTING ON PROCESS OF PROCUREMENT</p> <p>6.1 EAST & NORTH REGIONAL PROCUREMENT PROJECT</p> <p>KB advised members there has been limited progress in 2023 due to a number of factors including the loss of two project managers, and the majority of boards having to prioritise a number of workstreams to support sustainability as well as the current financial challenges faced nationally. Meetings are ongoing and NHS Fife remains supportive of the project.</p> <p>Draft communications will be approved by the Project Board then circulated to Boards for their awareness.</p> <p>The Procurement Governance Board took assurance from the update.</p>	
<p>7.0</p>	<p>GOVERNANCE</p> <p>7.1 TENDER WAIVER COMPLIANCE Q2</p> <p>KB provided an overview of the report to raise awareness of the added level of assurance now being provided to the Audit and Risk Committee in respects of the volume and compliant application of any Waivers of Competitive Tender.</p> <p>The Procurement Governance Board took assurance from the update.</p> <p>7.2 PROCUREMENT GOVERNANCE BOARD MEETING DATES 2024/25</p> <p>KB presented the proposed 2024/25 meeting dates noting the future Procurement Governance Board dates are balanced throughout the year and aligned with the Finance, Performance and Resources Committee dates.</p> <p>The Procurement Governance Board approved the meeting dates.</p>	
<p>8.0</p>	<p>AOCB</p> <p>8.1 PROCUREMENT & COMMERCIAL IMPROVEMENT PROGRAMME (PCIP)</p> <p>PL advised members the Procurement and Commercial Improvement Programme has now restarted, after being paused since 2019 due to the Covid-19 pandemic, noting the programme will be moving away from scoring and instead will now identify strengths and opportunities for Procurement teams. It was noted the competency questions are based around three themes; Leadership and Governance, Development and Tenders, and Contracting and each question will consist of four levels; Developing, Improving, Good Practice and Advance Practice. Once the assessment has been completed a further update will be provided for members awareness.</p> <p>MMcG and members of the Board thanked the Procurement Team for their development and ongoing work to support effective procurement across NHS Fife.</p>	
<p>9.0</p>	<p>DATE OF NEXT MEETING</p> <p>Wednesday 28 February 2024, 9am via MS Teams</p>	

PHARMACY PRACTICES COMMITTEE

(Meeting on 27 October 2023)

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

**REPORT OF THE PHARMACY PRACTICES COMMITTEE HEARING HELD ON FRIDAY,
27TH OCTOBER, 2023 AT 9.30 AM VIA MICROSOFT 365 TEAMS**

Present:

Appointed by NHS Fife

Mr Alastair Grant (**Chair**)
Mr Robert Cook, Lay Member
Mr Roy Izatt, Lay Member

Nominated by Fife Area Pharmaceutical Committee

Mr Scott Mitchell, Non Contractor Pharmacist
Mr Brian Timlin, Contractor Pharmacist

In Attendance:

Mrs Karen Brewster, Note Taker
Miss Dianne Watson, Note Taker
Ms Martine Stewart, Observer

Susan Murray Independent Legal Assessor, Central Legal Office (available for advice)

INTRODUCTION/BACKGROUND

APPLICATION FOR INCLUSION IN NHS FIFE'S PHARMACEUTICAL LIST

The hearing was called to consider an application submitted by Mr Mohammed Ameen, to provide general pharmaceutical services from premises situated within 94 High Street, Burntisland, KY3 9AS

Under Regulation 5(10) of the NHS (Pharmaceutical Services) (Scotland) Regulations 2009 ("The Regulations") the Pharmacy Practices Committee (PPC) were required to determine whether the granting of the application was necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood in which the applicant's proposed premises were located.

- a) The Regulations require that the Committee shall have regard to:-
- the pharmaceutical services already provided in the neighbourhood of the premises named in the application by persons whose names are included in NHS Fife's Pharmaceutical List;
 - any representations received by the Board under paragraph 1 of the afore mentioned Regulations;
 - any information available to the Committee which, in its opinion, is relevant to the consideration of the application;
 - the consultation analysis report submitted in accordance with regulation 5A;

- the pharmaceutical care services plan; and
 - the likely long term sustainability of the pharmaceutical services to be provided by the applicant.
- b) It was noted that copies of the following had been supplied to the members of the Committee, the Applicant and those who submitted a representation and had accepted the invitation to attend the hearing.
- Application Form A (1) Appendix 1(1) and Consultation Analysis Report (CAR) and additional information supplied by the Applicant being:
 - ii) Letter of support from Councillor Gordon Langlands, Scottish Labour Party for Burntisland, Kinghorn & Western Kirkcaldy Villages
 - iii) Letter of support from Councillor Lesley Backhouse, Scottish National Party for Burntisland, Kinghorn & Western Kirkcaldy Villages
 - iv) Letter of Support from Councillor Kathleen Leslie, Scottish Conservative and Unionist Party for Burntisland, Kinghorn & Western Kirkcaldy Villages
 - v) Burntisland Community Action Plan 2016 - 2021
 - vi) Burntisland Pharmacy – Initial Layout - Category C Plan
 - vii) Fife Today extract – Why Burntisland High Street is booming – could this be the future
 - viii) Fife Today extract – This Fife town is thriving while others struggle – here’s why
 - ix) Letter of support from Mr Alex MacDonald, Chairman, Burntisland Community Council
 - Representations received from :-
 - Lloyds Pharmacy, Head Office
 - Omnicare Pharmacy, Head Office
 - NHS Fife’s Area Pharmaceutical Committee
 - A map of the area indicating the location of the proposed Pharmacy, existing Pharmacies and GP Surgeries
 - An extract from the proposed Fife Local Development Plan
 - A copy of the Pharmaceutical Care Services in NHS Fife 2019/20 Plan
- c) The Chair determined that the hearing should take the form of an oral hearing and the applicant and those who submitted a representation were given the opportunity to attend the hearing. Those who accepted the invitation are listed below:-
- i. Mr Mohammed Ameen, Applicant
 - ii. Mr Tom Arnott, representing Lloyds Pharmacy, accompanied by Mr Mahyar Nickko-Amiry, Dears Pharmacy
 - iii. Mr Christopher Freeland, representing Omnicare Pharmacy
 - iv. Ms Carol McLeod, representing Burntisland Community Council, accompanied by Mr Alex McDonald

d) The Committee noted that written notification of the application from Mr Mohammed Ameen was issued to the under-noted within 10 working days of the application being received in accordance with paragraph 1 of schedule 3 of the Regulations:-

- i. NHS Fife's Area Pharmaceutical Committee
- ii. NHS Fife's GP Sub Committee
- iii. Pharmacies in Aberdour, Burntisland and Kinghorn, Fife
- iv. Burntisland Community Council

It was also noted that the Application had been provided to NHS Fife's Director of Pharmacy and the relevant Divisional General Manager of the Health and Social Care Partnership.

e) The Committee noted that written representations were received from the under noted within the required 30 days of written notice being sent to them:-

- i. Mr Tom Arnott, Lloyds Pharmacy
- ii. Mr Chris Freeland, Omnicare Pharmacy
- iii. Mr A McDonald, Burntisland Community Council
- iv. NHS Fife's Area Pharmaceutical Committee

No.

01/23 CHAIR'S WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the hearing, and round the table introductions were made.

02/23 DECLARATION OF MEMBERS INTERESTS

Prior to the commencement of the hearing, the Chair asked the members whether any of them had an interest to declare or are associated with a person who has any personal interest. The Chair then asked the Applicant and interested parties whether any person assisting them at the hearing was appearing in the capacity of Counsel, Solicitor or paid advocate.

There were no declarations of interest nor were any persons making representation attending in the capacity of Counsel, Solicitor or paid Advocate.

03/23 FORMAT OF HEARING

The Chair briefed those in attendance of the intended format of the hearing.

The Chair advised that the Applicant would be asked to make their submissions, followed by questions from the interested parties, then from members of the Committee.

The interested parties would then be asked, in turn, to make their submission, followed by questions from the Applicant, the other interested parties and then the Committee.

The interested parties would then be given the opportunity to sum up, followed by the Applicant.

04/23 APPLICANT'S ORAL SUBMISSION

Mr Ameen thanked everyone for attending to discuss and consider his application to open a new pharmacy from premises situated within 94 High Street, Burntisland, KY3 9AS.

Mr Ameen (MA) spoke to his presentation

Good morning, ladies and gentlemen my name is Mo and I've been a pharmacist for 20 years.

I began working in primary care in hospital and then I was one of the first practice based pharmacists as an independent prescriber. However, much of my career has been spent working in community pharmacies, in areas that have never had a pharmacy before and as an existing contractor. I have seen how residents become empowered to ultimately improve their health outcomes and it has been a very rewarding process for me to see. I am also Chair of my local Community Council and I say this because I am amazed at the level of commitment and campaigning that Burntisland Community Council have displayed since I have been working with them in 2018.

Today I am going to prove to you that over the last 18 months, since the last hearing, the pharmacy service has dramatically worsened even more.

MA displayed the following slide

Neighbourhood

- 2021 Estimate – 6,640 population
- Doesn't cover neighbourhood fully – 3 data zones surrounding Burntisland

<i>Datazone</i>	<i>Population</i>
Burntisland Grange & Orrock	748
Auchtertool	663
Seafield South & Landward	800
Total	2,211

- Many out-with access Burntisland's thriving services

Population 7,700+

I will start off by talking about the neighbourhood and the population. Burntisland is a thriving neighbourhood. The 2021 mid-year estimates show the population is at 6,640. However this figure does not cover the full neighbourhood. There are three data zones that surround Burntisland, that have a total population of 2,211.

Taking a conservative approach here, we can safely say that at least half of these people are actually accessing the many services of Burntisland, and this shows that Burntisland caters to a minimum of 7,700 people. This is a sizeable number for just one pharmacy to serve.

MA displayed the following slide

GP Population Comparison

<i>GP Practice Size July 2023</i>		
Burntisland	Burntisland Medical Group	5,429
	The Links Practice	1,869
Kinghorn	Kinghorn Medical Practice	3,281
Aberdour	No dedicated practice	

- Burntisland has 7,300 registered patients
- More than double that of Kinghorn GP practice
- Burntisland Practice size increased by 15% since 2004
- Increase in GPs from 3 to 6
- Additional GP practice in 2015

And this is reflected in the patient list sizes of the two GP practices in Burntisland, showing the surgeries cater to a larger population than Burntisland’s own. Also the patient list size is more than double that of Kinghorn and Aberdour which does not have a dedicated GP practice.

The Burntisland patient list size has actually increased by 15% since 2004. There is also been an increase in the GPs from three to six, and there has been an additional GP practice added in 2015.

MA displayed the following slide

Pharmacy Population Comparison

<i>Pharmacy Population 2021</i>	
Burntisland	6,670
Kinghorn	2,960
Aberdour	1,720

- PCSP states average pharmacy population in Fife & Scotland is 4,300
- Burntisland caters for 55% more patients than the average pharmacy population
- Burntisland actually caters to 80% more as it’s catchment is 7,700+ people
- No increase in pharmacy provision

The Pharmaceutical Care Services plan states that the average population in Fife and Scotland is 4,300 people. This is very critical to note. The existing pharmacy actually caters to 55% more patients than the average pharmacy population. In fact, if you consider the population of Burntisland itself and the surrounding area that it serves, and we have mentioned the 7,700 figure, then the existing pharmacy actually caters to 80% more people than the average pharmacy. So you can see that the number of GPs has increased over the years to cater for the growing population, but the same cannot be said about pharmacies.

MA displayed the following slide (4)

2008	PPC Hearing	“there would be a need eventually for an additional pharmacy as the population was growing in Burntisland”
2015	Community Action Plan	“one existing pharmacy serving the whole of Burntisland is not enough” “Lobby NHS Fife to extend the local provision of pharmacy services”
2016	PPC Hearing	“current pharmaceutical service is inadequate”
2016	APC PPC Re-hearing	“desirable” “current services to be bordering on inadequate”

2019	Public Consultation	“continuous theme that the current service offered by the existing pharmacy is inadequate”
2020	CC Submission	“chronic problem of inadequate pharmacy services”
2021-22	Elected Councillors	New pharmacy is “necessary” “20-40 minutes” of prescription waiting times (Cllr Langlands 2021)” “medicines are not available” (Cllr Backhouse 2022)”
2022	CC Meeting	“no improvement in pharmacy services”
2022	PPC Hearing	Lay 1 “stated that in her opinion this was not an adequate service” Lay 2 “thought the current service was adequate but that the mechanism for providing it was not”
2022	NAP	“it raises the question of how a service can be considered to be functionally adequate if the mechanism for its delivery is not (is a pizza delivery service adequate when a pizza is adequately produced, but inadequately delivered?”
2023	Community Action Plan	“Campaign for better pharmacy provision support an application for a second pharmacy”
2023	Burntisland CC	Report worsening Lloyds service to: Executive of NHS Fife – Carol Potter MSP – Roz McCall Cabinet Secretary – Hamza Yousaf

This table shows you a 15 year timeline period of inadequate pharmacy provision that’s documented by NHS Fife, Burntisland Community Council and elected representatives, and I have quoted where they have said the existing provision is actually inadequate. I have never seen a community campaign so hard for a second pharmacy as evidenced in this very timeline.

And it all begins in 2008 where local residents supported a new pharmacy application and they state long waiting times, poor staffing and stock issues with Lloyds. At the hearing Lloyds Pharmacy made assurances to the PPC to improve its services.

MA displayed the following slide

Lloyds Commitments Continually Fail

- Lloyds give short term false promises
- Issues resurface during 2016 PPC Hearing
- Lloyds cut staff shortly after PPC re-hearing in 2017
- Further cuts of around 40 staff hours during COVID
- Staff leave due to pressures
- No Pharmacist Manager

- Lloyds said last year

We “have increased, and will continue to increase Staffing Levels and Pharmacist Cover as necessary to ensure it continues to meet the needs of the residents of Burntisland, as well as reviewing Opening Hours if there is a need”

However, by the time the 2016 hearing came around, the poor service had returned. Lloyds then again gave the same reassurances that they gave in 2008 and shortly after the 2017 PPC

re-hearing they broke their promises and they cut staff again, which led to their default level of poor service.

It is interesting to note that during this early period, the Area Pharmaceutical Committee said that it would be desirable to have a second pharmacy.

During COVID, a time when most pharmacies increased their staffing, there was a further set of cuts of around 40 staff hours per week. There are multiple reports of staff leaving due to intense pressure and for a long time they were absent of a pharmacist manager, which I believe still appears to be the case.

Last year Lloyds continue their false promises at the hearing where they said and I quote “they will increase, and will continue to increase staffing levels and pharmacist cover as necessary to ensure it continues to meet the needs of the residents of Burntisland, as well as reviewing opening hours if there is a need.”

