

## AGENDA

**A MEETING OF THE NHS FIFE FINANCE, PERFORMANCE & RESOURCES COMMITTEE WILL BE HELD ON THURSDAY 8 MAY 2025 FROM 10AM TO 12.30PM VIA MS TEAMS**

*Note: There will be a pre meeting of Non-Executive Members only at 9.30am*

**Alistair Morris**  
Chair

			<i><b>Purpose</b></i>	
10:00	1.	Apologies for Absence <b>(AM)</b>		
	2.	Declaration of Members' Interests <b>(AM)</b>		
	3.	Minutes of Previous Meeting held on Tuesday 11 March 2025 <b>(AM)</b>	<b>(Approval)</b>	(enc)
	4.	Chair's Assurance Report Presented to NHS Fife Board on 25 March 2025 <b>(AM)</b>	<b>(Information)</b>	(enc)
	5.	Action List <b>(AM)</b>	<b>(Assurance)</b>	(enc)
10:05	6.	<b>GOVERNANCE MATTERS</b>		
	6.1	Draft Finance, Performance & Resources Annual Assurance Statement 2024/25 <b>(GM)</b>	<b>(Approval)</b>	(enc)
	6.2	Corporate Risks Aligned to Finance, Performance & Resources Committee <b>(SD)</b>	<b>(Assurance)</b>	(enc)
	6.3	Integrated Joint Board Directions 2025/26 <b>(SD)</b>	<b>(Assurance)</b>	(enc)
	6.4	Review of General Policies & Procedures <b>(GM)</b>	<b>(Assurance)</b>	(enc)
	6.5	Delivery of Annual Workplan 2025/26 <b>(SD)</b>	<b>(Approval)</b>	(enc)
10:25	7.	<b>STRATEGY / PLANNING</b>		
	7.1	Annual Delivery Plan Quarter 4 Report 2024/25 <b>(BH)</b>	<b>(Endorse)</b>	(enc)
	7.2	Overview of Planned Care Plans 2025/26 <b>(BH/CD)</b>	<b>(Assurance)</b>	(enc)
	7.3	Overview of Unscheduled Care Plans 2025/26 <b>(BH/CD/LG)</b>	<b>(Noting)</b>	(verbal)
11:40	8.	<b>QUALITY / PERFORMANCE</b>		
	8.1	Integrated Performance & Quality Report <b>(Exec. Leads)</b>	<b>(Endorse)</b>	(enc)
	8.2	Financial Performance Report <b>(SD)</b>	<b>(Assurance)</b>	(enc)
	8.3	Procurement Key Performance Indicators <b>(KB)</b>	<b>(Assurance)</b>	(enc)
	8.4	Reform, Transform, Perform Quarter 4 Update <b>(BH)</b>	<b>(Assurance)</b>	(enc)
12:00	9.	<b>LINKED COMMITTEE MINUTES</b>		
	9.1	Fife Capital Investment Group held on 23 April 2025 (unconfirmed)		(enc)

- 9.2 Procurement Governance Board held on 23 April 2025 (unconfirmed) (enc)
- 9.3 IJB Finance, Performance & Scrutiny Committee held on 12 March 2025 (unconfirmed) (enc)
- 9.4 Primary Medical Services Sub Committee held on 4 March 2025 (unconfirmed) (enc)

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

- 10.1 To the Board in the IPQR Summary (verbal)
- 10.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board (verbal)

#### 11. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 27 MAY 2025

#### 12:05 12. ANY OTHER BUSINESS

- 12.1 NHS Fife 2025-2028 Financial Plan Letter **(SD)** **(Noting)** (enc)
- 12.2 'Finance for Non-Finance Colleagues' Training Sessions Update **(SD)** **(Noting)** (enc)

#### 12:15 PRIVATE SESSION

- 13. Apologies for Absence **(AM)**
- 14. Declaration of Members' Interests **(AM)**
- 15. Minutes of Previous Meeting held on Tuesday 11 March 2025 **(AM)** **(Approval)** (enc)
- 16. Action List **(AM)** **(Assurance)** (enc)
- 17. Support and Intervention Framework – Financial Considerations **(SD)** **(Assurance)** (enc)
- 18. (Draft) Annual Delivery Plan 2025/26 **(BH)** **(Assurance)** (enc)
- 19. Any Other Business

Date of Next Meeting: **Tuesday 15 July 2025 from 10am – 12.30pm** via MS Teams

## Fife NHS Board

Unconfirmed

### MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 11 MARCH 2025 AT 10AM VIA MS TEAMS

#### **Present:**

Alistair Morris, Non-Executive Director (Chair)  
Jo Bennett, Non-Executive Director  
Sinead Braiden, Non-Executive Director  
Alastair Grant, Non-Executive Director  
Cllr Mary Lockhart, Non-Executive Director  
Janette Keenan, Director of Nursing  
John Kemp, Non-Executive Director  
Margo McGurk, Director of Finance and Strategy / Deputy Chief Executive  
Dr Chris McKenna, Medical Director  
Lynne Parsons, Employee Director  
Carol Potter, Chief Executive  
Joy Tomlinson, Director of Public Health

#### **In Attendance:**

Claire Dobson, Director of Acute Services  
Susan Dunsmuir, Incoming Director of Finance  
Fiona Forrest, Acting Director of Pharmacy and Medicines  
Lynne Garvey, Director of Health and Social Care  
Ben Hannan, Director of Planning and Transformation  
Dr Gillian MacIntosh, Head of Corporate Governance and Board Secretary  
Neil McCormick, Director of Property and Asset Management  
Maxine Michie, Deputy Director of Finance  
Susan Fraser, Associate Director of Planning and Performance (*for Item 7.1*)  
Paula Lee, Head of Procurement (*for Items 8.3 and 8.4*)  
Kerrie Donald, Executive Assistant (*minutes*)

#### **1. Apologies for Absence / Thanks**

Apologies were noted from attendee Alistair Graham, Director of Digital and Information.

The Chair paid tribute to Margo McGurk, for whom this was her last meeting before retiring in April 2025. Members joined with the Chair in thanking Margo for her input to the Committee and wished her a long and healthy retirement.

#### **2. Declaration of Members' Interests**

There were no members' interests to declare.

#### **3. Minute of Previous Meeting held on 14 January 2025**

The minute from the previous meeting was **agreed** as an accurate record.

#### 4. **Chair's Assurance Report Presented to NHS Fife Board on 30 January 2025**

The Chair's Assurance Report is presented to the Committee for information only.

#### 5. **Action List / Matters Arising**

The Committee **noted** the updates on the action list.

#### 6. **GOVERNANCE MATTERS**

##### 6.1 **Finance, Performance & Resources Committee Self-Assessment Report 2024/25**

The Board Secretary presented the report, thanking members for taking the time to complete the survey. It was noted that common themes were highlighted across all board committees, including the reduction in number of late papers being circulated and ensuring real time data is supplied in papers. The Committee Chair encouraged direct contact from any member who wished to discuss any recommendations with him.

The Committee took a **moderate level of assurance** from the report.

##### 6.2 **Annual Review of Finance, Performance & Resources Committee Terms of Reference**

The Board Secretary presented the updated terms of reference, noting the minor changes tracked within. It was confirmed that the Director of Planning and Transformation is listed within the 'attendees' section of the remit, due only NHS Fife Board members being members of Board committees.

The Committee **endorsed** the updated terms of reference for onward submission to the NHS Fife Board.

##### 6.3 **Corporate Risks Aligned to Finance, Performance & Resources Committee**

The Director of Finance and Strategy provided an in-depth review of the paper, highlighting that the table within the assessment section has been updated to show the relevant risks to the Committee, and highlighting where each risk sits in relation to the Board's agreed risk appetite.

Following a query regarding the target score of Risk 13 - 'Delivering a balanced in-year financial position', the Director of Finance and Strategy reminded members the target score was changed to reflect the forecast position NHS Fife based on the November figures.

The Committee took a **moderate level of assurance** (with the exception of the financial position, which provides a **limited 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.

##### 6.4 **Review of Annual Workplan 2025/26**

The Director of Finance and Strategy presented the proposed 2025/26 annual workplan.

The Committee **approved** the annual workplan.

## **6.5 Delivery of Annual Workplan 2024/25**

The Director of Finance and Strategy presented the tracked 2024/25 annual workplan.

The Committee **took assurance** from the tracked workplan.

## **7. STRATEGY / PLANNING**

### **7.1 Annual Delivery Plan 2024/25 Quarter 3 Report**

The Associate Director of Planning and Performance presented the report, highlighting that of the 60 deliverables within the 'Deliver Value and Sustainability' strategic priority, 39 were on track, 14 are at risk or not likely to be completed within the year, and four are complete.

The Committee took a **moderate level of assurance** from the update.

### **7.2 Decarbonisation of NHS Fife Fleet**

The Director of Property and Asset Management presented the paper, highlighting that NHS Fife are currently 80% compliant, however plans are in place to ensure NHS Fife will be 100% compliant by the end of 2025. The Director of Property and Asset Management praised the team for ensuring all systems were in place in a timely and effective manner.

Following a query from A Grant, Non-Executive Director, the Director of Property and Asset Management noted that the installation of additional charging points at NHS Fife sites is a separate programme, however work is underway within the team to review car parking areas with the potential to cover them with solar panel canopies to generate charging to effectively subsidise the cost of electricity charging points.

The Committee took a **significant level of assurance** from the paper.

## **8. QUALITY / PERFORMANCE**

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

The Director of Acute Services provided an overview of Acute performance, highlighting the January A&E performance was at 72%, which is below national standards but an increase on the month prior and an increase on the previous year. It was highlighted the team have been testing the Same Day Emergency Care model with positive results. The co-location of Emergency Care Ambulatory Service and Rapid Treatment Unit has resulted in 20-30 patients being seen each day, with 90% of patients going home. Work is planned to build further on this model to reduce the pressure from the front door.

The Director of Acute Services noted that a deep dive into neurological cancers has been undertaken, the findings of which have shown an increase in referrals for prostate since 2018, overall urology referrals have increased by 68% and urgent referrals that have been upgraded has increased significantly since 2021.

Work has been ongoing with Scottish Government and the Centre for Sustainable Delivery regarding plans for 2025/26 to consider how NHS Fife will bring all waiting times into the 52 weeks range, including submitting bids to Scottish Government to look at how to tackle the backlogs in 2025/26.

Following a query from Non-Executive Director J. Bennett, the Director of Acute Services advised that as part of the Planned Care planning for 2025/26, Scottish Government have asked Boards to submit a plan for all specialties that are at red or amber status. It was further noted that information along with data on those specialties where NHS Fife does not think it will be possible to meet the 52 week target by March 2026, will be collated into the plan and presented at a future meeting.

**Action: Director of Acute Services**

The Director of Health and Social Care provided an in-depth review of the delayed discharge performance, highlighting an improvement in bed days lost due to standard delay, noting that in comparison to other Boards, NHS Fife is still in the top 50% of performing Boards for all standard delays.

Following a query from the Chair, the Director of Health and Social Care highlighted the demand for long-term care and numbers coming through the system have increased significantly, indicating people are living longer and are living with long-term health conditions which require long term care, resulting in ongoing effects for social care.

The Committee took a **limited level of assurance** from the IPQR and **endorsed** the Quality and Care section of the IPQR.

## **8.2 Financial Performance Report**

The Director of Finance and Strategy provided an in-depth review of the report, highlighting the improvement on the forecast financial position. It was noted from the £25m savings NHS Fife are delivering for 2024/25, £16.3m will be on a recurring basis.

The Committee took a **limited level of assurance** from the report and **discussed** the content noted within the paper.

## **8.3 Procurement Key Performance Indicators**

The Head of Procurement joined the meeting and provided an in-depth analysis of the Key Performance Indicators presented within the paper, highlighting an overall validated savings of £793k, comprising £624k direct cash releasing and £169k cost avoidance. It was however noted these savings are offset by a significant cost pressure of £120k, resulting in a net saving of £673k.

Following discussion, the Head of Procurement highlighted processes are in place to manage stock control, including inventory management, which has already been Implemented in NHS Fife, and Scan for Safety will be implemented at a later date (as overseen by the Medical Devices Committee and reported to Clinical Governance Committee).

The Committee took a **significant level of assurance** from the paper.

## 8.4 Procurement & Commercial Improvement Programme (PCIP)

The Head of Procurement provided an overview of the report, noting the PCIP is a self-assessment carried out following collaboration with partner boards. It was noted of the eleven questions answered by NHS Fife, the performance towards eight was ranked as advanced, two were ranked as good and one was ranked as improving.

The Committee took a **moderate level of assurance** from the paper.

## 8.5 Reform, Transform, Perform (RTP) Performance Update

The Director of Planning and Transformation provided an overview of the report, highlighting workforce and supplementary staffing have now moved to a significant level of assurance for delivery, noting NHS Fife continue to show good progress in medicines optimisation despite the global medicine issues. Challenges have been identified in the business transformation space; however bridging actions have been identified to deliver these savings.

The Chair praised the work completed to get to this position and encouraged the positive energy to continue achieving targets in 2025/26.

The Committee took a **moderate level of assurance** from the report.

## 9. LINKED COMMITTEE / GROUP MINUTES

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

9.1 Fife Capital Investment Group held on 5 February 2025 (unconfirmed)

9.2 Procurement Governance Board held on 29 January 2025 (unconfirmed)

9.3 IJB Finance, Performance and Scrutiny Committee held on 15 January 2025 (unconfirmed)

## 10. ESCALATION OF ISSUES TO NHS FIFE BOARD

### 10.1 To the Board in the IPQR Summary

There were no performance related issues to escalate to the Board.

### 10.2 Chair's Comments on the Minutes / Any Other Matters for Escalation to NHS Fife Board

There were no issues to escalate to the Board.

## 11. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 25 MARCH 2025

The reflections from the meeting and agreement of matters will be considered by the Chair for onward submission to NHS Fife Board. The report will be provided to the following Committee meeting for information.

## **12. ANY OTHER BUSINESS**

There was no other business.

**Date of Next Meeting;** Thursday 8 May 2025 from 10am – 12.30pm via MS Teams.

**Meeting:** Finance, Performance & Resources Committee

**Meeting date:** 11 March 2025

**Title:** Committee Chair's Assurance Report

**1. Committee's Performance against Annual Workplan**

**1.1** The Committee reviewed the workplan for the financial year 2024/25.

**2. The Committee considered the following items of business:**

**2.1** The Committee took a moderate level of assurance from the Finance, Performance & Resources Committee Self-Assessment Report 2024/25.

**2.2** The Committee endorsed the updated Terms of Reference for onward submission to the NHS Fife Board.

**2.3** The Committee took a moderate level of assurance from the Annual Delivery Plan Quarter 3 Report and endorsed the plan for onward submission to the NHS Fife Board and Scottish Government.

**2.4** The Committee took a significant level of assurance from the Decarbonisation of NHS Fife Fleet paper.

**2.5** The Committee took a limited level of assurance from the Financial Performance Report

**2.6** The Committee took a significant level of assurance from the Procurement Key Performance Indicators paper

**2.7** The Committee took a moderate level of assurance from the Procurement and Commercial Improvement Programme (PCIP) paper.

**2.8** The Committee took a moderate level of assurance from the Reform, Transform, Perform (RTP) Performance Report.

**3. Delegated Decisions taken by the Committee**

None.

**4. Update on Performance Metrics**

**4.1** The Committee took a limited level of assurance from the IPQR and endorsed the Quality and Care Section of the IPQR

**5. Update on Risk Management**

- 5.1** The Committee took a moderate level of assurance (with the exception of the financial position which provides a limited 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.

**6. Any other Issues to highlight to the Board:**

None.

**Alistair Morris**

**Chair**

**Finance, Performance & Resources Committee**

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

**FINANCE, PERFORMANCE & RESOURCES COMMITTEE – ACTION LIST**  
**Meeting Date: 8 May 2025**



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
1.	10/09/2024	<b>Integrated Planned Care Programme Report</b>	To provide the data for the waiting list numbers for CAHMS, and to provide further detail on the quality of care and incidents of physical violence, within the Public Health & Wellbeing section of the report.	<b>Jillian Torrance</b>		November 2024
2.	14/11/2024	<b>ScotCOM Medical Education Programme</b>	To provide further updated on the development of the ScotCOM Medical Education Programme.	<b>CMcK</b>	Update to be provided in due course.	On hold
3.	14/11/2024	<b>Annual Delivery Plan Q2 Update</b>	NHS Fife Chairperson and the Chief Executive to write to Scottish Government highlighting concerns around NHS dentistry provision in Fife with a view to having a plan to improve the position for the benefit of the people of Fife.	<b>PK / CP</b>	Letter issued to the Chief Dental Officer on 13 March 2025. Response received on 10 April 2025. Matter ongoing.	In progress
4.	11/03/2025	<b>Integrated Planned Care Programme Report</b>	The Director of Acute Services advised specialities that are at red or amber status and are not able to meet the 52 week target will be collated into a report and presented at a future meeting.	<b>CD</b>		In progress

**Meeting:** Finance, Performance & Resources  
Committee

**Meeting date:** 8 May 2025

**Title:** Draft Finance, Performance & Resources Committee Annual  
Statement of Assurance 2024-25

**Responsible Executive:** Susan Dunsmuir, Director of Finance

**Report Author:** Gillian MacIntosh, Board Secretary

## Executive Summary:

- All formal Committees of the NHS Board are required to provide an Annual Statement of Assurance to the NHS Board, detailing the work undertaken during the year and identifying any internal control weaknesses that might be considered for disclosure within the Governance Statement of the Annual Accounts.
- The draft statement is enclosed as an appendix, and this contains a textual account of the Committee's business during the financial year, to evidence to the Board that the Committee has delivered fully on its remit and delegated powers.
- Members are asked to take a "significant" level of assurance that the Committee has delivered on its remit during the 2024/25 reporting year and advise of any changes to the draft report text, prior to onward submission to the Audit & Risk Committee and thence the Board.

## 1 Purpose

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

- Assurance

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

- Legal requirement
- Local policy

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

- Effective

## 2 Report summary

### 2.1 Situation

All formal Committees of the NHS Board are required to provide an Annual Statement of Assurance for the NHS Board, which is consider initially by the Audit & Risk Committee. The requirement for these statements is set out in the Code of Corporate Governance. The Finance, Performance & Resources Committee is invited to review the draft of the enclosed report for 2024-25 and comment on its content, with a view to approving a final paper for onward submission.

### 2.2 Background

Each Committee must consider its proposed Annual Statement at the first Committee meeting of the new financial year, as per the Committee's workplan. The current draft takes account of initial comments received from the Committee Chair and Director of Finance & Strategy.

### 2.3 Assessment

In addition to recording practical details such as membership and rates of attendance, the format of the report includes a more reflective and detailed section (Section 4) on agenda business covered in the course of 2024-25, with a view to improving the level of assurance given to the NHS Board.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level	x			
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

A significant level of assurance is suggested, given the Committee has considered all relevant items of business delegated to it during 2024/25, escalating directly to the Board any matters of concern. No matters for disclosure in the Governance Statement of the Annual Accounts have been identified.

#### 2.3.1 Quality/ Patient Care

Delivering robust governance across the organisation is supportive of enhanced patient care and quality standards.

### 2.3.2 Workforce

N/A.

### 2.3.3 Financial

The production and review of year-end assurance statements are a key part of the financial year-end process.

### 2.3.4 Risk Assessment/Management

Details on the Committee's discussions on risks aligned to its remit is detailed within the report.

### 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. Details on the Committee's review of business relating to inequalities-related work is captured within the report.

### 2.3.6 Climate Emergency & Sustainability Impact

This is covered within the assurance report, as per the Committee's reflections on related business during the year covered.

### 2.3.7 Communication, involvement, engagement and consultation

N/A.

### 2.3.8 Route to the Meeting

This paper has been considered in draft by the Committee Chair and Executive Lead. The Committee is the first group to formally consider the report's content.

## 2.4 Recommendation

The paper is provided for:

- **Assurance & approval** – subject to members' comments regarding any amendments necessary, for final sign-off by the Chair and submission to the Audit & Risk Committee.

## 3. List of Appendices

Appendix 1 – Annual Statement of Assurance for NHS Fife Finance, Performance & Resources Committee for 2024/2025

### Report Contact

Dr Gillian MacIntosh

Associate Director of Corporate Governance & Board Secretary

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

## ANNUAL STATEMENT OF ASSURANCE FOR THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE 2024/25

### 1. Purpose of Committee

- 1.1 The purpose of the Committee is to keep under review the financial position and performance against key non-financial targets of the Board, and to ensure that suitable arrangements are in place to secure economy, efficiency and effectiveness in the use of all resources, and that these arrangements are working effectively.

### 2. Membership of Committee

- 2.1 During the financial year to 31 March 2025, membership of the Finance, Performance & Resources Committee comprised:

Alistair Morris	Chair / Non-Executive Member
Sinead Braiden	Non-Executive Member
Alastair Grant	Non-Executive Member
Aileen Lawrie	Non-Executive Stakeholder Member (until February 2025)
Cllr Mary Lockhart	Non-Executive Stakeholder Member (from January 2025)
John Kemp	Non-Executive Member
Margo McGurk	Director of Finance & Strategy
Dr Chris McKenna	Medical Director
Janette Keenan	Director of Nursing
Lynne Parsons	Employee Director
Carol Potter	Chief Executive
Dr Joy Tomlinson	Director of Public Health

- 2.2 The Committee may invite individuals to attend the Committee meetings for particular agenda items, but the Director of Acute Services, Director of Health & Social Care, Director of Property & Asset Management, Director of Pharmacy & Medicines, Deputy Director of Finance and Board Secretary will normally be in attendance at Committee meetings. Other attendees, deputies and guests are recorded in the individual minutes of each Committee meeting.

### 3. Meetings

- 3.1 The Committee met on six occasions during the financial year to 31 March 2025, on the undernoted dates:

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

- 3.2 The attendance schedule is attached at Appendix 1.