Now I am going to prove to you the exact opposite has taken place.

MA displayed slide 4 again and referred to the undernoted section

2022	PPC Hearing	Lay 1 “stated that in her opinion this was not an adequate service”
2022	NAP	Lay 2 “thought the current service was adequate but that the mechanism for providing it was not” “it raises the question of how a service can be considered to be functionally adequate if the mechanism for its delivery is not (is a pizza delivery service adequate when a pizza is adequately produced, but inadequately delivered?)”

Focusing on the area in red here, at last year’s hearing the PPC accepted there was an inadequacy. One lay member stated that Lloyds was an inadequate service. Similarly the second lay member felt that the current service was adequate but that the mechanism for providing it was not.

And these statements of inadequacy perplexed the National Appeals Panel (NAP), because if you say there is inadequacy then the Health Board needs to address this by granting a second additional pharmacy.

The NAP uses the example of a pizza delivery service, and I quote, they say “it raises the question of how a service can be considered to be functionally adequate, if the mechanism for its delivery is not. Is a pizza delivery service adequate where a pizza is adequately produced, but it isn’t adequately delivered?”

Moving on, since the hearing last year, Burntisland Community Council again proved that a second pharmacy is needed. Their updated Community Action Plan for 2023 states the top health priority remains that one pharmacy cannot serve Burntisland and that residents want to campaign for better pharmacy provision.

So why are people still saying this?

MA displayed the following slide

Lloyds Worsens Further in 2023

“Our one and only local pharmacy has reported backlogs on several occasions of over 800 prescriptions; the turnaround time is typically 2 days as opposed to 15 minutes elsewhere; opening hours have been reduced; and patients have been advised that prescriptions can no longer be sent direct from the surgery to that pharmacy.

By any standards, that is an appalling state of affairs ...

There is clearly a systemic failure on the part of NHS Fife to give due consideration to the evidenced needs of local people.”

*Alex Macdonald, Chair of Burntisland Community Council to Chief Executive of NHS Fife
14 April 2023*

It is because the service has worsened even more in 2023 and the Community Council was forced to write to the Chief Executive of NHS Fife to highlight the dire service. The Chair of the Community Council reported massive prescription backlogs. Prescriptions that should normally take minutes to fill, in fact take days. The pharmacy closes for several hours a day and patients are now forced to pick up their own prescriptions from the GP surgery.

The past few weeks I have been speaking to various people and service providers, and it is true, there are massive prescription backlogs. I spoke with Rhona Ritchie who is the Practice Manager at Burntisland Medical Practice, the biggest surgery with four GPs, and they have been forced to stop sending prescriptions because Lloyds cannot cope with the pressure of dispensing the prescriptions that they send them. So all patients, whether they are elderly or infirm, have to pick up their own prescriptions.

On Facebook, there is a lot of complaints about long prescription waits and people having to wait for days as they say there are backlogs of hundreds of prescriptions and since the last hearing, Lloyds has had a significant reduction of 17.5 hours a week of service over the last seven months. I am actually unable to tell you of another pharmacy in Scotland that has scaled back its provision like this and moved away from a health board’s contracted model hours. So when the Chair, in his letter to the Chief Executive states that by any standards this is an appalling state of affairs, it actually is.

MA displayed the following slide

Lloyds Worsens Further in 2023

“As a GP who has worked locally for over 20 years it has saddened me the decline of services in recent years. Burntisland patients are poorly served especially in the past 2 years as the local Lloyds has had staffing issues which have significantly impacted their service & things just continue to get worse.

The fact is the service is inadequate.”

*Dr Joan Yule, Links Medical Practice, Burntisland
19 October 2023*

I also visited the second surgery in Burntisland and spoke extensively with Dr Yule, who is one of the long term practising GPs in the area and she made brutal comments about the existing

pharmacy. In her letter she says that the service has actually declined in the last two years for patients and the GP surgery and I quote that she says “the fact is the service is inadequate”. This is a GP who has first hand experience of the dire issues in Burntisland and she is not really mincing her words.

MA displayed the following slide

Lloyds Worsens Further in 2023

“Putting extra pressure on GPs as patients are attending with things that could have been dealt with under minor ailments scheme.”

*Dr Joan Yule, Links Medical Practice, Burntisland
19 October 2023*

Dr Yule said that Lloyds cannot provide basic pharmacy services and that the pharmacy first service does not exist. People with minor ailment requests are actually going to the GPs instead and putting pressure on them, when it is the core purpose of a pharmacy to treat minor ailments. Dr Yule went on to tell me Lloyds are dispensing serial prescriptions that expired back in 2021. Essentially medication supplied that are being issued without a prescription that may or may not be appropriate for patients.

MA displayed the following slide

Lloyds Worsens Further in 2023

“There is no pharmacy in Burntisland where a patient can attend on foot & be sure to get their prescription that day during opening hours of GP practice.”

“Lloyds is closed more than it is open.”

“Lloyds only use one drug supplier, there are frequently drug shortages.”

*Dr Joan Yule, Links Medical Practice, Burntisland
19 October 2023*

She goes on to list the widespread issues that the Chair of the Burntisland Community Council also expressed to the Chief Executive, that of long waiting times, that of reduced opening hours and that patients were complaining to the GPs about this and also that drug availability is a big issue because Lloyds predominantly uses one supplier. No doubt Lloyds today will say that they have access to all suppliers but it’s commonly known in the pharmacy workforce that Lloyds predominantly only uses their own supplier.

MA displayed the following slide

Lloyds Worsens Further in 2023

“Persistent delays in medication is “clinically detrimental & increases the likelihood that a patient may need to be admitted to hospital due to the delay in starting treatment.”

Worryingly, Dr Yule recognises that the long prescription delays from Lloyds is clinically detrimental and increases hospital admissions.

MA displayed the following slide

Lloyds Worsening Core Service Engagement

Monthly Average	PF Items	PF Consultations	PF Referrals	MCR Items	EHC Items	Smoking Cessation Items
2021	82.58	12.08	7.25	71.25	4	22.42
2022	82.25	15.75	7.42	56.75	3.33	28.75
2023	61	3.33	0.67	4.67	1	8.67

- **Ratio per 1000 items shows declining Core Service engagement**

Now we have looked at the comments, let us look at the performance of Lloyds.

This table here shows core services that the Lloyds Pharmacy on the High Street is actually providing over a period of the last three years and it is a monthly average and if you look at the second, third and fourth columns the PF stands for Pharmacy First. Pharmacy First is actually broken up into three strands, so you can go into a pharmacy, speak to a pharmacist and they can give you medication, so that items are dispensed and a pharmacy can also provide advice as well, so that is consultations and referrals are where the pharmacist refers onwards to other healthcare professionals, usually a GP practice.

Now bearing in mind the NAP said earlier that is a pizza delivery service adequate when a pizza is adequately produced, but it is inadequately delivered. Every pharmacy must offer core services, however the NAP is asking us to analyse the manner in which these services are being delivered and you can see quite clearly here than since 2021, Lloyds has significantly reduced its core service engagement. And it really reinforces the points that Dr Yule has made about the fact that the Pharmacy First service is non-existent. You have got virtually zero referrals and consultations in 2023 and it also reinforces the point about the serial prescriptions, which is the fifth column, MCR items, that is the serial prescription service which again it is virtually come down to zero.

MA displayed the following slide

Lloyds Worsening Core Service Engagement

Monthly Average	PF Items	PF Consultations	PF Referrals	MCR Items	EHC Items	Smoking Cessation Items
2021	9.5	1.4	0.8	8.2	0.5	2.6
2022	9.8	1.9	0.9	6.8	0.4	3.4
2023	9.3	0.5	0.1	0.7	0.2	1.3

- **Ratio per 1000 items shows declining Core Service engagement**
- **Delivery of Core Services is inadequate**

This is the same table but I have actually calculated the ratios comparing the figures to the total prescription load and for every 1,000 items Lloyds has been dispensing, core service engagement has been significantly declining. This in itself proves the service is inadequate.

MA displayed the following slide

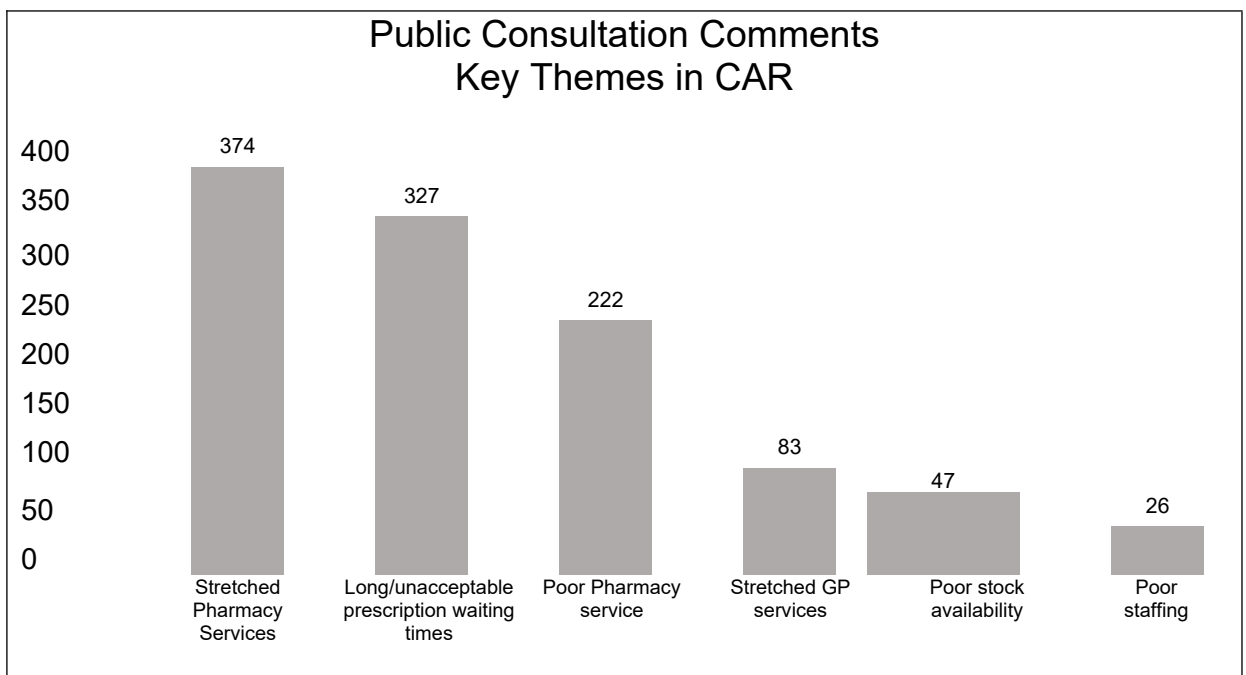
Lloyds Increasing NHS Complaints

Year	No of complaints
2021	0
2022	17
June 2023	20

- **Staggering number of complaints, on the increase**

And this is reflected in the increasing number of NHS Fife official complaints with a staggering 20 in just the first half of this year and it is already beating last years total number of complaints.

MA displayed the following slide



Let us look at the results of the Health Board's public consultation. There was actually 450 that were received, which is the largest in the Board. So what did people see?

The highest number of complaints are actually about Lloyds being stretched and it is cited an astonishing 374 times. When people are actually asked what they mean by stretched services, they talk about long waiting times and this is mentioned 327 times.

There is an interesting comparison between the stretched GP services and stretched pharmacy services. And we know that GP provision has increased significantly by NHS Fife over the last 15 years, but the pharmacy provision has actually remained stagnant and this is why there are four times more complaints about stretched pharmacy services compared to stretched GP services.

MA displayed the following slide

Viability of Multiple Pharmacies

<i>Fife Area</i>	<i>Population Per Pharmacy Population</i>	<i>No of Pharmacies</i>
Cardenden & Auchterderran	5,280	2
Ballingry, Lochore & Crosshill	5,920	2
Burntisland	6,640 (7,770)	1
Kelty	6,740	2
Lochgelly & Lumphinnans	7,310	3
Cupar	8,960	3
Leven	9,440	3

Let us go on to look at the viability of pharmacies.

The table here shows you population sizes in an increasing order and the number of pharmacies they have in NHS Fife. The populations are smaller or similar in size to Burntisland and all of them benefit from more than one pharmacy, some of them actually have three. So this shows that the standard for similar communities is to have more than one pharmacy in NHS Fife. So if they are viable, the second pharmacy is viable as well.

MA displayed the following slide

Viability of Multiple Pharmacies		
<i>Population Per Pharmacy</i>		
<i>Scotland Area</i>	<i>Population</i>	<i>No of Pharmacists</i>
Pitlochry	2,880	2
West Calder	3,060	2
Tain	3,570	2
Jedburgh	3,790	2
Anstruther	3,900	2
Banff	4,000	2
Lesmahagow	4,310	2
Huntly	4,540	2
Keith	4,550	2
Maybole	4,580	2
Alva	4,620	2
Tillicoultry	4,640	2
Turriff	4,700	2
Dalry	5,250	2
Dingwall	5,350	2
Blackburn	5,720	2
Alness	5,830	2
Girvan	6,320	2
Loanhead	6,470	2
Moodiesburn	6,690	2
Wick	6,820	3
Gorebridge	7,390	2
North Berwick	7,430	2

New Village Contracts

- Have 2 pharmacies
- Smaller populations than Burntisland

This is actually a similar table that covers the whole of Scotland and you can see from the top row here Pitlochry, it has got a significantly smaller population size than Burntisland. It has got two pharmacies, they are co-existing, they are viable and we can say the exact same thing about the new second provision in Burntisland as well.

The highlighted two areas of Lesmahagow and Blackburn, these are actually two new village contracts and they have also got significantly smaller populations and if they are co-existing and viable then we can certainly say the same for the new second provision in Burntisland as well.

MA displayed the following slide

Continued Viability of Lloyds

- 8,000 items per month over last 12 months – above average
- 2,100 items from Lloyds from Lloyds in Inverness – 25 pharmacies across Scotland doing less than 2,100 items
- No pharmacy has closed due to a new contract
- Proves Lloyds will not close

Let us look at the viability of Lloyds on the High Street itself in Burntisland.

So Lloyds dispenses 8,000 items per month, and this is actually an average of 12 months, and it is above average. There is actually another Lloyds pharmacy in Inverness that dispenses 2,100 items. There are also 25 other pharmacies across Scotland that dispensed less than 2,100 items. So this proves that they will continue to be viable even if they get to the 2,000 item mark.

It is also important to note that no pharmacy has actually closed due to the granting of a new pharmacy contract.

MA displayed the following slide

Delivery “Service”

- Masks residents difficulty in accessing pharmacies
- Can't serve a population of 7,700+
- Doesn't deliver 3 out 4 core services: PF, MCR, PHS
- Pharmacy is to be face-to-face interaction
- With delivery “there is less interaction with a pharmacist.” Head of Lloyds
- NHS Borders PCSP states delivery can offer “dispensed medicines but not pharmaceutical care. This delivery services is not a direct NHS funded services nor a contractual obligation and may be withdrawn at any time.”
- NAP, PPCs and Health Boards confirm this

Let us look at the delivery service.

It is interesting to note that Aberdour Pharmacy is in attendance today, as they weren't invited to any of the two previous applications. The only way I can serve Burntisland is through a

delivery service, but it is impossible to serve a population of more than 7,700 population that are 3.2 miles away.

There are other issues as well and that a delivery service masks residents difficulty in accessing the most immediate pharmacy, and crucially, it doesn't allow core services to be delivered.

Pharmacy services are largely accessed by patients coming into the pharmacy, having face to face interaction with the healthcare professional and this is large chain multiples are moving away from offering the delivery service and in fact the Head of Lloyds says that there's less interaction with a pharmacist. The Pharmaceutical Care Plan, NAP and various other PPCs across Scotland state that a delivery service isn't a service and it can be withdrawn at any time.

MA displayed the following slide

APC Comments

"A recent pharmacy application for a pharmacy in Burntisland was rejected by the PPC and NAP in 2016/17 and we note no material change in circumstances since then"

- Last application was 7 years ago – APC said a pharmacy was desirable
- Lloyds failing in 2023:
 - Poor and worsening core service figures
 - Reduction of 17.5 hours per week – doesn't cover contracted model hours
 - Unplanned closures
 - Reduced staffing
 - No Pharmacist Manager
 - Poor stock availability

I would like to address the points the Area Pharmaceutical Committee have made in their submission. The APC says that the previous application was recent and there is no material change.

The reality is that the application was more than seven years ago at a time when the APC themselves said a new pharmacy was desirable. I have shown today that the various organisations and healthcare professionals say that Lloyds has dramatically worsened for all of these reasons. It would now clearly be logical for the APC to say that the pharmacy is necessary, more so than ever.

MA displayed the following slide

APC Comments

"falling prescriptions at the local surgeries"

- COVID reduced GP appointments and prescription numbers. Inappropriate metric.
- APC should analyse Core Service figures – proves inadequate service

The APC say that there are falling prescription numbers from the surgeries, however this is actually due to the reduced appointments during COVID because this letter was penned just after the COVID period.

The APC are not focusing on the most important metric, that of the performance of Lloyds itself, where we have already statistically proven worsening core services engagement.

MA displayed the following slide

APC Comments

“The population appears stagnant in Burntisland with no large scale housing proposals on the local plan”

- 15% population increase since 2001
- Increase in GPs from 3 to 6
- Additional GP Practice in 2015

- 37 Homes – The Grange Approved 2015
- 32 Homes – Kirkton Lee Approved 2021
- 11 Homes – Greenmount Road North Approved 2022

The APC say the population is stagnant. In actual fact we have proven that it has increased by 15% since 2001 and there has been an increase in GPs from three to six where another GP practice has been added.

There are significant housing developments as well, and I have listed them here.

MA displayed the following slide

APC Comments

“The PCSP identifies no gaps/unmet needs in the provision of pharmacy services withing the current community pharmacy network”

- None of the 11+ new contracts were in their PCSPs since the new regulations
- APC disregarded the CAR, a legal document which is part of the application process

APC is selective in their data

+

They don't take into this account all the information

The APC says that Burntisland is not cited in the pharmaceutical care services plan. Since the new regulations none of the 11 new contracts granted were cited in any care plan. Crucially the APC have disregarded the CAR, a legal and very thorough document, which is a part of the application process.

So all in all the APC have been very selective in their data and are not taking into account all the information.

MA displayed the following slide

Summary

1. Chronically long waits
2. Population is too big for one pharmacy
3. Standard is 2-3 pharmacies
4. Long waits have worsened since 2022 Hearing
 - Prescriptions take days to fill
 - Decreasing core service engagement
 - Reduction in opening hours
 - Reduction in staff hours
 - Unplanned closures
 - Sole supplier creates more drug shortages
 - NHS Complaints have doubled in 2023
 - Patients forced to pick up prescriptions
 - GP says “the service is inadequate”

I am going to summarise why Lloyds is chronically inadequate.

Firstly it begins with there are long waits because Burntisland is simply too large for one pharmacy to cater to. The standard for this population is to have 2-3 pharmacies. The Health Board’s CAR report recognises this and it says that Lloyds is inadequate and that a new pharmacy will alleviate pressure.

Since last year’s hearing the long waits have become worse. Where prescriptions are at Lloyds it actually takes days to fill, there is decreasing core service engagement, a significant reduction in opening hours, a reduction in staffing hours, unplanned closures and there’s a predominant use of a single supplier which increases drug shortages and of course there are NHS complaints that have doubled this year alone. As a consequence of all this patients are being forced to collect their own prescriptions at the surgery.

Critically the local GP reiterates all this and says the current service is inadequate.

MA displayed the following slide

PPC Decision

Regulations & NAP state decision is to address manner in which **current** NHS services are being delivered.

So ladies and gentlemen. I have never come across such clear evidence of inadequacy. As an expert panel, following the guidance of the regulations, and the National Appeals Panel, the PPC’s decision is to be based on the evidence that’s presented today and address the manner in which the NHS core services are currently being offered.

So I sincerely request that the PPC finally puts an end to Burntisland's 15 year struggle by granting this application. Thank you.

05/23 INTERESTED PARTIES QUESTION THE APPLICANT

05/23.1 Questions from Mr Arnott (TA) to the Applicant (MA)

Before questioning MA, TA pointed out that Lloyds Pharmacy will be sold to Dears Pharmacy in one week and accepted the fact that in the last 12 months, due to the sale of Lloyds Pharmacy the level of service had dropped.

MA brought it to TA's attention that he could only ask him a question. TA believed that he was trying to make the process easier.

MA felt that it was important to recognise that the Regulations and the National Appeals Panel (NAP) both state that the Hearing must be based on the current services being offered today. Whether or not the pharmacy is being sold is irrelevant.

TA quoted the Legal Test which states that 'you must not just consider the present, you must also consider the future and in particular changes which it is known will occur in the future. TA asked MA if he accepted this.

MA agreed with the statement from the Legal Test, however believed that the only implications that they could take into account today would be the future housing, which is determined by Lord Drummond Young in his deliberation.

TA did not agree.

At this point the Chair intervened as this was now a legal matter. The CLO representative (SM) joined the meeting and was updated on the query. SM advised had not attended a meeting where this situation had arisen before.

MA stated that he had been involved in Hearings where contractors have imminently sold their pharmacies and the precedence had already been set, so when it comes to the transfer of contracts this hasn't had an impact on the applications. Predominantly it should only be future housing taken into consideration according to Lord Drummond Young.

TA didn't agree and pointed out that at a Lothian Hearing, it was accepted by the Panel that as Lloyds pharmacies were being sold to independent contractors, the service levels were improved and the application was rejected therefore the Panel did take into account the imminent sale of Lloyds Pharmacy.

SM advised the Chair to carry on with the Hearing so she could give the matter some thought and dial back into the meeting when she was ready.

The Chair was concerned that the meeting could not go ahead without the mention of Dears Pharmacy as essentially this is what they were being asked to do.

SM felt she was being asked give her opinion now. She went on to state that currently there is a Pharmacy in Burntisland which is Lloyds, and in the future there will still be a pharmacy at that address which will be owned by Dears Pharmacy, and that was the basis on which she considered this Hearing could proceed. The difficulty is that Dears are not at this point, or would be even if the sale had gone ahead last week, parties to this Hearing. This issue has arisen before in the context of Lloyds sales, therefore sticking very closely to the Regulations is required. The interested parties are defined within the Regulations and what they can and

cannot do including attending the Hearing and appealing against the decision. SM's advice to the chair of the PPC was that the Hearing can proceed on the basis that as from next week the address, currently occupied by Lloyds, will be owned by Dears Pharmacy, so Dears can be mentioned because that is a de facto situation.

MA asked if Mr Nickko-Amiry's presence today would not circumvent that process.

SM reported that this had been considered previously and it is for an interested party to decide who will accompany the interested party at the Hearing on behalf of the interested party and who will accompany them as an assistant, as long as they are not a paid Legal Adviser they are entitled to be there as long as they do not speak directly, although they can speak and advise the interested party. For the Hearing today it is Lloyds who are the interested party for the Hearing process and up to the Appeal. SM advised against too much discussion about what will happen in the future. SM advised the Chair, this de facto situation should be left in his hands to determine how much information from Dears through Lloyds would be appropriate for the Panel to hear today and consider in terms of the decision making and the reasoning.

At this point, before leaving the SM advised that she would be on call all day if needed. She asked that it was made clear what would be asked of her before she joined the meeting, then she would leave and consider the question before re-joining the meeting and giving her advice to the Chair.

TA asked MA if he agreed that Lloyds service levels in Burntisland have deteriorated partly due to the sale, as of all sales of Lloyds businesses, there is a recruitment ban.

MA stated that it was clear that the issues with Lloyds Pharmacy had been long standing, since 2008.

TA disagreed and stated that in previous PPC Hearings, it had been proven that Lloyds Pharmacy services had been adequate, including 2008. TA asked if MA was declaring that he did not agree with previous PPC or the National Appeal Panel decisions.

MA did not agree and believed that at each PPC Hearing, inadequacy had been proven at each point, which attributed to the sale of Lloyds Pharmacies.

TA asked MA what the demographics were in the places that he had previously named, where he had mentioned pharmacies per head of population.

MA confirmed the figures had come directly from the Pharmaceutical Care Services Plan.

TA asked if the demographics were the same in the towns he had stated, as in Burntisland.

MA was unable to answer the question.

TA asked how MA would explain why Dalgety Bay, which has a population of 9760, is adequately served by one pharmacy.

MA believed that the circumstances of the pharmacy within Dalgety Bay Pharmacy are very unusual as there is no other pharmacy in NHS Fife who caters for such a large population. Dalgety Bay is served by Rowland's Pharmacy who offer a fantastic level of services and MA felt it was unfair to compare them to Lloyds Pharmacy in Burntisland, who are operating a poor level of service across the board, especially on their core services

TA asked if MA believed that if the Pharmacy was sufficiently run, it could service a population of 9760.

MA agreed.

TA referred to MA's presentation where he had mentioned staff cuts in Lloyds Pharmacy, and asked where he acquired his information as he confirmed this was simply not true?

MA confirmed that this information had been given to him over a period of years whilst attending Community Council meetings. He reported that the representatives of the Community Council meetings had specifically mention cuts of 40 hours per week and believes it is common knowledge amongst residents.

TA stated that this was untrue but agreed there had been reductions in staffing levels due to the fact they cannot recruit. He reiterated the question "do you agree that when a business is for sale, there is normally a recruitment ban?"

MA had not heard of such a statement.

TA asked if MA was aware that Lloyds Pharmacy had agreed with NHS Fife to reduce their core hours in the current circumstances?

MA stated that any community pharmacy across Scotland have to liaise with their Health Board if they want to reduce their core hours as a matter of legality.

TA asked if smoking cessation in the EHC was a core service?

MA reported that they are part of the Public Health Service.

TA stated to the Chair that they are not core services. TS referred to MA's statement that Lloyds Pharmacy only use one supplier, which he did not agree with.

MA believed they did only use one supplier.

TA confirmed that Lloyds use three suppliers. TA had no more questions.

05/23.2 Questions from Mr Freeland (CF) to the Applicant (MA)

CF asked MA if he was aware that Lloyds UK wide are selling all of their pharmacies?

MA was aware of this.

CF asked MA if, in the last 12 months since this has been announced, if MA was aware of any Lloyds pharmacies across Scotland deteriorating in service?

MA declared not to his knowledge.

CF asked how many pharmacy contracts MA has?

MA confirmed he has four pharmacy contracts.

CF asked, of those four contracts are any of them near a Lloyds Pharmacy?

MA didn't believe so and reported that the existing network of pharmacies comprise of largely independent contractors.

CF asked if MA believed that when a new contractor takes over from Lloyds, the service will improve in the neighbourhood?

MA believed it will be impossible to determine whether or not this will be the case.

CF stated that MA had mentioned the number of prescriptions being dispensed by Lloyds was down to 2000 and asked if he felt this had deteriorated due to the level of service?

MA reported that, as a contractor, he had never experienced this level of reduction of service and couldn't attribute it to the fact that the pharmacy is being sold.

CF asked MA if he was taking over Lloyds Pharmacy, did he feel he could cope with the prescription volume that Lloyds dispense at the moment?

MA didn't feel that one pharmacy would be sufficient for the size of the population, the burden of prescriptions, the long delays and the drug shortages etc, the population burden is simply too big for one pharmacy.

CF asked MA how many prescriptions Lloyds dispensed according to his presentation?

MA stated that the average is approximately 8,000 items, which is the information available in the public domain.

CF asked if MA was aware of the number of prescriptions generated from the surgeries in Burntisland?

MA did not have this information.

CF informed him that the surgeries in Burntisland generate around 10,000 items and asked if it would be fair to assume that not all these prescriptions would be dispensed within Burntisland due to people travelling to work or shopping?

MA agreed. If there are 10,000 items and 8,000 are being dispensed by Lloyds and the vast majority are being dispensed within the community, there is a minority which are being dispensed elsewhere.

CF asked if MA believed that a pharmacy that is dispensing around 8,000 items is providing an inadequate service?

MA did not agree that this was because of the prescription figures but due to the metric of the population size.

CF reported that the pharmacy in Dalgety Bay dispenses around 14 or 15,000 items per month and are able to cope with the prescription volume whereas one pharmacy with less population cannot cope.

MA believed that this was because the pharmacy in Dalgety Bay is an outlier and there is no other pharmacy that has the same level of progressive service that has the same level of population size and prescription figures. He felt it would be unfair to compare a severe outlier to the standard of pharmaceutical services within NHS Fife, which is for a population of 7,000 to have two to three pharmacies competing.

CF referred to MA's presentation where he stated the population was 7,700. CF had calculated by the 2011 census that there were around 6,269. Since then there have been 400

houses built so an increase of approximately 6,700 and asked MA where he obtained the figure from?

MA stated that the population figures he had used was a mid-year estimate, which look at the population over the last two years not only 2011. The population is 6,640 which is explicit, taken from the mid-year estimates. The figure of 7,700 is taking into account the fact that Burntisland is catering to the surrounding areas which does not have amenities or pharmaceutical services. MA believed this was a reasonable estimate.