## 4. Business

- 4.1 At each meeting, the Finance, Performance & Resources Committee considers the most up-to-date financial position for the year, for both revenue and capital expenditure. This function is of central importance, as the Committee provides detailed scrutiny of the ongoing financial position and on aspects of operational performance across NHS Fife activities, including those delegated to the Integration Joint Board. Considerable time was spent in meetings discussing and reviewing the significant financial pressures facing the Board, noting the need for £14.005m of brokerage for 2023/24 and ongoing financial challenges for 2024/25. The in-year savings against plan, and consideration of ongoing financial challenges within the period, which continued to impact on achieving financial sustainability over the medium term, has been a large focus of discussion. The risk score for delivery of a balanced in-year financial position has remained high throughout the year, with the matter under regular review at an operational level by the Executive Directors' Group.
- 4.2 The Medium-Term Financial Plan 2024/27, approved at the NHS Fife Board meeting on 26 March 2024, set out an underlying deficit for the Board of £33.3m. However, after taking account of the implications of the Scottish Government's Budget settlement announcement in December 2023, and the impact of both national and local cost pressures, along with directions issued by Scottish Government in relation to New Medicines Funding, the projected residual funding gap was estimated to be £54.8m. The Committee received an update on the Plan at its first meeting of the year, in May 2024, where it was reported that the Scottish Government had not approved the Plan, instead requiring NHS Fife to deliver an improved forecast position. In terms of next steps, the Board were not asked by Scottish Government to resubmit the Plan but to work on a number of key actions and aim to improve the forecast position in 2024/25. These actions included:
- progressing delivery of a minimum of 3% recurring savings in 2024/25 and developing options to meet any unidentified or high-risk savings balances;
  - continuing to progress with the areas of focus set out in the '15 Box Grid' (a national tool to highlight saving opportunities and share good practice);
  - engaging and taking proactive involvement in supporting national programmes as they develop in 2024/25;
  - developing further measures to reduce the Board's residual financial gap towards the brokerage cap of zero set; and
  - providing an update on the financial risks outlined within the financial plan to assess likelihood of these materialising and the impact these could have on the Board's outturn.

Further discussion with Scottish Government colleagues throughout the year has been reported to the Committee as part of regular Quarterly Review updates, and the Committee has also received information on the Board's self-assessment against the criteria in the NHS Support & Intervention Framework, as detailed further in its September 2024 meeting. A full report on the self-assessment was received at the Committee's November 2024 meeting, with members agreeing that the ratings accurately reflected the Board's current position, appropriately reflecting the Scottish Government more detailed questions, given in an updated framework, in relation to financial performance. The Committee was content to take a moderate level of assurance that the process for responding to the framework had been satisfied, noting nevertheless the ongoing limited level of assurance in regard to delivery of the in-year financial plan.

- 4.3 Also at their May 2024 meeting, members considered the approach taken to confirm the opening 2024/25 revenue budgets to budget holders, noting also the Grip & Control information provided to managers and the information provided with regards to a minimum 3%

savings being achieved. There has been discussion throughout the year on the proposed allocation of NRAC monies (£7.2m), with the Committee considering options at their September and November 2024 meetings. Assessment of areas where enabling finance could be provided to commence some aspects of transformation were also considered. The proposal detailed those areas where the assessment is that NRAC allocation was deemed to be of greatest benefit, both in terms of mitigating areas of cost pressure and introducing a number of cost reduction enabling investments. A prioritised higher level of non-recurring support to some areas (to be revisited as part of the 2025/26 financial planning process) has been approved, which facilitates greater flexibility in the utilisation of part of this funding in 2025/26.

- 4.4 In response to the challenging financial outlook in the reporting year, the Board has responded with a new 'Re-form, Transform, Perform' (RTP) Framework, initially approved by the Board in March 2024. The framework was established to support delivery of the Board's savings plans at pace and includes a performance framework to report progress against the outcomes of each scheme and savings made. The Board's Population Health & Wellbeing Strategy remains the foundation of strategic intent and priorities for NHS Fife through to 2028, whilst the RTP serves as a tactical plan to support delivery of these strategic aims, supported by our annual planning mechanisms. The Framework sets out the intention to implement a renewed strategic approach to creating the right conditions for us to evolve our services, empower our staff and to ensure a more sustainable future for NHS Fife, whilst meeting our statutory responsibility to contain spend within our allocated resources. Delivering Value and Sustainability is one of the Board's strategic priorities and our financial improvement plan is being supported by RTP, working collaboratively across the system. The framework is also in support of direction from Scottish Government on reforming services and the way the NHS works, as detailed in a briefing paper to the July 2024 Committee meeting.
- 4.5 As highlighted in the first of a regular performance report to the Committee in May 2024, RTP prioritised four primary workstreams: Medicines; Service Design and Delivery; Infrastructure; and Workforce, each under Executive leadership. These workstreams are designed to be agile and fluid, enhancing delivery without altering individual roles or accountabilities. Initial savings are allocated to these streams, enabling focused delivery, rapid progress and effective monitoring, all under Executive oversight to align with strategic goals. Combined, these activities seek to deliver the required level of financial savings, to move towards delivery of a sustainable and recurring balanced financial position, whilst fostering new and innovative ways of addressing the healthcare challenges facing our local population.
- 4.6 Regular, stand-alone reporting on progress with delivery of the RTP schemes has received regular scrutiny at the Committee. In September 2024, members reviewed further detail on delivery actions for the individual schemes, with a separate report on the Infrastructure & Change workstream, highlighting options appraisal work ongoing with the estates portfolio and initial bed modelling data. A further briefing on the clinical and financial implications of the bed modelling work was considered by members at the November 2024 meeting, noting the benefit of the tool in informing plans for future capacity changes across the local health and social care system. Various scenarios have been modelled, suggesting a range of opportunities to reduce the required bed base from the current baseline, while acknowledging and informing plans for future change in local demographics and clinical requirements. Members have welcomed the development of the tool, noting its planned finalisation by year end and usage in planning from 2025/26 onwards. In March 2025, the Financial Performance report provided confidence that planned savings target of £25m would be achieved, with £17m on a recurring basis, and members commended the significant work undertaken by staff in achieving this level of savings.
- 4.7 The three-year Medium-Term Financial Plan for 2025/28, and the high level assumptions within, was scrutinised in March 2025, prior to approval by the Board, with the Committee noting that the financial challenge over the next three years remains significant, requiring a

focused whole system response to achieve financial sustainability. Brokerage will no longer be available in 2025/26 and historic outstanding brokerage is required to be re-paid when NHS Fife returns to financial balance. The Plan accounts for late notification of sustainability allocations for 2025/26, which include a £17.08m allocation on a non-recurring basis and £4.78m allocation on a recurring basis. Members were advised of a forecast funding gap before savings for 2025/26 of £37.782m. £28.573m of savings have been identified, leaving a residual funding gap of £9.209m in 2025/26. The Committee endorsed the Medium-Term Financial Plan for Board approval, noting that further discussion with Scottish Government would continue on the achievability of the targets within. Further updates have been given to the Board directly, both at formal meetings and at Board Development Sessions, where the financial plan has been considered and then formally approved.

- 4.8 The Committee has had input into the Board's Annual Delivery Plan for 2024/25, which has been aligned to the strategic priorities within the Board's own Population Health & Wellbeing Strategy and RTP Portfolio, whilst also addressing the specific requirements of the Scottish Government guidance. In May 2024, the Committee considered a draft submission. Feedback from Scottish Government was then considered at the Committee's July 2024 meeting, where it was also noted that there was a limited level of assurance about full delivery of all actions due to the continuing challenging financial situation. Review of the last quarter's work in relation to the previous year's plan was considered also in July 2024, with focus on those actions that had fallen behind schedule or were not expected to be delivered. Assurance was taken from the fact that outstanding actions would be carried forward, with appropriate reflection in the Committee's performance and risk reports. In September 2024, the Committee took assurance from the fact that the Scottish Government's review process had concluded, feedback had been submitted and the Plan had been formally approved. A number of actions under the auspices of the Committee were, however, being reported as unlikely to be completed or meet target during the year, including completion of delivery of a new Laboratory Management system and full rollout of the business transformation programme and associated impact. The Quarter 2 update was considered at the November 2024 meeting, noting that of the 60 deliverables relevant to the FP&R Committee listed under the 'Deliver Value and Sustainability' strategic priority, 12 were at risk and 6 are unlikely to be delivered in this reporting year. Members focused on progress with the business transformation workstream, noting that a number of bridging actions (such as a recruitment pause within administrative job families) had been put in place to improve the position. Further discussion took place at the November 2024 Board meeting, following escalation of the issue from the Staff Governance Committee. In March 2025, members noted an updated position, with 14 deliverables now at risk and 3 unlikely to be delivered, and thus a moderate level of assurance could be taken from the update.
- 4.9 The draft Corporate Objectives 2024/25 were presented to the Committee in July 2024. The objectives as a whole describe what NHS Fife aims to achieve in-year, and are linked also to the Chief Executive's own objectives and those of each Executive Director. Assurance was provided that there was appropriate linkage to the Board's Population Health & Wellbeing Strategy and to the Health & Social Care Partnership's strategic priorities, in addition to the current Re-form, Transform, Perform portfolio programme. The objectives are framed under the four key strategic priorities of the Board, as aligned to national programmes, and reference the strategy delivery work undertaken in this reporting year. Each Board Committee has had a role in reviewing the objective from their own specific perspective, with FP&R noting especially the three objectives related to improving value for money and sustainability. Following review, the Committee were pleased to endorse the Corporate Objectives for onward submission to the Board for formal approval. New Corporate Objectives for 2025/26 are due to be adopted by the Board for the start of the financial year.
- 4.10 The Committee scrutinised operational performance at each meeting through review of the Integrated Performance & Quality Report (IPQR), specifically those measures that fall within

its own remit (related to financial reporting and waiting times targets). Linkages to the Annual Delivery Plan trajectories have also been included. The enduring impact of the Covid pandemic on traditional key performance measures monitored by the Committee remains significant, particularly in relation to Treatment Times Guarantee measures, long waits within the Emergency Department, numbers of new referrals and diagnostic performance. In general, efforts to tackle the resultant backlog from the pausing of services during the height of the pandemic remains an area of focus for the Committee.