CF asked what surrounding areas MA was referring to?

MA reported that he was referring to the three data zones covering Burntisland. He believed that 2 to 2.5 of the data zones are actually covering outside Burntisland where there are residents that don't necessarily form part of other communities, i.e. Aberdour, but will visit the services in Burntisland.

CF asked why people would visit Burntisland where there is no supermarket or high school, when Kirkcaldy and Dalgety Bay have these amenities?

MA believed that Burntisland is a neighbourhood of all purposes with two co-op's, two primary schools and two GP surgeries. It has a community centre, a thriving community council and a whole host of leisure activities. During summer it's population spikes due to tourism, therefore it's a thriving neighbourhood where people from surrounding areas visit rather than Kirkcaldy which is quite a significant distance away.

CF asked MA to give a bit more detail of the service the new pharmacy will provide if the application is granted in terms of the staffing and the premises.

MA stated that his application fundamentally focuses on the core services, which he feels has been lacking previously. He confirmed that the premises are at the top end of the high street and in terms of floor space the pharmacy is 84 square metres which he believes is a good floorplan size to provide NHS core services. As for staffing, initially there will be one full time counter assistant, two full time dispensers and one full time pharmacist.

CF asked if there will be an IP pharmacist within the new pharmacy?

MA confirmed there will be and a Pharmacy First service.

CF asked if, when Dears Pharmacy take over and will be dispensing approximately 8,000 items per month, will there be enough items left over, which will be around 2,000 items, for the new pharmacy to provide a viable pharmacy service?

MA confirmed that 2,000 items would be viable. He claimed that across Scotland there are 25 pharmacies who dispense approximately 2,000 items or less per month and believed if they are viable and offering the core services, this would also be the case with the new pharmacy in Burntisland.

CF asked if MA believed this would not put a viability issue on the new owners of Lloyds Pharmacy in Burntisland?

MA did not believe this would be the case.

CF had no more questions for MA.

05/23.3

Questions from Ms McLean (CM) to the Applicant (MA)

CM referred to MA's presentation and asked him to clarify, do the majority of towns in Scotland that have a population size similar to Burntisland or even smaller all have two pharmacies at least?

MA believed this was absolutely the case. He reiterated that Dalgety Bay pharmacy are one of the few pharmacies across the whole of Scotland that cater to such a massive population. The average is usually two to three pharmacies for a community the size of Burntisland.

CM agreed that Dalgety Bay is an anomaly. CM asked if a new pharmacy would not only be about medication but the service would include other services in addition?

MA believed the service was also about a pharmacists being available. Looking at the public consultations they have experienced that people feel there is lack of physical presence of a community pharmacist and quite often they are through the back overwhelmed with prescriptions and trying to sort out backlogs and close in on long prescription delays. As a contractor MA believes that a pharmacist should be front and centre and easily accessible. Once this is in place you can then provide the Pharmacy First service. Dr Yule mentioned in her letter that people don't get their medications in time and they are not actually proactive about their healthcare which is having a detrimental effect on their health, possibly leading to hospital admissions.

CM had not more questions.

06/23 COMMITTEE MEMBERS QUESTION THE APPLICANT

06/23.1 Questions from Mr Cook (RC) to the Applicant (MA)

RC referred to the Consultation Analysis Report regarding the comment 2it would be good competition to have a second pharmacy and could enhance the existing service. RC asked how MA will target his pharmacy, will it be to compete or to enhance and support the existing pharmaceutical service?

MA confirmed it will be to dovetail the existing position. The way he will do that is by offering NHS core services, by dispensing prescriptions in an adequate timeframe and by providing the Pharmacy First service, where a pharmacist is actually present and available to speak to patients and interact with them and give advice. This will be about giving them valid serial prescriptions and essentially offering a robust service. This will give the existing pharmacy an opportunity to improve the services, by reducing the pressure on them. This was also mentioned in the Consultation Analysis Report that the second provision will alleviate the pressure on the existing provision. This is very much about working with the existing pharmacy and give them time to brush up on its core and additional services.

RC referred to the letters of support from the council who said he would support the application as long as it did not provide addiction services. In the Consultation Analysis Report MA stated that he would provide addiction services. RC if the new pharmacy would be providing this service or not?

MA stated that in the Consultation Analysis Report there is certainly a theme that people do not want the duplication of a methadone service so he believed he had to listen to the comments and chosen not to offer the service. The methadone service is an additional service which is optional. In his opinion for a population of the size of Burntisland one methadone programme is sufficient.

RC asked if MA was of the understanding that Lloyds pharmacy was deteriorating before the sale of the pharmacy or when the decision was made to sell?

MA believed the deterioration had been going on way before the divestment of Lloyds Pharmacy had taken place and a lot of the problems are very long standing issues. In his opinion the deterioration started back in 2008 when the community came together to say they were not experiencing a good level of pharmacy provision and they asked for an applicant to come forward and make a case to local government and the health board to try and secure a second provision. Unfortunately this didn't happen.

RC had no more questions for MA.

06/23.2 Questions from Mr Izatt (RI) to the Applicant (MA)

RI asked MA when he believed the premises would be ready to provide a pharmaceutical service?

MA confirmed that the business plan that he has developed has a six month opening from the granting of the application and assured him that he has a number of pharmacy premises that he has changed and reformatted within the timeline at a significant cost. Although the front of the premises are long and narrow they have the appropriate consultation room which will be up to standards and specifications that a community pharmacy should be.

RI asked if the new pharmacy will be supplying a delivery service?

MA confirmed there will be a delivery service to the elderly and the housebound but wanted to encourage people to visit the pharmacy to have direct contact with a pharmacist.

RI had no further questions for MA.

06/23.3 Questions from Mr Mitchell (SM) to the Applicant (MA)

SM asked MA if the pharmacies that he had mentioned that dispense around 2,000 items, are in remote and rural areas?

MA confirmed that they are across the whole of Scotland, some being rural, some not so it's a combination.

SM had no further questions for MA.

06/23.4 Questions from Mr Timlin (BT) to the Applicant (MA)

BT asked if MA's neighbourhood was Burntisland in its entirety?

MA agreed it was.

BT asked if MA agreed that the population around 6,70 for that neighbourhood?

MA agreed the internal population is around 6,000 to 6,500.

BT asked what the demographics are in Burntisland?

MA believed there is a significant elderly population but also a transient population within the summer months due to a huge boom in tourism. There is quite a significant component of young families with children that will also be accessing core services.

BT asked if MA had any information on how the demographics of Burntisland compare to Blackburn, Bathgate etc?

MA stated that he had carried out extensive research on the health of the community and data zones which comprise of the whole community and shared the information on screen with the committee. It is clear from the diagram that Burntisland Docks and Burntisland Links are in the most deprived category across Scotland, which are highly challenged.

BT asked how many people lived in these two data zones?

MA believed the average population size that sits in each data zone is approximately 650 to 700.

BT asked how MA was going to help the existing pharmacy brush up on drug misuse if the new pharmacy wasn't going to provide the service?

MA reported that core services is the focus of the new pharmacy, to target the filling of prescriptions, Pharmacy First, public health service which allows residents to access another range of NHS services, which will alleviate pressure on the existing provision of pharmaceutical service and allow them to focus on other services.

BT asked MA if he had decided not to provide a methadone service to get the buy in of the community?

Ma stated that he had listened to the community and he felt it was very important to get the buy in of the community as part of the whole process. A public consultation is to find out what the appetite is for a whole range of services and as an applicant he felt that he had to listen to the comments people made. In his opinion he believed that one pharmacy that offers a methadone service for a population of this size is more than sufficient, hence the reason he has made the decision not to provide a methadone service. He did not feel there was a need to duplicate the service when patients are not actually asking for it.

BT asked if MA had secured property and a rental agreement in place?

MA confirmed that he has a lease which is legally ratified with no serious issues.

06/23.5 Questions from the Chair (AG) to the Applicant (MA)

AG asked MA to explain more about the other pharmacies he is involved in across Scotland.

MA explained he has four pharmacies across Scotland which cater to different communities. One rural pharmacy, which serves the population of 1200, one pharmacy in Inverness which caters to a very affluent population, one just outside Dunfermline which caters to a similar population as Burntisland. Some of these offer a methadone programme and some don't.

AG asked MA if he believed that the population of Burntisland could or could not be served by one pharmacy?

MA felt they would need to take into account the standard of NHS Fife and even in other health boards, where a community of this size would have two to three pharmacies.

a) i. Mr Tom Arnott (TA)

Firstly I would like to thank the Panel for allowing me to speak today.

The Applicants reason for making this application seems to be that the Pharmaceutical Services provided by the current Contractor is inadequate. In his opinion.

Can I firstly point out that since a previous Application was refused in 2016 on the 9 May 2018, Lloyds Pharmacy at a cost of £247,000 (almost a quarter of a million pounds) relocated to even better premises than those deemed adequate at the Previous Hearing. At the time we were in a long narrow unit similar to where the applicant intends to site his pharmacy.

The Applicant may state that the population of Burntisland (6,669) has only one Pharmacy and this is higher than the Scottish Average and therefore cannot have an adequate service. This is not true, an example being Dalgety Bay population 9,760 served adequately by one Rowlands Pharmacy. The average in West Lothian is 5,619, in Fife it's roughly 4,500.

Firstly as the Panel is aware Lloyds Pharmacy are in the process of selling the Burntisland Pharmacy and completion is expected next week.

I cannot contest the Applicants comments about the current service level in Lloyds Pharmacy Burntisland however the new owners Dears Pharmacy will be working to achieve an increased service level that will no doubt improve the provision of Pharmaceutical Care to the residents of Burntisland. I am sure that all the financial models used by Dears are based on there being only one Pharmacy in Burntisland and the granting of a further contract could affect the Finances of Dears Pharmacy who have paid a 20% non-refundable deposit.

I have spoken with Dears and discussed their Plans. They have already recruited two pharmacists who will work together on three days per week. Lucia is an Independent Prescriber, so Pharmacy First Plus will be available from day one and Kat is in the process of starting her independent prescribing course. Two pharmacists will also allow for home visits.

Dears have also recruited Faye an Accredited Checking Technician, four full time equivalent dispensers, two full time equivalent counter assistants and one full time delivery driver.

They also have Off Site Dispensing Facilities so there will never be any capacity issues. The Panel will be aware that this facility is also available at the Dears unit next door to the current Lloyds Pharmacy.

The Panel may be aware that Dears are already dispensing 3,200 items per month, utilising their off-site dispensing hub in Balingry, effectively Burntisland already has two units dispensing prescriptions, there is no need whatsoever for a third pharmacy.

Dears Pharmacy already work closely with Fife Health Board and are active in supporting the Health Board in any trial services as required.

The applicant mentioned Auchtertool using Burntisland. Auchtertool is 6.1 miles from Kirkcaldy, it is 6.8 miles from Burntisland.

The applicant also mentioned 25 pharmacies who are operating on low dispensing volume. I can assure the panel that the vast majority of the 25 pharmacies will be owner run and there will be no pharmacist costs.

Dears are proud of their record of never having a Pharmacy closure, never having a pharmacy closure and all pharmacies are supported by an Area Development Manager, who is a pharmacist, and also a Cluster Manager

They also use seven different suppliers so stock shortages are reduced, another example of the impending improvement in service levels.

They have also spoken with the local GPs who are delighted they are taking over the pharmacy, and I believe the local councillors have been pleased with the 24/7 collection box. All these plans and actions are in place based on there being one pharmacy in Burntisland.

The Panel may be aware that currently the two GP Practices in Burntisland issue approximately 10,000 prescriptions per month as I have already stated Dears currently dispense 3,200 items from that figure and Omnicare in Aberdour are dispensing 2,000 prescriptions per month from the Burntisland surgeries. This leaves 4,800 items per month being dispensed by the Lloyds Pharmacy in Burntisland. There is no way would the Lloyds Pharmacy or the applicants proposed pharmacy be viable dispensing 2,400 items per month. A second pharmacy in Burntisland would not be viable and the viability of the new Dears pharmacy would be in the same situation.

I note the applicant is refusing to dispense Methadone. I'm not sure that actually shows good pharmaceutical care.

The Panel must take account as to whether the granting of an application would adversely impact on the security and sustainable provision of existing NHS primary medical and pharmaceutical services in the area concerned.

The following is taken from the NHS (PHARMACEUTICAL SERVICES) (SCOTLAND) REGULATIONS (AS AMENDED). Should the panel deem the existing service inadequate but also consider the applicants business not likely to be viable, and therefore not securing adequate provision of pharmaceutical services, the application should be refused. Burntisland cannot support a third dispensing outlet.

The following is also taken from the NHS (PHARMACEUTICAL SERVICES) (SCOTLAND) REGULATIONS (AS AMENDED). The viability of existing service providers is also relevant in this context. If granting the application would affect viability of those who currently provide a service in the neighbourhood, then it may be that granting the application would have a negative effect upon services in the neighbourhood as a whole. Such an application may be refused. Similarly, if the granting of an application would have a detrimental effect upon the provision of services in the neighbourhood for some other reason, then refusal may be justifiable.

During a previous Hearing the Community Council representative Mr MacDonald had stated that the Lloyds premises were situated in a long narrow unit perhaps not fully suitable, at the conclusion of the Hearing, Tom Arnott, at that time, the Lloyds Pharmacy Area Manager approached Mr MacDonald and said that should he become aware of any issues in the future to contact himself or the pharmacy Manager. At no time since then has any Area Manager or indeed the pharmacy been approached, although hopefully the Community Council will have approved of the investment Lloyds Pharmacy has made to further improve the services it provided to the residents of Burntisland.

Indeed during that Hearing and I quote "Mr Arnott stated, I am more than willing at anytime to meet with the Councillors to discuss any further improvements we can make." No approach has ever been made.

I would also point out that following feedback from the Community Council at a previous Hearing that Lloyds Pharmacy reviewed its Opening Hours. It no longer closed at lunchtime and opened at 8.30 in the morning. That was to align ourselves with the GP Surgery. That was further evidence that Lloyds Pharmacy had continued and would continue to take any actions necessary to provide an adequate service to the Community of Burntisland.

At the previous Hearing it was stated by the Council representative that Lloyds premises were not adequate a view not upheld by the PPC. As I've said Lloyds have invested almost a quarter of a million pounds in relocating their premises to futureproof them to allow them to provide a more than adequate service to the residents of Burntisland . and these are the premises from which Dears Pharmacy will operate.

I am sure the Panel will agree that any issues that the applicant has raised about Lloyds service levels, are negated by the opening of Dears Pharmacy being able to dispense prescriptions from their 24/7 collection box and the improved service levels Dears will undoubtedly provide in the Lloyds premises.

The pharmacy in Aberdour has increased its opening hours and indeed the applicants proposed opening hours simply mirror those currently in place.

The Panel will have noted that the vast majority of the new housing that the applicant refers to is private housing many of which are large three and four bedroom properties. I feel it is also fair to say that the vast majority of the residents of these properties do not work in Burntisland, and so on a daily basis they leave the neighbourhood and access all kinds of services, including pharmaceutical services, at or near their place of work. Indeed there is no secondary school in Burntisland and pupils travel to Kirkcaldy on a daily basis to attend secondary school.

Demographics taken from the Scottish Index of Multiple Deprivation show the residents of Burntisland to be generally affluent the vast majority in Good Health and with a more than adequate level of Access to Services including Pharmaceutical Services.

The application was asked by a previous Panel member about the demographics of Burntisland and felt he was a bit unsure. He mentions a data zone which is SO109460, with a population on 791. That is the only part of Burntisland that's in the bottom 30% in the whole of Scotland.

I agree that the population of Burntisland has grown, however it has only grown by 400 residents since 2011. At the same time Lloyds Pharmacy had moved to new premises and had, at that time, increased the staffing levels and indeed the pharmacist cover in the Pharmacy in order to meet the needs of the residents of Burntisland.

The applicant in support of his application has carried out a Consultation Exercise. The applicant states that there has been a high response to the CAR. This is not true and there are many examples of far greater responses. This applicant has a history of obtaining high response rates to the Consultation Analysis Reports indeed at Townhill the response rate was 21.1% and in Pumpherston he achieved 21%.

There have been many many more CAR surveys that exceed the applicants response rate such as Ferniegair 51%, Monkton 22.7%, Fenwick 17%, Blackburn 12.9%, Moffat 10% Aberlady 9.6%, Mid Calder 9.5%, Bishopton 9%, Pitmedden in Glenrothes 8.8% and South Queensferry 6.4%.

From a population of 6,669 the applicant received 451 responses, 6.7% of the population and of those responses only 382, 5.7% of the population, in response to question two "Do you think

there are any gaps or deficiencies in the existing level of Pharmaceutical Care” said there were. 5.7%.

I am sure the Panel will agree that such a low response rate indicates that the vast majority of the residents of Burntisland see no need for another Pharmacy.

The reason for this is that, until recently, Lloyds Pharmacy in Burntisland had been providing an adequate service to the residents of Burntisland.

The applicant has produced letters of support from various Councillors. I have attended many Pharmacy Practice Committee and National Appeal Panel Hearings and at very few of these has there not been a letter of support from the Local Community Council, however in this case they were unaware at the time of writing these letters that the Lloyds Pharmacy was being sold and new pro-active owners would be taking over

Counsellor Langland’s letter appears to have been written during the pandemic, which seems a little unfair, and yet again mentions methadone patients.

There’s a letter came in late yesterday from The Links Practice, the GP is mentioning the Minor Ailments Service, which no longer exists.

I agree that the population of Burntisland has grown, but only by 400 residents since 2011 however at the same time Lloyds Pharmacy had moved to new premises and increased opening hours and staffing levels. The pharmacy was rated as satisfactory on its most recent GPHC inspection with no action points.

Lloyds Pharmacy offers a full Collection and Delivery service which is free. Although this is not a Core service it is still available and will remain available under Dears ownership, however it will be an improved service as Dears will have a full time driver.

The Panel must take account as to whether the granting of an application would adversely impact on the security and sustainable provision of existing NHS primary medical and pharmaceutical services in the area concerned.

The viability of existing providers is also relevant in this context. If granting the application would affect viability of those who currently provide a service in the neighbourhood, then it may be that granting the application would have a negative effect upon services in the neighbourhood as a whole, such an application may be refused. Similarly, if the granting of an application would have a detrimental effect upon the provision of services in the neighbourhood for some other reason, then refusal may be justifiable.

I can assure the Panel that the granting of an unnecessary contract in Burntisland could severely impact on Dears Pharmacy being able to maintain their proposed staffing levels. Double Pharmacist cover would not be feasible and one of the major benefits of double Pharmacist cover is it allows more time to spent with patients and much more involvement with Pharmacy First and Pharmacy First Plus. I would point out that the Dears Pharmacies operating in various Health Boards are continually showing the most involvement with Pharmacy First and Pharmacy First Plus.

I can assure the Panel that the granting of a contract in Burntisland would have a seriously adverse effect on the future viability of Dears Pharmacy in Burntisland.

There has been no significant growth in prescription numbers and until recently Lloyds Pharmacy had an excellent relationship with the Practice Pharmacist.

In all areas of Scotland, community pharmacies are struggling to find pharmacists and granting an unnecessary contract would only exacerbate the current shortage.

The Applicant provides a list of services he will provide. All the core services that are available will be adequately provided by Dears, indeed Dears will also offer a full Travel Clinic, children's vaccinations, diagnostic services, blood testing and private pharmacy services. All this being based on there being one pharmacy in Burntisland supplemented by the 24/7 collection box services currently being provided by Dears and which is already dispensing 3,200 items per month for the residents of Burntisland.

The Pharmaceutical Care Services Plan for NHS Fife makes no mention of the need for a further Pharmacy in Burntisland and actually states "It would appear that overall there are no identified gaps in the provision of pharmaceutical services in NHS Fife and it is important to continue to support development of community pharmacy services through staff training and ensuring a robust infrastructure for continued delivery of pharmaceutical services that meet the needs of the population". In addition the report has not identified unmet need for new community pharmacies across Fife.

Lloyds Pharmacy had invested £247,000 in relocating to better premises, premises which Dears Pharmacies will now operate from.

I would ask the Panel to base their decision on what will be the service provision as of next week not what the recent service provision from Lloyds Pharmacy has been. All Lloyds Pharmacies have been experiencing severe operational Issues caused by the sale and impending sale of all Lloyds Pharmacies. Of the pharmacies already sold by Lloyds Pharmacy significant improvements have already been made by their new owners and service levels are vastly improved, indeed I have personal knowledge of this as Dickies have purchased the two Lloyds Pharmacies in Perth one of which I use for my CMS prescription, the difference in staffing levels and waiting times is unrecognisable from when Lloyds operated these Pharmacies.

I can assure the Panel that the granting of a contract in Burntisland would have a seriously adverse effect on the future viability of Dears Pharmacy, Burntisland.

The Panel must take account as to whether the granting of an application would adversely impact on the security and sustainable provision of existing NHS primary medical and pharmaceutical services in the area concerned.

The Local Area Pharmaceutical Committee do not support the application as it is not necessary as there were no identified gaps in the provision of Pharmaceutical Service available in Burntisland.

7.1 of the Legal test states and I quote "You must not just consider the present, you must also consider the future, and in particular changes which is know will occur in the future". I would therefore ask the Panel to refuse this application as it is neither necessary nor desirable in order to secure the adequate provision of pharmaceutical services in the neighbourhood in which the premises are located.

Thank you.

08/23 APPLICANT AND INTERESTED PARTIES QUESTION MR ARNOTT (TA)

- i. Questions from the Applicant (MA) to Mr Arnott (TA)

MA had no questions for TA.

ii. Questions from Mr Freeland (CF) to Mr Arnott (TA)

CF asked if MA believed there had been a deterioration in the last 12 months in Lloyds pharmacies within the UK?

TA agreed there had been.

CF asked TS, in his opinion, did he think the new owners, Dears Pharmacy would have an improvement in pharmaceutical services within Burntisland.

TA believed the pharmacy services will improve 100%. Looking at the staffing levels having two pharmacists, three days a week and an ACT would definitely take services to another level.

CF asked if TA agreed that the size of the premises will help serve the community?

TA agreed, looking back at the old premises, where they were long and narrow, when the opportunity arose to buy the new premises at a cost of four million, they did, which the Council had wanted.

CF asked if TA was aware of pharmacies being able to cope with prescription volume generated by the surgeries?

TA replied, absolutely some of the pharmacies were dispensing 10 to 14,000 items.

iii. Questions from Ms McLean (CM) to Mr Arnott (TA)

CM asked TA when Lloyds Pharmacy went up for sale and when did the sale go through?

TA believed it was about this time last year that letters were sent out to see if anyone wanted to buy the pharmacies. Lloyds has 1500 pharmacies so it has been a big piece of work.

CM asked if there had been a second pharmacy available in Burntisland over the last 12 months did he think this would have prevented a total failure of pharmaceutical provision that people have experienced in Burntisland because there would have been an alternative and Lloyds would have had competition?

TA disagreed with a number of things CM had mentioned. He went on to say that Dears during this time are dispensing 3,200 items and Omnicare in Aberdour is dispensing 2,000 items, which is more than 50% of prescriptions coming from Burntisland so there has been some kind of support to Burntisland to deal with the prescription volume.

CM stated that Dears is not a pharmacy, therefore has not been a pharmacy provision in Burntisland, so this can be discarded. She asked if TA thought it was fair that people have to use a pharmacy that they have to drive to?

TA pointed out that he wasn't trying to defend Lloyds Pharmacy over the last 12 months but will defend the service Lloyds provided from May 2018, where the cost of a quarter of a million pounds, which was prompted by a Community Councillor saying the premises were inadequate, which hadn't been agreed by the PPC or themselves but they went ahead and made the purchase.

CM interrupted and said her question was simply, if there had been a second pharmacy in Burntisland over the last 12 months would this have alleviated the pressure that the population of Burntisland had encountered over the last 12 months?

TA felt that it may have alleviated the pressures in the short term but subsequently may have two pharmacies that are unviable.

CM asked, from the figure of 382 respondents to the Consultation Analysis Report question, is there a gap in the service, 5.7% of people said yes, if this figure was taken from the percentage of people who had responded?

TA said he was trying to point out that compared to other Consultation Analysis Reports, the response was low.

CM did not feel TA had answered the question and went on to confirm the figure is 85%. CM asked TA what percentage of the population of Burntisland felt there wasn't a gap in pharmaceutical services?

TA did not understand the question.

CM advised TA that the figure was 0.78%, which is less than 1% so in her opinion, if you take the population as a whole of the people of Burntisland, who don't think the provision is adequate, that number is tiny, less than 1%.

TA wanted to clarify that he had attended quite a few PPC meetings and the figure he had quoted was normally used when discussing the response to the Consultation Analysis Report.

CM was trying to explain that TA should have taken the figures from the people who responded to the Consultation Analysis and not the whole of the population.

CM asked where TA had obtained the figure that Burntisland had only increased by 400 people as she had a figure that Burntisland had increased by 19% since 2021 compared to 7%, which is a growth figure for the rest of Fife so would he not agree that this was a considerable growth.

TA confirmed that he had taken his figures from the Scottish Index of Multiple Deprivation where the government is showing that since 2011 the increase in the population of Burntisland in the last 12 years is 400 people. TA pointed out that the applicant had also come up with this figure in his presentation.

CM asked if TA knew the percentage in the growth of the population of Burntisland in the last two years?

TA did not believe there had been a 15% growth, which is 1,000 people in the last two years.

CM had taken her figures from the council's CAT survey, where there has been a 29% growth in the population of Burntisland since 2021.

TA did not believe that there was almost 1,300 more people in Burntisland since 2021.

CM said she would check the year but she felt that the significant point was that the population in Burntisland is increasing a lot more than the average growth within the rest of Fife.

CM asked TA why she should believe that things should suddenly get better after all these years now that Dears Pharmacy has taken over when this has been promised for years.

TA disagreed. He believed that when there were two pharmacists covering in Lloyds in Burntisland the service wasn't inadequate. Then all pharmacies were affected during the Covid pandemic.

CM believed there had been times when the Lloyds services got a bit better than the level reduced again and in the last six or seven years the level of service has been inadequate.

CM had no further questions for TA.

09/23 COMMITTEE MEMBERS QUESTION MR TOM ARNOTT (TA)

09/23.01 Questions from Mr Cook (RC) to Mr Arnott (TA)

RC asked TA when Lloyds Pharmacy had moved premises?

MA confirmed 9th May 2018.

RC asked TA, why there was a poor service in Burntisland and so many complaints?

TA did not believe there was a lot of complaints but felt there is certain people in Burntisland who want a second pharmacy regardless of what the situation is.

RC stated that twice the application had previously gone to the PPC and been rejected, then an appeal has gone to the National Appeals Panel, who then returned the decision to be reheard. In his opinion this shows there is justification for the application in the first place.

MA believed that the last application was sent back from the National Appeals Panel, due to the fact there was a member on the Panel who should not have been as he was a member of the Area Pharmaceutical Committee.

At this point, the Chair allowed MA to interrupt. MA wanted to highlight that the National Appeals Panel asked for the application to be revisited because the members were of the opinion the existing pharmacy provision to the neighbourhood was inadequate.

TA wanted to clarify that the last application was a majority vote and only one member of the Pharmacy Practices Committee said the service was inadequate.

RC asked if there were no NHS prescriptions dispensed from the Dears next door to Lloyds Pharmacy?

TA explained that although Dears is not a pharmacy as such they can accept prescriptions and take them to their Ballingry facility to dispense and then return to Burntisland. Dears dispense 3,200 prescriptions per month from the surgeries in Burntisland and 2,000 of the 10,000 are going to Aberdour, which leave 4,800 to be dispensed in Burntisland.

RC was concerned that if a great deal of the population of Burntisland are elderly and are not computer literate how they would access their prescriptions.

TA confirmed that a prescription can be physically handed into Dears outlet and then obtain it from the box once dispensed.

RC had no further questions for TA.

09/23.02. Questions from Mr Izatt (RI) to Mr Arnott (TA)

RI was concerned that although the Committee have to look at the present situation but still have to look to the future, from the limited questioning of the residents of Burntisland, four out of four people agreed the service was terrible. He felt like there was a sense of loss of good will and that it may take a long time for the residents to build up trust again with premises that are still carrying that history.

TA stated that there was nothing he could say to defend Lloyds for the inadequate service for the last 12 months but he believed the residents of Burntisland must have some trust in Dears as they are dispensing over 30% of the prescriptions in Burntisland and that's before they take over Lloyds Pharmacy. He had no concerns that Dears would need to rely on good will as he guaranteed RI that they will operate a service that is more than adequate by having two pharmacists on duty three days a week. They will have time to spend with patients and liaise with the GPs. They will have sufficient staff to dispense a prescription within 10 to 15 minutes. TA explained that there is a global sum, which is split with all the pharmacies in the UK, therefore he believed it is viability that is in question.

RI asked TA to clarify what two pharmacists, three days a week will mean from a service provision point of view for residents and will there always be a pharmacist available?

TA believed this would be the case as Dears have never closed a pharmacy. They will have a pharmacist three days a week supported by a second pharmacist and they will have an accredited checking technician to check prescriptions so they can be given out to the public, which is a really good service level.