- 4.11 In addition to the reporting within the IPQR, a separate Financial Performance & Sustainability Report has been produced, to allow for detailed scrutiny on the monthly financial position throughout the year. This report was considered in detail at each committee meeting.
- 4.12 The Committee has considered an update (in May 2024) on the status of General Policies & Procedures, noting that ongoing efforts to improve the follow-up processes (including regular parallel reporting and escalation to EDG for persistently outstanding reviews) have resulted in an improved position. Dedicated staff resource secured to assist with the general administration and review of General Policies has helped to improve compliance and tackle a historic backlog of reviews. This led the Committee to agree to an annual (rather than bi-annual report) being submitted going forward. The format and content of the policy status report to the Committee has also been enhanced, to provide clearer detail and assurance around areas that require further follow-up work and to highlight risks of key policies remaining overdue for review.
- 4.13 At the Committee's May 2024 meeting, an update was given in relation to the delivery of Hospital Electronic Prescribing & Medicines Administration (HEPMA), including Pharmacy Stock Control and Integrated Discharge Letter, outlining progress to date and next steps for Fife. It was reported that NHS Fife has been working with the suppliers to validate timelines, to ensure compliance to contractual milestones and delivery dates are achieved as soon as possible. Detail on the establishment of the HEPMA Implementation Group (HIG) was highlighted, with representation thereon for all key areas of NHS Fife and linkage into the HEPMA Programme Board. This group has been actively involved in the planning and design of the product, to ensure NHS Fife maximises utilisation for the benefit of the organisation, staff and patients. Members considered a further update at the September 2024 meeting. Noting that HEPMA has been renamed to Digital Medicines Programme, to better reflect the three distinct areas of HEPMA, pharmacy stock control and electronic discharge documentation, supplier and delivery issues were highlighted to the Committee. Risk mitigation was also detailed. An overview was provided on progress for each of the three areas and the associated risks, in terms of running a legacy system for a period of time whilst the Board transitioned to the new software, was discussed.
- 4.14 Regular reports on the work of the Fife Capital Investment Group have been considered at Committee meetings, with the updates detailing the anticipated allocations in addition to core funding. These largely relate to several Digital & Information Projects, including HEPMA, Laboratory Information Management System replacement and other ongoing projects.
- 4.15 Related to the PFI estate, the annual Public Private Partnership Monitoring Report for 2023/24, covering the sites of St Andrews Community Hospital and Phase 3 of the Victoria Hospital in Kirkcaldy, was considered by the Committee in November 2024, with members also gaining assurance from the positive content detailed therein, including detail on the debt refinancing undertaken during the reporting year. Members welcomed confirmation that all contractual obligations have been delivered appropriately throughout the year, with no issues to highlight. Also in reference to Phase 3 of the Victoria, an update on progress in delivering Project Hydra (involving the replacement of Medium Temperature Hot Water pipes at the site) was given to members in September 2024, noting that the work was progressing well and with little or no impact on clinical services in the vicinity of the works.

- 4.16 Members reviewed refreshed Whole System Infrastructure Planning guidance for 2024/25 at its September 2024 meeting, with members noting this superseded the annual requirement to provide a data response for the State of the NHS Scotland Assets & Facilities Report and an annual Property & Asset Management Strategy. The new planning guidance allows for the opportunity to aligned and fully embedded estates-related proposals as an integral part of the organisational Population Health & Wellbeing Strategy, describing how the NHS Fife estate will help deliver and support strategic ambitions. This provides the strategic context in which to develop the estates infrastructure. This Programme Initial Agreement, which is to set out a deliverable whole-system service and infrastructure plan for the next 20 to 30 years, is due for submission in January 2026. Meantime, and in recognition of the scale of the task, Scottish Government have asked for an interim Business Continuity investment plan focussing on the “do minimum” option, for submission by January 2025. Members had initial discussions on areas of priority and issues with backlog maintenance across the estate. In January 2025, the Committee considered the draft Business Continuity & Essential Investment Infrastructure Plan, noting its initial progress through the Fife Capital Investment Group and the Executive Directors’ Group. The Plan detailed priorities for a spend of c.£10.4m per annum, in areas such as backlog maintenance, medical and digital equipment, enabling demolition works at sites such as Stratheden and Cameron, and a number of small projects to refurbish / improve existing clinical areas. The Committee endorsed the plan for subsequent Board approval and onward submission to Scottish Government.
- 4.17 Within the Board’s Population Health & Wellbeing Strategy, detailed plans are described on how the Board expects to meet the challenge to reduce our carbon emissions to net zero by 2040. Carbon zero ‘road maps’ for nine of the Board’s sites have been created, with a further three in progress at the time of writing. In addition, decarbonisation scheme funding has been secured to complete a number of projects. In March 2025, members considered a briefing detailing progress in decarbonising the NHS Fife fleet of small and light commercial vehicles, in advance of a mandatory deadline for full compliance by December 2025. Good progress was reported, with 79% compliance reported at end of November 2024. Members welcomed the strong direction of travel, noting the plans in place to meet 100% compliance over the remainder of the year. Related funding to increase the number of charging points across the NHS estate was also welcomed.
- 4.18 The Committee has in previous years considered a number of reports around the Primary Care estate, including the Transfer of Third-Party Leases from GP practices and an ongoing Primary Care Premises review, the purpose of which are to help support GP sustainability and are an important cornerstone of the work being undertaken to review the NHS Fife property / asset needs and requirements over the longer term. In September 2024, a report on the tender process for two 2C Board-managed GP practices in Fife was considered by members. The external procurement process was detailed and discussions with the Staff Governance Committee on the staff-related aspects summarised. In January 2025, the Committee was pleased to endorse the award of the contract to the successful bidder, taking assurance from the procurement process undertaken and the scoring of the successful tender bid.
- 4.19 In September 2024, the Committee took assurance from a detailed briefing on delivery of Year 1 of the Primary Care Strategy, welcoming the significant work that has been progressed. An update on premises improvement work underway in Primary Care was discussed, noting that government financial constraints have put on hold investment in new premises in Kincardine and Lochgelly, though some smaller refurbishment works have progressed. In November 2024, the Committee considered recovery process actions to progress a backlog of applications of new pharmacy contracts across Fife, noting linkages to the Public Health & Wellbeing Committee’s overall discussions on adequate provision of primary care services. Members welcomed the progress made in reducing the number of live applications. In July

2024, members considered the contract renewal for the Urgent Care Transport Services within Fife, and endorsed the proposal to the Board for formal approval.

- 4.20 At its May 2024 meeting, the Committee received an update on a Community Asset Transfer request, submitted under the Community Empowerment Act 2015, by a charity body seeking a long-term lease of mainly agricultural land adjacent to the Stratheden Hospital site. An appeal against the Board's earlier refusal of the application subsequently concluded in favour of the charity body, overruling the Board's previous decision, as described in a briefing to the Committee in May 2023. The formal negotiations for a lease of the requested land has taken place over 2024/25, with regular update reporting to the Committee. In November 2024, members considered a progress update, noting ongoing discussions with Lucky Ewe regarding access, infection control mitigations, service (gas, electricity etc.) provision and any implications to NHS services provided at the site.
- 4.21 The Committee receives a quarterly report on the twelve Key Performance Indicators for the Procurement service, agreed as part of the extant Procurement Strategy, in order to assess the service's performance against its key strategic ambitions and aid oversight of financial controls. As of 31 March 2024, the overall validated procurement saving for 2023/24 for Health Board retained spend was £807k, comprising £667k for direct cash-releasing cost savings and £140k for cost avoidance. It was noted that these savings were offset by the significant cost pressures being experienced as a direct result of the impact of the higher inflation rate across the marketplace. As of 31 March 2024, the cost pressure was -£559k, resulting in a net cost saving of £248k. This is an improvement on the final net position last financial year of £49k. Performance against all twelve KPIs is reviewed in detail by the Procurement Governance Board and the general trend across the reporting year confirms the majority, if not all, KPIs present in a positive and consistent position. At March 2025 Committee, efficiency savings to December 2024 (Quarter 3) were reported totalling £0.793m, comprised of £0.624m cash releasing savings and £0.169m of cost avoidance savings across the NHS Fife health and care system.
- 4.22 In-Year monitoring of Procurement performance is undertaken by the Procurement Governance Board, and work is ongoing to review all opportunities to deliver a financial cost reduction in our procurement spend. A further update on the new Procurement Strategy for 2024 to 2029 was discussed in September 2024, with members taking a significant level from assurance from the priorities reported. Members have also taken account of the Annual Procurement Report for 2023, considered at the Committee's same meeting, taking significant assurance from enhanced capability within the team overall, delivering a significantly improved position on procurement activity compared to the previous year. In March 2025, the Committee considered a report on the service's self-assessment exercise for the Procurement & Commercial Improvement Programme, with NHS Fife being rated as advanced for 8 of the 11 measures, with 2 ranked as good and 1 as improving. Members were able to take moderate assurance from the report, noting the conclusions of the exercise.
- 4.23 After initial consideration by the Board's Audit & Risk Committee, at their meeting in July 2024, the Committee considered the findings of the Annual Internal Audit report, with particular reference to the section on Financial Governance matters and the national challenges across NHS Scotland Boards in deliverability of financial and performance targets. Progress and improvements in the Board's internal governance processes were welcomed by members, noting the largely positive opinion of the Chief Internal Auditor on the Board's internal control framework, including those controls around quality of care, corporate governance and management of risk. The Committee also had sight of the Internal Control Evaluation report from Internal Audit, providing information on the mid-year position, at their January 2025 meeting. The report contained a full review of all areas of governance, including coverage of financial sustainability, and sought to provide early warning of any issues that might impact the Board's governance statement and would need to be addressed by year-end. The financial

challenges facing NHS Scotland overall were fully highlighted within the report, as were ongoing challenges in managing the Integrated Joint Board's overspend position and possible slippages in their recovery plan.

- 4.24 In November 2024, the Committee received the annual report on the Laboratories Managed Service Contract, focused on performance, noting that 13 out of 16 key performance areas have been met in the reporting year, which have been carefully scrutinised via the regular operational governance and financial monitoring in place.
- 4.25 The Finance, Performance & Resources Committee is the standing governance committee that has oversight of the Board's performance in delivering any Directions formally issued by the Fife Integration Joint Board (IJB). In September 2024, discussion took place on the Direction issued by the IJB to NHS Fife to transfer £4.1m to Fife Council for social care services, with subsequent agreement to work jointly with Council colleagues on the totality of the financial challenge shared between the Board and the local authority.
- 4.26 Minutes of Committee meetings have been approved by the Committee and presented to Fife NHS Board. The Board also receives an Assurance Report at each meeting from the Chair, highlighting any key issues discussed by the Committee at its preceding meeting. The Committee maintains a rolling action log to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings. The format of the action log has been enhanced, to provide greater clarity on priority actions and their due dates. A rolling update on the workplan is presented to each meeting, for members to gain assurance that reports are being delivered on a timely basis and according to the overall schedule. A final version of the workplan for 2025/26 was approved at the Committee's March 2025 meeting.

## **5 Best Value**

- 5.1 The RTP Programme in operation for 2024/25 builds on the aims of the previous organisational Best Value Framework (2018). Their combined impact facilitates a more effective triangulation of workforce, operational and financial planning, which supports the promotion and delivery of best value across all of our resource allocation. The Committee supported both these initiatives and throughout 2024/25 received progress reports and plans for consideration. The Committee were able to take ongoing assurance that the organisation had the plans and processes in place to promote and deliver best value.
- 5.2 Appendix 2 provides evidence of where and when the Committee considered the relevant best value characteristics during 2024/25.

## **6 Risk Management**

- 6.1 In line with the Board's agreed risk management arrangements, the Committee has considered risk through a range of reports and scrutiny activity, including oversight on the detail of the Corporate Risk Register covering the seven delegated risks to the Committee in the areas of: Delivery of a Balanced In-Year Financial Position; Delivery of Recurring Financial Balance over the Medium-Term; Prioritisation & Management of Capital Funding; Whole System Capacity; Access to Outpatient, Diagnostic and Treatment Services; and Cancer Waiting Times Progress, and appropriate actions were noted. The creation of a new risk in this area of Capital Funding - Service Sustainability was approved by the Executive Directors' Group in May 2024 and, as detailed at the July 2024 meeting, this has now been included on the Corporate Risk Register, aligned to Finance, Performance & Resources Committee. Some changes to the risk descriptors and mitigating actions have been agreed during the year, to reflect reference to RTP savings proposals. The finance-related risks have been refreshed, with new descriptions to redefine the risks and to highlight mitigating actions. Six risks

remained rated as 'high' throughout the year, with no in-year movement. One (Prioritisation & Management of Capital Funding) has remained rated as moderate. Linkages to the Board's overall risk appetite have been discussed with members, noting that for those individual metrics currently facing a risk profile in excess of the Board's agreed appetite, a degree of tolerance has been agreed, given the scale of external challenges at this time. The Board has reassessed its risk appetite as a whole during sessions in April and November 2024, and this is reflected in ongoing updates to the individual risk metrics from January 2025 onwards.

- 6.2 In addition to the summary presentation of the aligned risks at all meetings during the reporting year, members have received deep-dive information on their assigned risks. In July 2024, an update was given on discussions regarding the Whole System Capacity risk and consideration as to whether it should transition to an issue, as per business as usual practice when a risk is enduring. Members were also updated about a similar review of the Optimal Clinical Outcomes risk being undertaken with the input of the Clinical Governance Committee. Further discussion has been undertaken on what capacity-related risks will replace this.
- 6.3 In July 2024, further detail on the Scheduled Care Plan for 2024/25 sought to give members assurance that there were a range of activities underway to address diagnostic waiting times, given the ongoing risk in this area. In July 2024, the Committee noted that the risk levels both for capacity and access to outpatient diagnostic and treatment services had been raised from moderate to high, to reflect ongoing pressures in demand. Receipt of additional funding to increase capacity for supporting Diagnostics, Cancer Waiting Times and increased capacity in National Treatment Centres has been welcomed. Key priorities were explained, including work to address long waits; protecting diagnostic capacity, to support urgent suspicion of cancer referrals; and productive opportunities to transform services, utilising waiting list monies to address activity targets across Outpatients, Inpatient and Day Case procedures and working with the Centre for Sustainable Delivery to maximise the use of local capacity. Relationship with the Re-form, Transform, Perform workstreams was also considered. Nevertheless, the risk of not being able to deliver the full waiting times activity remained high at the time of reporting, and members carefully scrutinised the reasons for that. In September 2024, the Committee considered a comprehensive report on the Integrated Planned Care Programme, noting the achievements delivered to improve pathways and ensure our capacity is being fully utilised, taking a significant level of assurance from the work described.

## **7 Self-Assessment**

- 7.1 The Committee has undertaken a self-assessment of its own effectiveness, utilising a questionnaire considered and approved by the Committee Chair. Attendees were also invited to participate in this exercise, which was carried out via an easily accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its March 2025 meeting, and action points are being taken forward at both Committee and Board level.

## **8. Conclusion**

- 8.1 As Chair of the Finance, Performance and Resources Committee, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that adequate financial planning, monitoring and governance arrangements were in place throughout NHS Fife during the year, including scrutiny of aspects of non-financial performance metrics. The challenging financial position will remain under close scrutiny by the Committee as the new financial year gets underway.

- 8.2 I would pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee.

Signed: 

Date: 16 April 2025

**Alistair Morris, Chair**

On behalf of the Finance, Performance & Resources Committee

**Appendix 1 – Attendance Schedule**

**Appendix 2 – Best Value**

**FINANCE, PERFORMANCE & RESOURCES COMMITTEE  
ATTENDANCE SCHEDULE 2024/25**

	07.05.24	16.07.24	10.09.24	12.11.24	14.01.25	11.03.25
<b>Members</b>						
<b>A Morris</b> , Non-Executive Member ( <b>Chair</b> )	✓	✓	✓	✓	✓	✓
<b>J Bennett</b> , Non-Executive Member		✓ Observing	✓	✓	✓	✓
<b>S Braiden</b> , Non-Executive Member	✓	✓	✓	✓	✓	✓
<b>A Grant</b> , Non-Executive Member	✓	x	✓	✓	✓	✓
<b>J Kemp</b> , Non-Executive Member	✓	✓	✓	✓	✓	✓
<b>A Lawrie</b> , Area Clinical Forum Representative	✓	✓	✓	x	✓	
<b>Cllr M Lockhart</b> , Local Authority Member					x	✓
<b>M McGurk</b> , Director of Finance & Strategy (Exec Lead)	✓	✓	✓	✓	✓	✓
<b>C McKenna</b> , Medical Director	✓	✓	x	✓	✓	✓
<b>J Keenan</b> , Director of Nursing	x	x	✓	✓	✓	✓
<b>L Parsons</b> , Non-Executive Stakeholder Member	✓	✓	✓	✓	✓	✓
<b>C Potter</b> , Chief Executive	✓	x	✓	✓	✓	✓
<b>J Tomlinson</b> , Director of Public Health	x	✓	x	✓	✓	✓

**In attendance**

<b>J Anderson</b> , Interim General Manager of Women, Children & Clinical Services		✓ item 6.5				
<b>Lynn Barker</b> , Director of Nursing HSCP	✓ deputising					
<b>K Booth</b> , Head of Financial Services & Procurement				✓ item 8.5		
<b>N Connor</b> , Director of H&SC	✓	x				
<b>L Cooper</b> , Head of Primary & Preventative Care Services			✓ deputising			
<b>C Dobson</b> , Director of Acute Services	✓	x	✓	✓		✓
<b>S Dunsmuir</b> , Incoming Director of Finance						✓ observing
<b>F Forrest</b> , Acting Director of Pharmacy & Medicine	✓	✓	✓	✓	✓	✓
<b>S Fraser</b> , Associate Director of Planning & Performance	✓ item 6.4	✓ items 6.2 & 6.3	✓ item 7.1	x		✓ Item 7.1
<b>L Garvey</b> , Director of Health & Social Care				✓	✓	✓

	07.05.24	16.07.24	10.09.24	12.11.24	14.01.25	11.03.25
<b>Members</b>						
<b>A Graham</b> , Director of Digital & Information		✓	✓	✓	✓	
<b>B Hannan</b> , Director of Planning & Transformation	✓	✓	✓	✓	✓	✓
<b>B Johnston</b> , Head of Capital Planning & Project Director			✓		✓ item 7.1	
<b>J Jones</b> , Associate Director of Culture, Development & Wellbeing	✓ observing					
<b>P Kilpatrick</b> , Board Chair		✓ observing	✓	✓		
<b>P Lee</b> , Head of Procurement						✓ items 8.3 & 8.4
<b>J Lyall</b> , Chief Internal Auditor		✓ item 5.1			✓ item 6.2	
<b>G MacIntosh</b> , Head of Corporate Governance & Board Secretary	x	✓	✓	✓	✓	✓
<b>N McCormick</b> , Director of Property & Asset Management	✓	✓	✓	✓	✓	✓
<b>F McKay</b> , Interim Director of Health & Social Care		✓ deputising	x			
<b>M Michie</b> , Deputy Director of Finance	✓	✓	✓	x	✓	✓
<b>B Morgan</b> , Emergency Care General Manager					✓	
<b>E O'Keefe</b> , Consultant in Dental Health	✓ deputising					
<b>H Thomson</b> , Board Committee Support Officer	✓ item 5.3					
<b>J Torrance</b> , Head of Complex & Critical Care			✓ item 8.1			
<b>M Watts</b> , Surgical Directorate General Manager		✓ deputising				

## BEST VALUE FRAMEWORK

### Vision and Leadership

A Best Value organisation will have in place a clear vision and strategic direction for what it will do to contribute to the delivery of improved outcomes for Scotland's people, making Scotland a better place to live and a more prosperous and successful country. The strategy will display a clear sense of purpose and place and be effectively communicated to all staff and stakeholders. The strategy will show a clear direction of travel and will be led by Senior Staff in an open and inclusive leadership approach, underpinned by clear plans and strategies (aligned to resources) which reflect a commitment to continuous improvement.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Resources required to achieve the strategic plan and operational plans e.g. finance, staff, asset base are identified and additional / changed resource requirements identified.	Financial Plan Workforce Plan Whole System Infrastructure Plan	<b>FINANCE, PERFORMANCE &amp; RESOURCES COMMITTEE</b>  <b>STAFF GOVERNANCE COMMITTEE</b>  <b>BOARD</b>	Annual  Annual Annual Bi-annual Bi-monthly	Annual Delivery Plan  Financial Plan Workforce Plan Whole System Infrastructure Plan Integrated Performance & Quality Report
The strategic plan is translated into annual operational plans with meaningful, achievable actions and outcomes and clear responsibility for action.	Annual Delivery Plan	<b>FINANCE, PERFORMANCE &amp; RESOURCES COMMITTEE</b>  <b>CLINICAL GOVERNANCE COMMITTEE</b>  <b>BOARD</b>	Annual  Bi-monthly Bi-monthly	Annual Delivery Plan  Minutes of Committees Integrated Performance & Quality Report

## GOVERNANCE AND ACCOUNTABILITY

The “Governance and Accountability” theme focuses on how a Best Value organisation achieves effective governance arrangements, which help support Executive and Non-Executive leadership decision-making, provide suitable assurances to stakeholders on how all available resources are being used in delivering outcomes and give accessible explanation of the activities of the organisation and the outcomes delivered.

A Best Value organisation will be able to demonstrate structures, policies and leadership behaviours which support the application of good standards of governance and accountability in how the organisation is improving efficiency, focusing on priorities and achieving value for money in delivering its outcomes. These good standards will be reflected in clear roles, responsibilities and relationships within the organisation. Good governance arrangements will provide the supporting framework for the overall delivery of Best Value and will ensure open-ness and transparency. Public reporting should show the impact of the organisation’s activities, with clear links between the activities and what outcomes are being delivered to customers and stakeholders. Good governance provides an assurance that the organisation has a suitable focus on continuous improvement and quality. Outwith the organisation, good governance will show itself through an organisational commitment to public performance reporting about the quality of activities being delivered and commitments for future delivery.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Board and Committee decision-making processes are open and transparent.	Board meetings are held in open session and minutes are publicly available.  Committee papers and minutes are publicly available	<b>BOARD</b>  <b>COMMITTEES</b>	On going	NHS Fife website
Board and Committee decision-making processes are based on evidence that can show clear links between activities and outcomes	Reports for decision to be considered by Board and Committees should clearly describe the evidence underpinning the proposed decision.	<b>BOARD</b>  <b>COMMITTEES</b>	Ongoing	SBAR reports  EQIA section on all reports

## APPENDIX 2

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife conducts rigorous review and option appraisal processes of any developments.	Business cases	<b>BOARD</b>  <b>FINANCE, PERFORMANCE &amp; RESOURCES COMMITTEE</b>	Ongoing	Business Cases

## USE OF RESOURCES

The “Use of Resources” theme focuses on how a Best Value organisation ensures that it makes effective, risk-aware and evidence-based decisions on the use of all of its resources.