RI had no further questions for TA.

09/23.04 Questions from Mr Mitchell (SM) to Mr Arnott (TA)

SM asked if TA had figures for the closures in the last 12 months and whether they were partial days or full days?

TA did not have that information to hand.

SM had noted that TA had let the Health Board know of any closures but stated that from a Health Board perspective there's very little they can do.

TA believed that Lloyds had done their best and kept the Health Board informed of the situation.

09/23.05 Questions from Mr Timlin (BT) to Mr Arnott (TA)

BT asked if the refit took place in 2019?

TA confirmed that it was 2018.

BT asked when Dears installed their 24/7 machine?

TA confirmed it was installed in January 2022.

BT asked why Dears installed the 2/7 machine?

TA confirmed that it had been installed as a pilot to see if this would be a way ahead in the future.

BT asked if Dears chose Burntisland because the service was poor?

TA confirmed that it was because there was a unit available in Burntisland.

BT believed that the reason Dears have managed to grow their business is due to the poor service from Lloyds Pharmacy.

TA agreed this was the only reason.

BT asked TA if he was implying that Lloyds is dispensing 4,800 items?

TA confirmed that the number had dropped down to 4,800 items, the vast majority of prescriptions are dispensed at Aberdour or Dears next door to Lloyds Pharmacy. Lloyds used to have an offsite dispensing facility where the pharmacy could send them away to be dispensed but this also closed.

BT had no further questions for TA.

09/23.06 Questions from the Chair (AG) to Mr Arnott (TA)

AG asked TA if the situation with 3,200 items being dispensed via the automatic dispenser and 2,000 items being dispensed by Aberdour, if the deterioration in the service was prompted by the sale of Lloyds Pharmacy?

TA believed that Dears and Aberdour picked up some of Lloyds prescription items but if Lloyds had been operating the way they were in the new premises fully staffed then no he did not believe they would have picked up the volume of prescriptions they did.

AG had no further questions for TA.

10/23 **INTERESTED PARTIES ORAL SUBMISSIONS**

Mr Chris Freeland spoke to his presentation

So first of all I would just like to thank the panel for allowing me to present my objections to this application today. I will try to make my points as clear as possible and as quick as possible.

So in order to grant an application we must consider the legal test and determine whether the current provision is adequate. We must consider the current provision within the neighbourhood and from those out with the neighbourhood like ourselves. Also in the legal test, as we mentioned already on a number of occasions, it asks you to consider future changes, not just the present situation.

This might mean future housing developments or a growing population, so if we're going to take these into account we'll also need to consider any changes to pharmaceutical services within the neighbourhood.

There's been many letters of support for an additional pharmacy service in Burntisland criticising Lloyds over waiting times, queues and closures, however Lloyds will not exist in the coming weeks.

I can completely understand all the frustrations from patients, GPs, the Community Council here today and Councillors, however the outcome of today's hearing hinges on taking into account the improved pharmaceutical services which will be soon offered within Burntisland, changing from what at present is considered to be inadequate to an adequate provision of

service, more than capable of providing pharmacy services to the residents of Burntisland. Additionally, if this is not taken into account then it will affect the viability of current services.

So just recapping in term of what we do, so in terms of current services, our pharmacy in Aberdour currently provides to our own neighbourhood in Aberdour as well as outlying areas such as Burntisland and Dalgety Bay. We provide all contracted pharmacy services with opening hours from 9am to 5pm Monday to Friday and Saturday 9 to 12.30. This has not always been the case, until we bought the pharmacy in 2017, the opening hours were half of what they are now, the pharmacy only opened half days and in our opinion wasn't offering a full pharmacy service. The delivery service was limited, albeit the community enjoyed visiting the pharmacy, and was only utilised by those housebound patients in Aberdour, Burntisland and Dalgety Bay.

In terms of providing pharmacy service to the neighbourhood of Burntisland, we collect prescriptions from the surgery in Burntisland daily and deliver medication daily as well as emergency situations later in the day. Our driver works full time and not only delivers to Aberdour and Burntisland but Dalgety Bay as well. While this is not a contracted service, it may help patients who are housebound and cannot reach any pharmacy close to where they live.

Our prescription numbers have grown over the last five years, however this is mainly a result of increasing opening hours and more residents in Aberdour using our services instead of having to go to Dalgety Bay or Burntisland. We also provide services to those patients travelling through the village as Aberdour is a popular destination for those visiting as well as travelling through from neighbouring towns.

Our other source of prescription volume is through servicing local care homes. As I said previously, we've always provided prescriptions for residents of Burntisland, predominantly deliveries and compliances to those that are housebound. However since the start of the UK sale of Lloyds pharmacies our prescription numbers have increased from Burntisland. Has the service from Lloyds, Burntisland deteriorated in this time? Yes it has and it's mainly down to the lack of investment in staff which is common in sale of large businesses such as Lloyds.

Will a change in current pharmacy ownership in Burntisland improve pharmacy services to residents of Burntisland? Yes it would. Could one independently owned pharmacy with a collection point in Burntisland cope with the number of prescriptions generated by the surgeries in town? Yes it would.

As a contractor myself, many of our branches, smaller than the size of Lloyds in Burntisland are able to cope with well over 10,000 items per month. This is significant as the two surgeries in Burntisland only generate approximately 10,000 items per month.

So the current pharmacy service within the neighbourhood of Burntisland is from Lloyds and pharmacy collection point, situated in the heart of the High Street. The large pharmacy provides all contracted core services, contracted opening hours aligned to the GP surgery and full length hours six days a week along with a delivery service.

Since our increased opening in 2017, Lloyds have also enhanced their service by moving into large purpose built premises in 2018. Tom has already detailed the significant investment by the new contractor who doesn't have the limitations in term of budget restrictions Lloyds have had over the last 18 months.

Like many neighbourhoods in Scotland, new pharmacy applications are very common. There have been two previous applications in Burntisland, both were the refused, most recently in 2016. So since that application was refused there has been a significant improvement in

access to pharmacy services. Opening hours of both ourselves and Lloyds have increased. The pharmacy premises in the neighbourhood has been dramatically enhanced with significant investment. There's been no significant change in population to put pressure on existing services, a prescription collection point has been installed for patients wanting to solely to collect prescriptions at a time convenient for themselves.

Out with pharmacy services, what has changed dramatically to affect the pharmacy services. The population of Burntisland hasn't grown significantly, at the point of the previous application in 2018, the population was stated at roughly 6,200, it is now around 6,680. Dalgety Bay has a population of 11,000 with one pharmacy servicing that neighbourhood.

Obviously demographics can play a part in those that require more access to healthcare services. However, equally there are more people in Burntisland that don't require much pharmacy intervention. Working families will also travel out with the neighbourhood to access pharmacy services, including parents with children in secondary school who travel daily to drop off and collect their children at Dalgety Bay. They will also do their main shopping out with of Burntisland as there is no large supermarket.

Around 70% of the population of Burntisland work and will travel to the likes of Edinburgh, Kirkcaldy, Glenrothes or Dunfermline for this purpose and there is every likelihood they will use pharmacy services in these areas. For the change to electronic transfer prescriptions in the future, it will make it even easier for those people to access pharmacy services outside Burntisland.

The public consultation was carried out to obtain the level of support residents from Burntisland. Of the population only 451 residents took part, this represents 6.8% of the population. I'm no statistician, but that by no means is overwhelming and clearly demonstrates the majority of people feel the current services are adequate. Significantly 6.8 is pretty low compared to other public consultations which are, can be over 10% up into 20%.

The APC clearly states in the correspondence the population stagnant, something I've also concluded. There are no plans for significant largescale housing proposals which would affect population volumes at surgery and pharmacies. They noted substantial investment at the current pharmacy. Pharmaceutical care services document identifies no gaps, unmet needs with in the current network and no material change since the previous applications were rejected.

Viability is a significant factor and is required to be taken into account. As I said initially, granting this application would certainly have a negative impact on the new service provision within the neighbourhood, as Tom mentioned, would put the proposed resource plan into doubt.

The legal test, so by definition, the legal test states the Committee must consider the existing provision in the relevant neighbourhood is adequate. As we all know the existing provision is going to vastly improve and as a result the defined neighbourhood will have adequate access to pharmacy services. Our pharmacy in Aberdour provide services to the defined neighbourhood, and as stated, the legal test must be taken into account. Dalgety Bay, at the other side of Aberdour, has a significantly larger population as I have mentioned before, where new pharmacy applications have been refused in the past, based on the fact that one pharmacy is able to provide an adequate service.

Unlike Burntisland the residents of Dalgety Bay will not travel out with for schooling and their main day-to-day activities, hence why the pharmacy dispenses approximately 14,000 items per month and is able to cope.

Lloyds pharmacies up and down the country have been sold to contractors who have invested heavily into providing a better service to the patients. There's no difference in the new contractor in Burntisland as well as ourselves will ensure going forward, the residents of Burntisland would have an adequate pharmaceutical services and therefore I believe the application should be refused.

Thank you.

11/23 APPLICANT AND INTERESTED PARTIES QUESTION MR FREELAND

11/23.01 Questions from the Applicant (MA) to Mr Freeland (CF)

MA had no questions for CF.

11/23.02 Questions from Mr Arnott (TA) to Mr Freeland (CF)

TA asked CF, prior to Lloyds Pharmacy's recent operational issues, if Omnicare Pharmacy were picking up 2,000 prescription items from Burntisland?

CF confirmed that they were not.

TA asked CF if he had been made aware by residents that there had been issues in Burntisland?

CF hadn't been made aware and reported that this had become more of a concern over the last six to eight months with people visiting the pharmacy who are from Burntisland, hence the number of prescriptions they had dispensed from Burntisland. Prior to that Omnicare mostly covered deliveries to the housebound in Burntisland but certainly not as many prescriptions as they dispense currently..

TA asked CF if he was of the opinion that a pharmacy employing a pharmacist could be viable if dispensing 2,000 items, taking into account the demographics of Burntisland?

CF did not think so but does not have any pharmacies currently servicing that low a prescription volume and would find it hard in the current climate.

TA asked if CF felt that some of the comments in the Consultation Analysis Report that some of the residents of Burntisland do not like having to deal with substance misuse.

CF agreed and he had noticed a number of methadone patients coming to Omnicare in Aberdour from Burntisland. He was concerned that the applicant would not be providing a methadone programme when the business service need is there.

11/23.03 Questions from Ms C McLean (CM) to Mr Freeland (CF)

CM stated that the earlier MA had said he feels there is currently adequate provision from Lloyds Pharmacy for methadone but CF had said he doesn't think there is so she was a bit confused.

CF reported, due to the problems with Lloyds over the last six to eight months a lot of residents had come to Omnicare in Aberdour who could not get their prescriptions dispensed in Burntisland, this includes a couple of methadone patients.

CM asked CF if he thought that if Lloyds were functioning as they should, would one pharmacy be enough in Burntisland?

CF could not comment as he did not know the demographics. Omnicare had only taken on a few, but there may be a lot more.

12/23 COMMITTEE MEMBERS QUESTION MR FREELAND

12/23.01 Questions from Mr Cook (RC) to Mr Freeland (CF)

RC asked CF if his pharmacy in Aberdour will be affected, once Lloyds Pharmacy has been sold to Dears.

CF did not think his business will be affected.

12/23.02 Questions from Mr Izatt (RI) to Mr Freeland (CF)

RI asked what CF was objecting to if this application has no affect on his business?

CF stated that if there was an additional contract in Burntisland, Omnicare in Aberdour will perhaps lose all the prescriptions from that area. He was concerned if there as a need for another pharmacy, which will also affect the global sum, which will be diluted for every pharmacy in Scotland, which will have a negative affect on everyone.

RI asked if CF provides a Methadone service in Aberdour?

CF confirmed that they do, although there's not much demand for the service.

12/23.03 Questions from Mr Mitchell (SM) to Mr Freeland (CF)

SM asked CF if in his pharmacies he has a minimum level of viability for the business to operate?

CF believed that anything below 2,000 prescription items, a pharmacy would struggle to operate in the current climate.

SM had no further questions for CF.

12/23.04 Questions from Mr Timlin (BT) to Mr Freeland (CF)

BT had no questions for CF.

12/23.05 Questions from the Chair (AG) to Mr Freeland (CF)

AG had no questions for CF

13/23 INTERESTED PARTIES' ORAL SUBMISSION

Ms Carol McLean spoke to her presentation

13/23.01 Just before I start, I just want to clarify the population growth in Fife was 19% since 2001 as opposed to 7% as a general and not since 2021. So apologies for my mistake.

Thank you for the opportunity to represent Burntisland on this very important and contentious topic of a second pharmacy provision within the town.

I am here today because I personally believe Burntisland does need an additional community pharmacy. It was clear this is also the view of the people of Burntisland. It was the view in May 2022 when I last spoke at a community meeting and I think it's been echoed even more strongly in the 18 months since our last meeting.

I am here today to highlight and hopefully evidence why one community pharmacy is not enough to cater for a bustling, thriving town like Burntisland.

And very briefly just to give you a bit of my background and why this means so much to me. I am a Burntisland resident first and foremost. I am a Forensic Scientist with a specialism in sexual offences and violence against woman and girls, which may seem irrelevant to today's topic, but I will mention later the vital role a community pharmacy can play in providing support to the community around this topic. Also, on a much more personal note. I have unfortunately become all too familiar with relying heavily on the local pharmacy. On 23rd December 2022 my husband was diagnosed with a glioblastoma brain tumour and passed away in June this year. During his illness I relied on medication to basically keep him alive and as pain free as possible. I became a frequent customer at Lloyds, and I will share my experiences of this later.

So I'm going to cover topics briefly, the importance of a community pharmacy, the Community Action Plan, some facts and figures which others on the call might not agree with and also a bit about community feedback and my personal experience.

So why is a community pharmacy so important? The community pharmacy plays a vital role in promoting health across Scotland. The community pharmacy should be more accessible than the GP and to be seen as a first line in accessing healthcare within the community. The pharmacy is so much more than a dispensary for medication.

A community pharmacy should provide an informal environment with a level of anonymity that is more conducive to discussing certain health issues as well as reaching groups who are vulnerable and harder to engage with. This is one Burntisland resident who doesn't have a problem with addiction issues. It should be a safe space where people can discuss issues they may not want to talk to their doctor about.

The recent campaign by pharmacies promoting Sexual Health Referral Centres is an example of this. It provides a vital gateway to support the self-referral service where victims of sexual assault or domestic abuse can access healthcare and support. A local pharmacist who builds strong relationships within the community can notice tell-tale signs of someone struggling or if something just 'isn't right'.

This kind of relationship cannot form or thrive where the pharmacist is too busy with competing demands or as we've found recently if the pharmacist is a locum and not often within the local pharmacy.

In many ways Burntisland is a progressive and flourishing town with an enviable High Street and forward-thinking environmental projects and due to our High Street, we often have been coming from Kirkcaldy, other towns because we have fish shops, bakers etc., a lot more than supermarkets can offer. And these positives were highlighted in the recent community action plan, the CAP, which is based on feedback from the community, it lays out the main strategies and priorities to be tackled over the next five years to improve our town. The strategies and priorities are split into themes and one of the four priorities under theme two, which is public services was to 'improve pharmacy services', so this is a priority from the community and this is feedback directly from the community.

These findings from the recent CAP are entirely consistent with the previous 5-year plan reported to the PPC in May 2022. They clearly indicate that for the local community the pharmacy provision is a chronic problem, and our community is vulnerable to a single point of failure, a point we reached this year as detailed in unprompted community feedback that I will cover later and this is why I am here today to strongly support the current application for a second pharmacy. And I think it is all well and good that Dears have acknowledged failures but if there had been another pharmacy with the community, we would not have reached the point we reached.

So Mo gave a comprehensive figure of the figures supporting why we need two pharmacies and I'm not going to go down that. But what I'm going to discuss briefly is the CAR, the consultation analysis report from 2020. So as we've heard already 451 people responded to the CAR which equates to just under 7% of the population as a whole.

In a previous meeting a Lloyds representative is quoted as saying 7% was a high response and a good response to a consultation. So I'm finding it a little bit confusing today that I'm being told by Lloyds that it is now not a good response because I think it is actually a fair representation of community feeling. A minimal sample size when you're doing a survey is 100 and anything over a 1,000 is a bonus. So 451 people I feel is a good sample.

So from the CAR 85% of respondents felt that there were gaps or deficiencies on the existing provision of pharmaceutical services, and can we bear in mind this is from 2020. The residents cited issues like long and unacceptable waiting times, medications being unavailable, the existing pharmacy being unable to cope with demand and the existing pharmacy being restricted to the availability of suppliers. Other comments from respondents supporting an additional community pharmacy were, it would reduce waiting times, it would relieve pressure on GPs and it provides choice for locals.

It is essential to recognise that Burntisland is a growing population, we have new developments underway at Kirkton Lea, grange distillery, the Greenmount and also now at the old dairy at the top of Burntisland, so it is a growing community.

So to go on to feedback and my own personal experiences. Now I appreciate that Mr Arnott has acknowledged the last 12 months service has been poor, but I think this goes beyond poor and some of it also goes beyond 12 months.

So my personal experience first. As I mentioned sadly, I have had numerous interactions with our local pharmacy over a period of approximately 6 months because of my husband's illness and to be honest I struggle to find anything positive to say. I could talk for a very very long time but will keep it to the highlights of some of the issues I had, now I know these are specific to my husband's illness but I think they can be applied across other people who are terminally ill, chronically ill or have debilitating illnesses.

First of all, I was having to queue for at least half an hour just to hand a prescription in, I had someone in the house who could not be left alone, someone in the house who became very distressed when I wasn't there as I was our main carer. So having to wait for 30 minutes when you're already in a very difficult situation in your life, simply to hand in a prescription, sometime having to stand outside the door because the pharmacy is so full, the queues so long, is not acceptable.

I handed in a prescription for anti-seizure medication seven days in advance because I knew it was going to run out in seven days and I was told it would probably take ten days, but they might not actually be able to get it at all. When I pressed the pharmacy because my husband could die with this medication, I was told I just need to wait and see or go elsewhere with my prescription.

In the end, because I could, I drove to Aberdour to get my husband's medication because I could no longer rely on Lloyds. This shouldn't be a big deal if you have a car and if you're happy to travel. However, my husband couldn't be left alone for any period of time, I had to get someone to sit with him. He became very distressed if I wasn't around. So what should have been a five minute walk to a local pharmacy to pick up quite common medication became quite an ordeal. And as I said, although this is specific to my husband's illness, this can go across the board to people who are carers, people who can't get out and about in a car. It's not just as simple as saying people travel to school or travel to work, they can get their medication from out with town. Why should we have to do that? Why should we have to have this two tier service?

Another example has been told to wait 2 and a half hours for Co-codamol prescription. My husband was in agony following brain surgery and I phoned the hospital and within 20 minutes I was standing within the pharmacy with an urgent prescription that I picked up from the GP. I was told it was lunch break and that they would give me my prescription is about two and a half hours.

I was at the end of my tether by this point and I said to the pharmacist, you know the situation and I was told no it's lunch time, you can't have it. Now I couldn't go and give my husband any other pain medication like paracetamol. Then it would have been another four hours of agony before he could get Co-codamol. Eventually I had to speak directly to the locum pharmacist who thankfully was in the shop. He reached over, picked up a packet of Co-codamol and handed it to me.

There were totally and utterly unpredictable opening hours, and the service is completely unreliable. And as I said I ended up driving to Aberdour.

There was one instance I was standing in a queue and there was an elderly gentleman in front of me who had two walking sticks and clearly was not mobile. He was told his medication wasn't available at Lloyds. When he asked what he should do about this, he was told you need to travel to Kirkcaldy or Aberdour. He pointed out that wasn't possible for him and he was then asked, well do you really need your medication? I think this goes beyond inadequate.

So on to community feedback. Now we have a Burntisland Facebook page where people can put up comments about various things. Now these comments are all completely and utterly unprompted and they cover a span going back to August 2022. Now as far as I'm aware from Mr Arnott's comment today, August 2022 predates Lloyds being sold.

So I'll start off with the most recent ones. So September this year "Getting fed up with Lloyds Pharmacy in the High Street, I've been phoning since 12.30 and no ones picking up. The pharmacies unreliable now. Cannot fathom why they need a two hour lunch break, most places would stagger staff lunches and would only need to take an hour."

Going back into the summer this year "Anyone know what's happened to Lloyds chemist? It used to be pretty good but I've just had to go in three separate occasions just to be get a basic item just to be told I need to come back again."

May this year "It's an absolute disgrace." April this year, a notice on the door saying "Can all patients go to the surgery to collect prescriptions. Thank you." No explanation, that was just a notice put on the door. The pharmacy at that point were reporting a backlog of over 800 prescriptions.

March “Just in case anyone trails down to the High Street like I did, the chemist is closed at the moment and they’re hoping to have a pharmacist this afternoon”. And there are a lot of very very similar comments.

And then in August 2022, which predates the sale of Lloyds, and I think that’s quite important given today’s conversations, “Please be aware Lloyds Pharmacy in the High Street are not accepting prescriptions unless they are for antibiotics or inhalers. They say they have too much of a backlog to catch up on and are directing people to Aberdour or Kinghorn”.

And finally just to touch on some more recent comments. I put up a post on the Burntisland Facebook page on the 20 October. I just wanted to gauge the current feeling of the community prior to this meeting, so I had the most up to date representation that I could. I was very careful to make sure this was an impartial, non-leading question. So I put up, I will be representing the Community Council at a meeting next week which will discuss the application for a second pharmacy in Burntisland. I’m keen to gauge the feeling of the community regarding our pharmacy provision, this is not in relation to individual staff working at Lloyds, but the provision by Lloyds as an organisation. If you’d like to have a say, can you please comment on whether you feel the current provision is adequate and if you believe a second pharmacy is required or not?

I received over a hundred comments in a 48 hour period. Those that directly answered the question if they believed a second pharmacy was required, 91% of the respondents, only 9% said no they didn’t with the caveat that the current pharmacy did not provide an adequate service.

Some of the comments where, I now travel to Aberdour instead, I use Dears but there is no pharmacist, so I can’t access a pharmacist, there’s long queues and sporadic opening hours, a town this size needs two pharmacies, there’s poor stock, total chaos when trying to access medication, Lloyds monopoly in Burntisland means it can run the chemist into the ground, it woefully inadequate. Not one person thought the service was adequate.

There’s also very strong support from our local councillors for a second pharmacy. Kathleen Lesley “both welcome and a necessity”, Lesley Backhouse “fully supportive of the campaign” and Julie McDougall “fully supports” a second pharmacy in the town.

So in conclusion, there has been active engagement with the community for several years regarding the need for the provision of a second pharmacy. The most recent consultation and feedback from the community shows that support for a second pharmacy has not diminished, and I’m talking up to 2020 at this point, and more recently, if anything, the support has strengthened. It is clear the community feel the current provision is not adequate, therefore the Burntisland Community Council fully supports this proposal. And Burntisland deserves better. Thank you for your time.

14/23 APPLICANT AND INTERESTED PARTIES QUESTION MS MCLEOD

14/23.02 Questions from Applicant (MO) to Ms McLeod (CM)

MA asked CM if she believed that Lloyds Pharmacy selling to Dears is the answer?

CM did not think this would be the answer. She reiterated that the community have been appealing for a second pharmacy for a number of years and she feels very strongly that there is a requirement for a second pharmacy. She is very happy that Dears are taking over Lloyds Pharmacy and will offer a better service, however she did not think this was the answer to the problem. CM felt that the consensus of the community was to have a second pharmacy which

would also give her the reassurance that there will no longer be a monopoly by one contractor. She felt that a bit of competition will prevent them getting into the situation that they have done in the last 12 months. CM felt that it is hard to believe the service is suddenly going to get better by Dears taking over Lloyds, then further down the line they will have to go through the whole process again. Therefore a second pharmacy will give her the reassurance that they will have adequate provision in Burntisland.

In terms of 10,000 prescription items being split between Lloyds, Dears Health & Beauty store and Aberdour, MA asked why this was the case?

In CM's opinion, a community pharmacy is a place where residents can walk to, it's not just about prescriptions but also building up a relationship with the pharmacist, especially for the elderly. She failed to see how residents were getting a good service, where they could see their pharmacist for the minor ailments service etc. Going between different pharmacies and travelling outwith the community or putting a code into a locker, where you cannot obtain urgent medication, is not a good service and is unacceptable in her opinion.

MA asked CM if people consider the locker box as a pharmacy?

CM stated that it is not a pharmacy and a lot of the feedback was that it was good for repeat prescriptions but they could not access a pharmacy or speak to a pharmacist, just somewhere to pick up medication.

14/23.02 Questions from Mr Arnott (TA) to Ms McLean (CM)

TA apologised to CM on behalf of Lloyds Pharmacy and wasn't surprised she had a dislike to them after her personal experience.

SM clarified that she does not have a dislike to Lloyds Pharmacy but she is disappointed and she did not want this to become a debate about what happened to her husband.

TA asked if CM contacted anyone outside the pharmacy to let them know what was happening at the time?

SM confirmed that she had not contacted anyone as her priority was keeping her husband alive. She went on to say she wasn't going to attend the meeting but felt she needed to raise awareness of her experience to try and appeal for another provision.

TA stated that he wished she had contacted someone as the Area Manager would have had to take action. TA reported that he had noticed on one of SM's Facebook posts, someone saying that Lloyds used to be pretty good and pointed out that at some point they must have been pretty good and asked if SM agreed?

SM agreed that in that persons opinion they must have had an adequate service at some point, but she did not know when that was, it could have been 10 years ago.

TA reported that in August 2022 no one could get a pharmacist, for the first time ever independent pharmacies were struggling to find a pharmacist, which may explain why things were going so badly wrong at that time with branch closures. TA asked if SM was aware that was the case in the whole of Scotland?

SM was not aware of that insider knowledge but believed that a second pharmacy would perhaps have alleviated the pressure on one pharmacist.

TA was sure at that time, a pharmacy would open half a day then send the pharmacist to another establishment to cover the remainder of the day as it was really bad. TA pointed out that CM had mentioned that she had 100 responders and asked if perhaps these people were also included in the 382 that had responded to the Consultation Analysis Report and made the same comments?

CM did not think this was the case and would be a massive coincidence. She had received 100 comments on her Facebook page over 48 hours and believed this genuinely showed a general reflection of the feeling of the people in Burntisland. CM stated that everyone she knows supports a second pharmacy in Burntisland.

TA believed there was a fair chance that some of the 100 people would be the same people who had responded to the Consultation Analysis Report.

CM did not agree with TA.

TA had no further question for CM.

14/23.03 Questions from Mr Freeland (CF) to Ms McLean (CM)

CF asked if CM had used Omnicare Pharmacy in Aberdour and also any other services in the area?

CM had used Omnicare in Aberdour and also Asda in Kirkcaldy.

CF asked if CM found the service in Omnicare adequate?

CM stated that she did find the service adequate but the fact she had to travel to Aberdour inadequate.

CF asked CM, if a new service provider takes over Lloyds Pharmacy, is it not reasonable to say that they can provide a good service to the residents of Burntisland, in terms of adequacy of service, with two pharmacists, a large pharmacy area and a consultation area?

CM did not agree, personally she felt a second pharmacy would prevent the same situation happening again as did with Lloyds. She felt that people are speculating the services Dears are going to provide in the future, and did not believe having one pharmacy will fix the situation. Even when Lloyds were running better than they are now the community still wanted a second pharmacy. In CM's opinion, Dears coming in and running a tight ship is not going to change that.

CF pointed out that two committees have previously rejected the applications.

CM was hopeful that this application would be accepted.

CF asked why CM felt there should be a second pharmacy in Burntisland and yet there isn't a second pharmacy in Dalgety Bay, where a pharmacy currently dispensed 1,300 items per month?

CF believed that all the towns that MA had mentioned previously, that have a smaller population, have two pharmacies, therefore asked why Burntisland should not have two pharmacies and also why is everything being based on Dalgety Bay, which is clearly an outlier in the trend of towns having two pharmacies across Fife. She stated that she would rather base it on their model than an outlier.

CF reiterated that the demographics are unknown of all these pharmacies that were mentioned and a lot of areas historically had two pharmacies i.e. Omnicare in Leven is directly next door to another pharmacy. He did not understand why they couldn't take Dalgety Bay into consideration where one pharmacy can cope really well.

CM stated that Dalgety Bay is different from Burntisland as it's a new town. People can and are willing to travel, and it does not have the same high street community spirit that Burntisland has. Residents walk to the high street in Burntisland to access amenities and it is a very busy high street unlike Dalgety Bay which is a new town which doesn't have a central high street and has a different demographic. Although the demographics of these towns are unknown there are several with two pharmacies, but Dalgety Bay is an outlier so does this mean that those pharmacies are all failing and Dalgety Bay is the only one that is of any good, or is it that two pharmacies are the norm and that is what Burntisland deserves.

CF had no further questions for CM.

15/23 COMMITTEE MEMBERS QUESTION MS MCLEOD

15/23.01 Questions from Mr Cook (RC) to Ms McLeod (CM)

RC did not know the area very well and asked if the populations of Burntisland, Kinghorn and Aberdour are similar?