A Best Value organisation will show that it is conscious of being publicly funded in everything it does. The organisation will be able to show how its effective management of all resources (including staff, assets, information and communications technology (ICT), procurement and knowledge) is contributing to delivery of specific outcomes.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife understands and measures and reports on the relationship between cost, quality and outcomes.	Reporting on financial position in parallel with operational performance and other key targets	<b>BOARD</b>  <b>FINANCE, PERFORMANCE &amp; RESOURCES COMMITTEE</b>	Bi-monthly	Integrated Performance & Quality Report
The organisation has a comprehensive programme to evaluate and assess opportunities for efficiency savings and service improvements including comparison with similar organisations.	National Benchmarking undertaken through Corporate Finance Network.  Local benchmarking with similar sized organisation undertaken where information available.  Participation in National Shared Services Programme  Systematic review of activity / performance data through use of Discovery tool	<b>FINANCE, PERFORMANCE &amp; RESOURCES COMMITTEE</b>  <b>BOARD</b>	Annual  Bi-monthly  Ongoing	Financial Plan  Integrated Performance & Quality Report  Financial overview presentations

## APPENDIX 2

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Organisational budgets and other resources are allocated and regularly monitored.	Annual Delivery Plan  Integrated Performance & Quality Report	<b>FINANCE, PERFORMANCE &amp; RESOURCES COMMITTEE</b>	Bi-monthly	Integrated Performance & Quality Report  Grip & Control Process
NHS Fife has a strategy for procurement and the management of contracts (and contractors) which complies with the SPFM and demonstrates appropriate competitive practice.	Code of Corporate Governance  Financial Operating Procedures	<b>FINANCE, PERFORMANCE &amp; RESOURCES COMMITTEE</b>	Reviewed annually	Code of Corporate Governance  Financial Operating Procedures  Procurement Quarterly and Annual Reports
NHS Fife understands and exploits the value of the data and information it holds.	Annual Delivery Plan  Integrated Performance & Quality Report	<b>BOARD COMMITTEES</b>	Annual  Bi-monthly	Annual Delivery Plan  Integrated Performance & Quality Report

## APPENDIX 2

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Fixed assets including land, property, ICT, equipment and vehicles are managed efficiently and effectively and are aligned appropriately to organisational strategies.	Property and Asset Management Strategy	<b>FINANCE, PERFORMANCE &amp; RESOURCES COMMITTEE</b>	Bi-annual  Ongoing  Bi-monthly  Monthly	Whole System Infrastructure Plan  Report on asset disposals  Integrated Performance & Quality Report  Minutes of NHS Fife Capital Investment Group

## PERFORMANCE MANAGEMENT

The “Performance Management” theme focuses on how a Best Value organisation embeds a culture and supporting processes which ensures that it has a clear and accurate understanding of how all parts of the organisation are performing and that, based on this knowledge, it takes action that leads to demonstrable continuous improvement in performance and outcomes.

A Best Value organisation will ensure that robust arrangements are in place to monitor the achievement of outcomes (possibly delivered across multiple partnerships) as well as reporting on specific activities and projects. It will use intelligence to make open and transparent decisions within a culture which is action and improvement oriented and manages risk. The organisation will provide a clear line of sight from individual actions through to the National Outcomes and the National Performance Framework. The measures used to manage and report on performance will also enable the organisation to provide assurances on quality and link this to continuous improvement and the delivery of efficient and effective outcomes.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Performance is systematically measured across all key areas of activity and associated reporting provides an understanding of whether the organisation is on track to achieve its short and long-term strategic, operational and quality objectives	<p>Integrated Performance &amp; Quality Report encompassing all aspects of operational performance, AOP targets / measures, and financial, clinical and staff governance metrics.</p> <p>The Board delegates to Committees the scrutiny of performance</p> <p>Board receives full Integrated Performance &amp; Quality Report and notification of any issues for escalation from Committees.</p>	<p><b>COMMITTEES</b></p> <p><b>BOARD</b></p>	Every meeting	<p>Integrated Performance &amp; Quality Report</p> <p>Code of Corporate Governance</p> <p>Minutes of Committees</p>

## APPENDIX 2

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The Board and its Committees approve the format and content of the performance reports they receive	The Board / Committees review the Integrated Performance & Quality Report and agree the measures.	<b>COMMITTEES</b> <b>BOARD</b>	Annual	Integrated Performance & Quality Report
Reports are honest and balanced and subject to proportionate and appropriate scrutiny and challenge from the Board and its Committees.	Committee Minutes show scrutiny and challenge when performance is poor as well as good; with escalation of issues to the Board as required	<b>COMMITTEES</b> <b>BOARD</b>	Every meeting	Integrated Performance & Quality Report  Minutes of Committees
The Board has received assurance on the accuracy of data used for performance monitoring.	Performance reporting information uses validated data.	<b>COMMITTEES</b> <b>BOARD</b>	Every meeting  Annual	Integrated Performance & Quality Report  Annual Accounts including External Audit report

## APPENDIX 2

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife's performance management system is effective in addressing areas of underperformance, identifying the scope for improvement, agreeing remedial action, sharing good practice and monitoring implementation.	Encompassed within the Integrated Performance & Quality Report	<b>COMMITTEES</b>  <b>BOARD</b>	Every meeting	Integrated Performance & Quality Report  Minutes of Committees

CROSS-CUTTING THEME – SUSTAINABILITY

The “Sustainability” theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded a sustainable development focus in its work.

The goal of Sustainable Development is to enable all people throughout the world to satisfy their basic needs and enjoy a better quality of life without compromising the quality of life of future generations. Sustainability is integral to an overall Best Value approach and an obligation to act in a way which it considers is most sustainable is one of the three public bodies’ duties set out in section 44 of the Climate Change (Scotland) Act 2009. The duty to act sustainably placed upon Public Bodies by the Climate Change Act will require Public Bodies to routinely balance their decisions and consider the wide range of impacts of their actions, beyond reduction of greenhouse gas emissions and over both the short and the long term.

The concept of sustainability is one which is still evolving. However, five broad principles of sustainability have been identified as:

- promoting good governance;
- living within environmental limits;
- achieving a sustainable economy;
- ensuring a stronger healthier society; and
- using sound science responsibly.

Individual Public Bodies may wish to consider comparisons within the wider public sector, rather than within their usual public sector “family”. This will assist them in getting an accurate gauge of their true scale and level of influence, as well as a more accurate assessment of the potential impact of any decisions they choose to make.

A Best Value organisation will demonstrate an effective use of resources in the short-term and an informed prioritisation of the use of resources in the longer-term in order to bring about sustainable development. Public bodies should also prepare for future changes as a result of emissions that have already taken place. Public Bodies will need to ensure that they are resilient enough to continue to deliver the public services on which we all rely.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife can demonstrate that it respects the limits of the planet’s environment, resources and biodiversity in order to improve the environment and ensure that the natural resources needed for life are	Sustainability and Environmental report incorporated in the Annual Accounts process.	<b>FINANCE, PERFORMANCE &amp; RESOURCES COMMITTEE</b>  <b>BOARD</b>	Annual	Annual Accounts  Climate Change Template

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
unimpaired and remain so for future generations.				

## CROSS-CUTTING THEME – EQUALITY

The “Equality” theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded an equalities focus which will secure continuous improvement in delivering equality.

Equality is integral to all our work as demonstrated by its positioning as a cross-cutting theme. Public Bodies have a range of legal duties and responsibilities with regard to equality. A Best Value organisation will demonstrate that consideration of equality issues is embedded in its vision and strategic direction and throughout all of its work.

The equality impact of policies and practices delivered through partnerships should always be considered. A focus on setting equality outcomes at the individual Public Body level will also encourage equality to be considered at the partnership level.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
NHS Fife meets the requirements of equality legislation.		<b>BOARD</b> <b>COMMITTEES</b>	Ongoing	EQIA section on all reports
The Board and senior managers understand the diversity of their customers and stakeholders.	Equality Impact Assessments are reported to the Board and Committees as required and identify the diverse range of stakeholders.	<b>BOARD</b> <b>COMMITTEES</b>	Ongoing	EQIA section on all reports
NHS Fife’s policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments consider the current and future needs and access requirements of the groups within the community.	<b>BOARD</b> <b>COMMITTEES</b>	Ongoing	Development of new Strategy  EQIA section on reports

## APPENDIX 2

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
Wherever relevant, NHS Fife collects information and data on the impact of policies, services and functions on different equality groups to help inform future decisions.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments will collect this information to inform future decisions.	<b>BOARD</b>  <b>COMMITTEES</b>	Ongoing	EQIA section on reports

<b>Meeting:</b>	<b>Finance, Performance &amp; Resources Committee</b>
<b>Meeting date:</b>	<b>8 May 2025</b>
<b>Title:</b>	<b>Corporate Risks Aligned to the Finance, Performance &amp; Resources Committee</b>
<b>Responsible Executive:</b>	<b>Susan Dunsmuir, Director of Finance Chris McKenna, Medical Director</b>
<b>Report Author:</b>	<b>Dr Shirley-Anne Savage, Associate Director for Risk and Professional Standards</b>

## Executive Summary

- The report provides an update on the corporate risks aligned to this committee.
- The committee are asked to consider and be assured of the mitigating actions to improve the risk levels and note the risk appetite status of the corporate risks against the new risk appetite agreed by the Board in November 2024.
- Members are asked to take a “moderate” 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.

## 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
- NHS Fife Board Strategic Priorities
  - To Improve Quality of Health & Care Services
  - To Deliver Value and Sustainability

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

This paper provides an update on the risks aligned to this Committee since the last report on 11 March 2025.

### 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.

### 2.3 Assessment

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

**Table 1: Risks Aligned to the FP&R Committee**

Since the last report on 11 March 2025, the risk profile is unchanged:

- Seven risks are aligned to the Committee.
- The risk level breakdown is 6 High and 1 Moderate.

Risk Title	Target Score	Current Score	Feb 2025	Dec 2024	Oct 2024	Aug 2024	June 2024	April 2024	Risk Appetite
6. Whole System Capacity	16	20	20	20	20	20	20	20	Above
7. Access to outpatients, diagnostic and treatment services	16	20	20	20	20	20	20	20	Above
8. Cancer Waiting Times	12	15	15	15	15	15	15	15	Within
13. Delivery of a balanced in year financial position	25	25	25	25	25	25	25	16	Above
14. Delivery of recurring financial balance over the medium-term	20	25	25	25	25	25	25	16	Above
15. Prioritisation and management of capital funding	8	12	12	12	12	12	12	12	Within
20. Reduced Capital Funding	12	20	20	20	20	20	N/A	N/A	Above

Three risks align to *Strategic Priority 2: ‘To improve the Quality of Health & Care Services.’*  
The Board has an open appetite for risks in this domain.

- Risk 6 and 7 have a current level of high 20 and are above appetite.
- Risk 8 has a current risk level of high 15 and is within appetite.

Four risks align to *Strategic Priority 4: ‘To Deliver Value and Sustainability.’*  
The Board has an open appetite for risks in this domain.

- Risk 15 has a current risk level of moderate 12 and is within appetite.
- Risk 13 has a current risk level of high 25 and Risk 14 and 20 have a current level of high 20. All are above appetite.

## **Key Risk Updates**

### **Risk 7 – Access to Outpatients, Diagnostics and Treatment Services**

Planning for delivery of the targets for 25/26 completed with additional funding bids submitted to SG. Early indication that bids have been successful for all specialties (apart from Vascular), however formal letter of funding guarantee yet to be received. Risk – delay in start to delivery of plans could adversely affect ability to reach SG target of no patients waiting over 52 weeks by March 2026.