SM confirmed that Burntisland is a bigger town than Aberdour and certainly bigger than Kinghorn.

RC had noticed there was representation from Aberdour but not Kinghorn. RC stated that if the application is granted and there is a second pharmacy in Burntisland, given that no one has any idea how Dears will turn out, it could be a success then again it may not be, there is no guarantee. RC asked MC, if Dears Pharmacy cannot function, if a second pharmacy is granted, how will it cope with the demand from Burntisland given that it is a much bigger town compared to Aberdour or Kinghorn?

CM believed that in Burntisland they had been left with a service that was inadequate and completely run into the ground with no pharmacy provision because they are so infrequently open. She was of the opinion that People of Burntisland feel if they have two pharmacy provisions, there is competition. If one failed there would at least be a back-up, which they don't have just now and the service has been completely inadequate for several years.

RC had no further questions for CM.

15/23.02 Questions from Mr Izatt (RI) to Ms McLeod (CM)

RI was concerned if a second pharmacy were to be granted there would be a risk that both can fail.

CM accepted what RI said and asked that they look back at the last meeting and the Consultation Analysis Report which was from three years ago and the feeling of the community was that they wanted a second pharmacy. CM stated that they had been applying for a pharmacy for the last six or seven years. She was convinced that the applicant is happy that there is enough for him to come in as a second pharmacy.

15/23.03 Questions from Mr Mitchell (SM) to Ms McLeod (CM)

Mr Mitchell did not have any questions for Ms McLeod.

15/23.04 Questions from Mr Timlin to Ms McLeod (CM)

Mr Timlin had no questions for Ms McLeod.

15/23.05 Questions from the Chair (AG) to Ms McLeod (CM)

Mr Grant referenced Dalgety Bay and his understanding that the town has the highest population of over 65s in Scotland but did not have any questions for Ms McLeod.

16/23 INTERESTED PARTIES SUMMING UP

16/23.01 Carol McLeod (CM)

I think my presentation spoke for itself and I've talked for long enough, but my feeling is that there is overwhelming support in the community for a second pharmacy. My personal experience also, I think we deserve better than we've had over the last few years and I'm a bit reticent to feel that we should be pacified by the promise that suddenly everything is going to get better again when these promises have been made to us repeatedly over the last six, seven years.

So very strongly feel that a second pharmacy is the way forward to ensure we never get into this state again.

Thank you.

16/23.02 Chris Freeland (CF)

Just a quick few comments there, so I do believe the Panel should reject the application on a number of grounds. Looking at the legal test, the viability of two pharmacies or even three with the dispensing robot at the front of the shop is a concern for viability over the number of prescriptions generated from Burntisland, there's no way one pharmacy would be able to survive on 2,000 or even less number of prescriptions per month going on experience.

There's going to be a change in ownership of Lloyds Pharmacy, it's happened up and down the country and we need to take that into account. The service will improve, it can't get any worse as we've all said. There's going to be two pharmacists, three days a week. There is our service in Aberdour. There's a large premises with access for the residents of Burntisland to use.

And these are the reasons I urge the panel to reject this application.

Thank you.

16/23.03 Tom Arnott (TA)

I'll not go through the whole thing. One of the points I'd like to clarify is that this population of 5,000 having two pharmacies, we don't know the demographics and we would have to know whether those pharmacies were owner run, so there are no pharmacist manager wages to come out of them, because the cost of a pharmacist is roughly 80,000 a year. So yes there could be two but the owner would be paying himself 80,000. So the demographics and without that knowledge it's impossible to say how many patients per pharmacy.

As I have said, I am not defending our service levels in the last 12 months, but I do not agree that we have provided an inadequate service for any great length of time.

Quarter of a million on new premises. Dears are moving in. ACTs, double pharmacists cover, same opening hours, Dears have never had a closure.

So I can understand the Councillor saying we've been told all this before, well I would say Lloyds did action some of the action points but the last 12 months it's gone downhill. But I can assure that Councillor that Dears will make fantastic improvements, but the big danger is if a second pharmacy contract is granted on Burntisland you could end up with two unviable pharmacies that would close and that is a risk I don't think the people of Burntisland should be willing to take. One well run pharmacy will adequately cope with 10,000 items.

The Panel must take account as to whether the granting of an application would adversely impact on the security and sustainable provision of existing NHS primary and medical and pharmaceutical services in the area concerned.

Point 7.1 of the Legal Test states and I quote, you must not just consider the present , you must also consider the future and in particular changes which it is known will occur in the future. We know that Lloyds will not own that pharmacy in a very short timescale.

I would therefore ask the Panel to refuse this application, as it neither necessary nor desirable in order to secure the adequate provision of pharmaceutical services in the neighbourhood in which the premises are located.

Thank you.

MA displayed the following slide

PPC Decision

- Regulations & NAP state decision is to address manner in which **current** NHS services are being delivered
- Can consider future housing as determined by Lord Drummond Young
- **Decision is not made on future changes that the PPC is unable to determine the impact it will actually have**

I'm going to summarise why Lloyds is currently inadequate and it starts off with a population that's the size of 7,700 and it's simply too big for one pharmacy to cater to and the standard in Scotland for areas of a smaller or similar size is to actually have two or sometime three pharmacies. Having one pharmacy creates pressure on Lloyds. There are backlogs of hundreds of prescriptions, there are prescriptions at Lloyds right now that are taking days to fill and they continually make promises at the times of hearings because they simply can't handle the workload and today's assurances that we're hearing from Lloyds that there is another contractor that's going to come into effect. But the reality is that there's a precedence that's already been set on this point because there have been contractors that are selling their pharmacies and new contractors are coming on board and appeals and PPC re-hearings have been taking place with a NAP and PPCs never raise this particular point. So I don't see the reason why this point is being raised again today.

The Health Board's CAR confirms these long waiting times as well, and it's summary they say the existing provision is inadequate and that the new pharmacy will alleviate pressure.

Critically the service of Lloyds has deteriorated significantly since last year's hearing, and we've heard in great detail what the local residents are saying. There's decreasing Core Service engagement, there's a significant reduction in opening hours, reduction in staff hours, unplanned closures, there's a predominant use of a single supplier which increases drug shortages.

And of course the NHS complaints which have doubled in this year alone. As a consequence of this, patients are being forced to collect their own prescriptions at the surgery. Critically the local GP reiterates all of this and I quote, they say that the current service is inadequate.

Now ladies and gentlemen it's very important for us to understand and appreciate the point that the regulations and the National Appeals Panel, they specifically state that the decision we need to make has to be based on the current NHS Core Services that are being delivered today, not on what's going to happen tomorrow, next week or next year.

You can consider housing as determined by Lord Drummond Young in his deliberation, but you need to focus on current services, and the reason you need to focus on current services is because we can't make decisions based on future changes that the PPC is unable to determine the impact it will actually have.

Thank you very much.

18/23 NOTIFICATION OF OUTCOME

- 18/23.1 The Chair asked all those present whether or not they felt they had had a fair hearing. They all confirmed that they had.
- 18/23.2 The Chair thanked the Applicant and the interested parties for their attendance and before asking them to leave advised them that the decision would be notified to them in accordance with the timescales laid down in Schedule 3 of the Regulations.

APPLICANT, INTERESTED PARTIES, CLO REPRESENTATIVE AND PRIMARY CARE MANAGER WITHDREW FROM THE HEARING.

19/23 COMMITTEE DISCUSSION

- 19.23.1 The PPC were required and did take into account all relevant factors concerning the issue of:-
- a) Neighbourhood
 - b) Adequacy of existing Pharmaceutical Services in the neighbourhood and, in particular, whether the provision of Pharmaceutical Services at the premises named in the Application were necessary or desirable in order to secure adequate provision of Pharmaceutical Services in the neighbourhood in which the premises were located.

19.23.2 Neighbourhood

Having considered the evidence presented to it by the Applicant, the interested parties, the Consultation Analysis Report, NHS Fife's Pharmaceutical Services Report and the PPC's observations from the site visit, the PPC had to decide firstly the question of the neighbourhood in which the premises to which the application related were located.

The committee noted the neighbourhood as defined by the Applicant. The Committee also took into account the views expressed by the interested parties.

It was agreed that the neighbourhood was Burntisland in its entirety. Though it was noted that the applicant had, at points in his presentation, used figures which included both the Kinghorn and Aberdour localities.

Accordingly the Committee agreed that the definition of the neighbourhood would be as follows:-

North: The Binn

East: From The Binn to Dodhead Golf Course, then Linwell Court, then Forth Estuary

South: Forth Estuary

West: From Forth Estuary to Starley Hall School, then Bendameer Road, then Grange Farm, then The Binn

19.23.3 Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability

Having reached a conclusion as to the defined neighbourhood, the Committee was then required to consider the adequacy of Pharmaceutical Services within or to that neighbourhood and, if the Committee deemed them inadequate, whether the granting of the Application was necessary or desirable in order to secure adequate provision of Pharmaceutical Services in the defined neighbourhood.

In order to assist the Committee in reaching their decision, they took into account the following:-

NHS Fife's Pharmaceutical Services Report

In response to AG querying why Dears were not invited to be at the meeting in their own right, SM advised it was due to the fact that Dears' Health and Beauty store was not a registered pharmacy so they were not entitled to attend the meeting.

The Chair also asked whether the Dears prescription service should be considered when looking at the existing Pharmaceutical Services in the area and was advised that it should not be as it was not a registered pharmacy providing the full pharmaceutical service.

RC stated that he had been under the impression that Dears were not dispensing NHS prescriptions.

SM advised that the NHS provision would be from the Pharmacy that dispensed the prescription as the machine in Burntisland was just a collection point. The dispensing pharmacy would be indicated on the label on the prescription item.

It was agreed that Aberdour and Kinghorn should be included in the discussions regarding pharmaceutical services provided in or to the neighbourhood. Although Kinghorn were not in attendance at the meeting, they could be providing a service to some of the neighbourhood residents.

It was highlighted that at the time of Mr Ameen's application, Lloyds had owned the pharmacy in Kinghorn and would have received the original correspondence. The current owner of the pharmacy in Kinghorn would not have received an invite to the meeting as an interested party as they had not lodged an objection to the application.

The Chair advised that the Committee should now look at the adequacy of the current service. This could include any future developments which were probable rather than speculative, such as Dears taking over from Lloyds in Burntisland next week.

The Chair also advised that convenience was not to be considered as this was not part of the legal test. SM highlighted that the Community Council had used the example of being able to walk to the pharmacy as a positive in her presentation

The whole Committee agreed that the service currently being provided by Lloyds was inadequate. It was highlighted that Lloyds own representative at the meeting had also agreed Lloyd's current service to the neighbourhood was not adequate.

The Chair asked the Committee to now consider whether the future development with Dears taking over Lloyds pharmacy within the week would make the pharmaceutical service within the neighbourhood adequate.

SM informed the Committee that Dears had a two pharmacist model in most of their other pharmacies and as they had been able to provide the names of the pharmacists who would be working in Burntisland, one of whom was an Independent Prescriber, they would also be providing this level of service in Burntisland.

SM advised that the staffing level was very healthy, with one ACT, four dispensers and two counter assistants. With this level of staff it was likely that a comprehensive Community Pharmacy service would be provided, however if a new pharmacy contract was awarded in

Burntisland these staffing levels would be reduced as they would not have the volume of work as is currently anticipated.

BT confirmed that Dears had a service model and were very forward thinking, with centralised dispensing, vaccination clinics. He believed Dears would get up and running quickly and that they largely delivered what they promised so the service would get better.

AG highlighted that if the contact was granted to Mr Ameen, that by the time he had opened his pharmacy, Dears would have been up and running for six months and that it could be a very different environment from today making it much harder for a new pharmacy.

RC reminded the Committee that the Area Pharmaceutical Committee did not support the application for a new pharmacy.

RI stated that it had been established that a new service was required. He felt that the promises being made this time were different from the promises the Committee Council had mentioned previously that had not been fulfilled by Lloyds, but Dears are a well established business.

RI advised when he had done his site visit he had asked the view of a local optician who stated that prior to Lloyds winding down the service it had been good. She was of the opinion that one good pharmacy would be enough for Burntisland.

Information available to the Board which, in its opinion, is relevant to consideration of the application

The Committee took note of the letter from the Area Pharmaceutical Committee and the Lay member's site visits.

The likely long-term sustainability of the Pharmaceutical Services to be provided by the Applicant

SM stated that currently there were three pharmacies within six miles servicing a population of 11,350. If a fourth pharmacy contract was awarded this would reduce each pharmacies share from approximately 3,700 to 2,837. He wondered if this would be viable as he was concerned that if another pharmacy opened in Burntisland, that it would make both Burntisland pharmacies unviable.

BT stated the average across Scotland was around 5,000 but that there were places with two pharmacies servicing a population of 6,500. He agreed that granting a fourth contract would take business away from both Aberdour and Kinghorn as well as Burntisland,

BT stated that due to higher costs, including drugs and pharmacists, when the population per pharmacy was below 3,000 it would be very difficult for a pharmacy to be viable/

BT reminded the Committee that the six mile area referenced by SM was not the neighbourhood as defined by the applicant.

RI then asked if the population base would sustain an additional pharmacy. He noted that the applicant strongly believed there was enough custom, but consideration of whether Dears would provide the promised service should another contract be granted, or would they reduce their proposed investment.

RC agreed that looking at the population of Burntisland that three pharmacies appeared adequate. He felt the community had lost faith in Lloyds and were looking for an alternative.

IN ACCORDANCE WITH THE STATUTORY PROCEDURE THE PHARMACIST CONTRACTOR MEMBERS OF THE COMMITTEE, NOTE TAKERS AND HEALTH BOARD STAFF WERE EXCLUDED FROM THE DECISION PROCESS

COMMITTEE VOTE AND DECISION

The Committee then voted on the adequacy of service currently provided to the neighbourhood. They agreed unanimously that the service currently was inadequate but that future provision would be adequate once Dears Pharmacy took over the contract from the current pharmacy in the neighbourhood.

The Chair advised that the Committee believed there would be a viability issue if there were two pharmacies operating on the High Street in Burntisland given the number of prescriptions dispensed and the size of the population, and that there were pharmacies in Aberdour and Kinghorn also providing services to the neighbourhood.

The Committee decided with full conclusion of the legal test in line with the Pharmacy Practices Committee Rules of Procedure to reject the Application on the basis that adequate Pharmaceutical Services are already being provided to the neighbourhood.

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ATTENDEES TO BE NOTIFIED OF DECISION

The Committee agreed that the Board would notify the applicant and interested parties in due course.

Hearing Closed.