### **Risk 13 – Delivery of a Balanced In-Year Financial Position**

At the end of period 11 there is a reasonable level of confidence we will achieve the full 25M (3%). The overspend for the health board retained budget to the end of February of £17.057m includes a continuation of the underlying and current cost pressures described in the financial plan.

At the end of February, the projected overspend for health board retained is much improved when compared with the original planned residual deficit. This improvement is however limited to the health board retained budget position.

The IJB position has deteriorated further with their current forecast outturn (January position) indicating a projected deficit of £36.990m but with further additional risk of £1.650m identified in respect of GP prescribing and a particularly high cost patient requiring specialist out of area treatment.

The increasing deterioration in the IJB position will make it very difficult for the overall Board position to meet or improve on the forecast deficit reported in the financial plan in March 2024.

Scottish Government have confirmed a maximum amount of repayable brokerage will be available to NHS Fife for 2024-25 of up to £37m but have requested we continue to collaborate with partners to reduce this requirement as far as possible throughout the remainder of the financial year.

This risk will be re-set at the next round of committees to reflect the coming year 2025/26.

### **Risk 14 – Delivery of a Balanced In-Year Financial Position**

The Board approved the Medium-Term Financial Plan 2025/26 to 2027/28 at the end of March 2025.

The plan incorporates the one-year funding settlement advised by Scottish Government on 4 December 2024. Additionally, the plan includes further funding announcements advised by Scottish Government in relation to additional New Medicines Funding and Sustainability Allocations since December 2024.

Both Acute and IJB services continue to be under significant financial and service pressure resulting from underlying deficits compounded by demand and capacity challenges. We will require to continue to work collaboratively across the health and care system to ensure the

best possible use of resources and capacity, address variation and improve productivity and efficiency.

The inclusion of the sustainability payments announced by Scottish Government for 2025/26 alongside an improved underlying recurring deficit and increased savings opportunities, has significantly improved the financial position for the board leaving a residual unidentified savings gap of £9.2m to be scoped out equivalent to 0.98% of our baseline Revenue Resource Limit.

Our approach to financial recovery will be delivered by our new Re-form, Transform and Perform Framework Year 2 (RPT2). Targeting recurring savings of £28.573k in 2025/26.

Further work will continue to improve on the level of identified savings with a particular emphasis on the impact of transformation on our cost base in the latter 2 years of the plan.

SG approval of the of our MTFF was received on the 31<sup>st</sup> March 2025.

This report provides a Moderate level of assurance with the exception of the financial position which is Limited.

	Significant	Moderate	Limited	None
Level		X		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

The level of assurance in relation to the financial position is Limited.

	Significant	Moderate	Limited	None
Level			X	
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & Care

Effective management of risks to quality and patient care will support delivery of our strategic priorities. It is expected that the application of realistic medicine principles will ensure a more

co - ordinated and holistic focus on patients' needs, and the outcomes and experiences that matter to them, and their families and carers.

### **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**

The financial sustainability of NHS Fife and the challenges in terms of delivering that over the medium term are described in the corporate risk register.

### **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, and 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.

### **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 24 April 2025
- Neil McCormick, Director of Property & Asset Management on 24 April 2025
- Susan Dunsmuir, Director of Finance on 24 April 2025
- Chris McKenna, Medical Director on 24 April 2025

## **2.4 Recommendation**

### **• Assurance**

Members are asked to:

- note details of the corporate risks aligned to this committee as at 22 April 2025
- note the risk appetite status of the risks against the new risk appetite

- consider and be assured of the mitigating actions to improve the risk levels and take a “moderate” level of assurance

### **3 List of appendices**

The following appendices are included with this report:

- Appendix 1, Summary of Corporate Risks Aligned to F,P&R Committee as at 22 April 2025


#### **Report Contact**


Dr Shirley-Anne Savage

Associate Director for Risk and Professional Standards


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## NHS Fife Corporate Risk Register as at 22/04/25


No	Strategic Priority and Risk Appetite	Risk Title and Description	Mitigation	Risk Appetite Status	Current Risk Level/ Rating	Target Risk level & rating by dd/mm/yy	Current Risk Level Trend	Risk Owner	Primary Committee
6	 <b>OPEN</b>	<p><b>Whole System Capacity</b></p> <p>There is a risk that NHS Fife may be unable able to provide safe and effective care to the population of Fife as a result of workforce capacity, significant and sustained unscheduled care and planned admission activity to the Victoria Hospital, as well as challenges in achieving timely discharge to downstream wards and provision of social care packages.</p>	<p>The risk descriptor has been updated. The updated wording of the risk reflects the ongoing significant and sustained admission activity to acute services, combined with challenges in achieving timely discharge to downstream wards and/or provision of social care packages, that the management of Acute hospital capacity and flow will be severely compromised.</p> <p>Management data from winter demonstrates re-direction via FNC and NHS 24 is having an impact in reducing demand month on month and our work to embed Discharge Without Delay (DWW) and Home First continues to provide improvements and learning. A system wide lessons learnt &amp; planning workshop was held on 26/2/25 which identified further system wide improvements.</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>The System Flow Operational Group meets weekly with senior operational managers to 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</p>	Above	High 20	High 16 by 31/03/26	◀▶	Director of Acute Services	Finance, Performance & Resources (F,P&RC)


			identified as clinically fit or with a Planned Date of Discharge are reviewed daily. 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.						
7		<p><b>Access to outpatient, diagnostic and treatment services</b></p> <p>There is a risk that patient outcomes may be adversely impacted by NHS Fife's challenge in delivering the waiting times standards due to ongoing unscheduled care pressures and demand exceeding current capacity.</p>	<p>Planning for 2024/25 has been completed in line with planning guidance letter received on 24/01/24.</p> <p>The issue of the confirmed funding being 1M less than the committed staff costs has now been resolved as the Scottish Government have confirmed a further 3.4M to maintain 2023/24 activity levels. The Board has also successfully secured non-recurring funding from the 30M available nationally to support elective waiting times.</p> <p>The Planned Care Plan was approved by the FP&amp;R Committee at the July meeting. This includes additional clinics, enhanced vetting and increased theatre capacity as well as funding additional medical posts (urology, neurology, gynaecology and ENT).</p> <p>The Integrated Planned Care Programme Board continues to oversee 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>Weekly waiting times meetings to review and action long waits. Monthly meeting to review and develop longer term plans to improve waiting times.</p>	Above	High 20	High 16 by 31/03/26	◀▶	Director of Acute Services	Finance, Performance & Resources (F,P&RC)

			<p>Monthly meetings with Scottish Government to monitor delivery against the annual plan.</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>Confirmation was received from Scottish Government in September that no further additional funding will be received for this financial year.</p> <p>December 24</p> <p>Outpatient and IPDC services continue to work within trajectories however risk of cancellations during winter pressures could adversely impact performance against previously submitted plans.</p> <p>The anticipated Q2, Q3 and Q4 funding for Radiology with the exception of mobile imaging monies submitted against bids for 30m non-recurring funding has ceased. This will adversely affect performance in the latter part of the year particularly impacting ultrasound waiting times where there has been significant improvement in Q1. Projected 90% of patients waiting less than 6 weeks will not be sustained.</p> <p>Priority continues to focus on our urgent and urgent suspicion of cancer patients as well as treating patients based on clinical prioritisation, validating waiting</p>						
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			<p>lists and reprioritising patients where indicated and reducing the number of long waiting patients.</p> <p>February 25</p> <p>Further to planning guidance received from SG on 20th December 24, NHS Fife has submitted first draft of trajectories for 25-26. This includes RAG status against the likelihood of delivering planned care targets for TTG and OPs – no waits over 52 weeks by March 26 and for delivering standards for diagnostics and cancer. Discussions with SG are ongoing. Priority continues to focus on treating our urgent and urgent suspicion of cancer patients as well as reducing the number of long waiting patients.</p> <p>April 2025</p> <p>Planning for delivery of the targets for 25/26 completed with additional funding bids submitted to SG. Early indication that bids have been successful for all specialties (apart from Vascular), however formal letter of funding guarantee yet to be received. Risk – delay in start to delivery of plans could adversely affect ability to reach SG target of no patients waiting over 52 weeks by March 2026.</p>						
8	 <p><b>OPEN</b></p>	<p><b>Cancer Waiting Times (CWT)</b></p> <p>There is a risk that patient outcomes may be adversely impacted by NHS Fife's ongoing challenge in meeting the cancer waiting times standards due to increasing patient referrals, complex cancer pathways and service capacity.</p>	<p>Operational risks around Pharmacy and SACT nursing capacity has been escalated. A review of the SACT Unit and nursing workforce is underway. Two ANPs and a Pathway Navigator has been recruited.</p> <p>There has been a Specialty Doctor recruited in Haematology and the consultant vacancy is supported by agency locums.</p>	Within	High 15	Mod 12 by 31/03/26	◀▶	Director of Acute Services	Finance, Performance & Resources (F,P&RC)


			<p>The prostate project group is under review to incorporate learning from the Lanarkshire Model.</p> <p>The Nurse-led model went live in August 2023 however there has been reduced activity due to training of a replacement staff member. The Evaluation of this project currently being undertaken with an update from University of Stirling expected.</p> <p>Introduction of consultant lead specific to cancer services in Urology. 1 session per month, with a cancer meeting bi-monthly. There will be an increased focus on challenged cancer pathways within the speciality, focussing on the prostate pathway and MRI/TP biopsy delays. A Urology surgeon is being trained training in Prostate modality to increase RALP capacity. There will be an increased focus on renal and bladder pathways. The team are looking at the potential to carry out bladder cancer in QMH increasing capacity and reducing waiting lists.</p> <p>Funding for channelled endoscopes has been supported to improve waits in the head and neck pathway.</p> <p>Forth Valley supports mutual aid breast clinics to ensure performance is maintained. Radiology are aiming to recruit a general radiologist with a breast sub specialty. The team are collaborating with radiology to expedite hormone results to ensure timely treatment.</p> <p>Upper GI pathway has been challenged due to vacancies, however, final interview for specialist nurses in February 2025 with opportunities for improvement being continually sought</p>						
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			<p>Fortnightly meetings with Scottish Government (SG) and quarterly monitoring of the Effective Cancer Management Framework is currently under review.</p> <p>Single Point of Contact Hub (SPOCH) continues to effectively support initiation of the Optimal Lung Cancer and support the negative qFIT pathway. To remove patients from the lung pathway in a timely manner the Hub advises patients of 'good news' albeit the service has had both sickness and vacancy challenges. Support from Health Records has helped timely appointments for patients referred urgent suspected cancer.</p> <p>The Cancer Framework is under review to ensure alignment with the Scottish Cancer Strategy. The Actions for 2025-26 are being 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 will be provided on a recurring basis from 2024-25. Bids have been prioritised to support improvement. A review of funding will take place for 2025-26</p> <p>ADP Actions for 2025/26 have been drafted.</p>						
13	 <p><b>Delivery of a balanced in-year financial position</b></p> <p>There is a risk that due to the ongoing impact of the pandemic combined with the very challenging financial context both</p>	<p>Our approach to financial recovery will be delivered by our new Re-form, Transform and Perform Framework (RPT).</p> <p>The overall opening financial gap reduced from £54.750m to £51.350m in July 2024 as a consequence of allocation increases notified since the financial plan was</p>	Above	High 25	High 25 by 31/03/25	◀▶	Director of Finance & Strategy	Finance, Performance & Resources (F,P&RC)	

		<p>locally and nationally, the Board will not achieve its statutory financial revenue budget target in 2024/25 without further planned brokerage from Scottish Government.</p>	<p>approved by the NHS Fife Board in March 2024.</p> <p>At the end of period 11 there is a reasonable level of confidence we will achieve the full 25M 3%.</p> <p>At the end of February 2025, The overspend for the health board retained budget to the end of February of £17.057m includes a continuation of the underlying and current cost pressures described in the financial plan. At the end of February, the projected overspend for health board retained is much improved when compared with the original planned residual deficit. . This improvement is however limited to the health board retained budget position.</p> <p>The IJB position has deteriorated further with their current forecast outturn (January position) indicating a projected deficit of £36.990m but with further additional risk of £1.650m identified in respect of GP prescribing and a particularly high cost patient requiring specialist out of area treatment</p> <p>The increasing deterioration in the IJB position will make it very difficult for the overall Board position to meet or improve on the forecast deficit reported in the financial plan in March 2024.</p> <p>Scottish Government have confirmed a maximum amount of repayable brokerage will be available to NHS Fife for 2024-25 of up to £37m but have requested we continue to collaborate with partners to reduce this requirement as far as possible throughout the remainder of the financial year.</p>						
14		<b>Delivery of recurring financial balance over the medium-term</b>	Recurring and sustained delivery of our programme of work and supporting actions	Above	High 25	High 20 by	◀▶	Director of Finance & Strategy	Finance, Performance & Resources

	OPEN	<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>to achieve a target of 3% recurring savings on baseline budgets £28m in 2025/26 into future years.</p> <p>The Board approved the Medium-Term Financial Plan 2025/26 to 2027/28 at the end of March 2025.</p> <p>The plan incorporates the one-year funding settlement advised by Scottish Government on 4 December 2024. Additionally, the plan includes further funding announcements advised by Scottish Government in relation to additional New Medicines Funding and Sustainability Allocations since December 2024.</p> <p>Both Acute and IJB services continue to be under significant financial and service pressure resulting from underlying deficits compounded by demand and capacity challenges. We will require to continue to work collaboratively across the health and care system to ensure the best possible use of resources and capacity, address variation and improve productivity and efficiency.</p> <p>The inclusion of the sustainability payments announced by Scottish Government for 2025/26 alongside an improved underlying recurring deficit and increased savings opportunities, has significantly improved the financial position for the board leaving a residual unidentified savings gap of £9.2m to be scoped out equivalent to 0.98% of our baseline Revenue Resource Limit.</p> <p>Our approach to financial recovery will be delivered by our new Re-form, Transform and Perform Framework Year 2 (RPT2). Targeting recurring savings of £28.573k in 2025/26.</p>			31/03/27			(F,P&RC)
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			<p>Further work will continue to improve on the level of identified savings with a particular emphasis on the impact of transformation on our cost base in the latter 2 years of the plan.</p> <p>SG approval of the of our MTFF was received on the 31<sup>st</sup> March 2025.</p>						
15	 <p>OPEN</p>	<p><b>Prioritisation &amp; Management of Capital funding</b></p> <p>There is a risk that lack of prioritisation and control around the utilisation of limited capital and staffing resources will affect our ability to manage and mitigate risk and to support the developing Population Health and Wellbeing Strategy.</p>	<p>Ongoing governance through FCIG with capital plan being submitted through FP&amp;R and the Board.</p> <p>Annual Property and Asset Management Strategy (PAMS) updates to provide strategic direction now being replaced with the Whole System Initial Agreement development over the next 2 years.</p> <p>Rolling 5-year equipment programme and implementation of medical devices database.</p> <p>Implementation of medical devices database.</p> <p>Rolling 5-year Digital &amp; Information programme linked to D&amp;I strategy. 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>	Within	Mod 12	Mod 8 (by 01/04/26 at next SG funding review)	◀▶	Director of Property & Asset Management	Finance, Performance & Resources (F,P&RC)
20		<b>Reduced Capital Funding</b>	<p>Use the capital funding we do receive wisely with requirements being prioritised in a logical manner (see Risk 15).</p>	Above	High 20	Mod 12	◀▶	Director of Property &	Finance, Performance & Resources

	 OPEN	<p>There is a risk that reduced capital funding will affect our ability (scale and pace) to deliver against the priorities set out in our Population Health and Wellbeing Strategy. It may also lead to a deterioration of our asset base including our built estate, digital infrastructure, and medical equipment. There will be less opportunity to undertake change projects/programmes.</p>	<p>Maintain open communication channels with Scottish Government to facilitate alignment around planning.</p> <p>Submit our Business Continuity &amp; Essential Investment Infrastructure Plan to Scottish Government in January 2025.</p>			by 30/03/26		Asset Management	(F,P&RC)
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**Risk Movement Key**

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

**Meeting:** Finance, Performance & Resources  
Committee

**Meeting date:** 8 May 2025

**Title:** Integrated Joint Board Directions 2025/26

**Responsible Executive:** Susan Dunsmuir, Director of Finance  
Lynne Garvey, Director of Health & Social Care

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

## Executive Summary:

- The Fife IJB, following approval of their 2025/26 financial plan, issued a Direction to NHS Fife at the end of March confirming the resources directed to NHS Fife for 2025/26.
- Funds delegated to the IJB from NHS Fife total £493.680m Funds directed from the IJB to NHS Fife total £435.138m.
- The difference in funds delegated and directed to NHS Fife is £58.542m and includes Resource transfer to Fife Council of £51.824m and budget realignment to Fife Council of £6.718m.
- NHS Fife's 2025/26 financial plan includes risk share with the IJB of up to £8.529m which includes the budget realignment to Fife Council of £6.718m.
- Agreement has been reached by partners to review the IJB financial position on an eight-weekly basis in line with funding agreed within the financial plans to be issued to the IJB on a phased basis.
- Following the payment of the budget realignment from NHS Fife to Fife Council, NHS Fife's financial plan anticipates further risk share payment of up to £1.811m taking the total potential risk share inclusive of budget realignment to £8.529m.

# 1 Purpose

**This report is presented for:**

- Assurance

**This report relates to:**

- Legal requirement

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

Directions are a necessary and important element of Fife IJB's governance structure designed to communicate IJB decisions and clarify responsibilities between Partners within a clear framework for delivery of delegated functions. Directions must be in writing and drafted in sufficient detail to ensure Fife IJB's decision making is accurately and effectively communicated to both NHS Fife Health Board and Fife Council. At their board meeting on 26 March 2025, the IJB approved their budget for 2025/26 and issued a direction in respect of the 2025/26 budget to each of the partners.

### 2.2 Background

In line with the provisions of sections 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014, Directions are the key mechanism by which Fife IJB's strategic plan is actioned. Directions are issued by Fife IJB to NHS Fife Health Board and Fife Council, setting out how all functions delegated by partners to the IJB and operationally managed by Fife Health and Social Care Partnership (HSCP) are to be delivered and funded via the integrated budget.

Directions are legally binding and provide a formal record and audit trail of Fife IJB's decisions and responsibilities between Partners. Directions must be in line with Fife IJB's strategic plan priorities. Directions must also be in line with clinical and care governance standards to ensure high quality, safe and effective care that considers staff welfare and financial governance arrangements.

As a minimum, Directions must provide the following information:

- Scope and scale of the function and the scale of the intervention required
- Details of finance involved
- Details of the actions or outputs required in line with the IJB's strategic priorities
- Timescales for delivery and performance

## 2.3 Assessment

On 27 March NHS Fife Chief Executive received a copy of the approved IJB Direction to NHS Fife for 2025/26. NHS Fife has delegated total funding of £493.68m to the IJB for 2025/26 in relation to the NHS functions delegated to the IJB. For the financial year 2025/26, Fife IJB has allocated a budget of £435.138 million to NHS Fife for the purpose of delivering the functions delegated to NHS Fife in accordance with the Integration Scheme. The difference between funds delegated by NHS Fife to the IJB and funds directed to NHS Fife by the IJB is £58.542m. The table below describes the detail of the total funds of £58.542m transferred to Fife Council via the Direction issued by the IJB to NHS Fife.

2025/26 Direction issued by Fife IJB to NHS Fife		£m
Funding Delegated to Fife IJB by NHS Fife 2025/26		493.680
Funding Directed by Fife IJB to NHS Fife for 2025/26		435.138
<b>Variation in funding delegated by NHS Fife to the IJB and funding directed by the IJB to NHS Fife</b>		<b>58.542</b>
<b>Budget Transfer to Fife Council per IJB Directions</b>		£m
		<b>58.542</b>
Analysed as follows:		
	£m	£m
<b>Resource Transfer - as per directions</b>		51.824
Resource Transfer as beds were closed and alternatives were found within community etc	19.262	
Covers bed closures		
Milesmark care of the elderly		
Lynebank various phases - Learning Disabilities		
Stratheden Mental Health		
Scottish Government social care funding allocated to Councils via Health:	23.686	
Covers such things as living and fair wage, delayed discharge & veterans		
Delayed Discharge Funding	2.019	
Integration Fund	2.988	
Additional Nursing Home Places	1.172	
Integrated Response Teams and other staffing	0.846	
Entrapped Patients - relates to Fife residents in other Council areas	0.244	
ADP Team	0.155	
Voluntary Organisations	1.452	
Includes payments for Drug & Alcohol out with ADP		
Payments to VO arranged by the Council as they lead on monitoring		
<b>Budget realignment approved by the IJB</b>		6.718
<b>Variation in funding delegated by NHS Fife to the IJB and funding directed by the IJB to NHS Fife</b>		<b>58.542</b>

The Resource Transfer of £51.824m reflects historical funding arrangements and other Scottish Government pass through funding and is transferred annually along with the budget realignment of £6.718m from NHS Fife to Fife Council as approved by the IJB.

In addition to the resource transfer funding allocation of £51.824m from NHS Fife to Fife Council the budget realignment from NHS Fife to Fife Council triggers an initial upfront invoice from the Council to the NHS of £6.718m. The Council have noted that they need to increase the expenditure budgets within the Council to reflect the IJB directed budget and provide their budget holders authority to spend.

Included in NHS Fife's financial plan for 2025/26 is a risk share cost pressure of up to £8.5m. The risk share cost pressure is inclusive of the £6.718m budget realignment approved by the IJB.

Within the IJB financial plan there is an overall funding gap of £40.577m. To close this gap and return the IJB as required to a balance position the following savings and volatile budget monitoring has been set:

- New savings of £12.247m
- Unachieved savings brought forward from 24/25 £15.277m
- Closer scrutiny of volatile budgets £13m

The IJB has identified in their financial plan volatile budgets of £13m which may require funding support from partners. The NHS Fife Financial Plan includes the IJB requiring this funding and to achieve all unachieved 2024/25 and new savings. The aim of the IJB is to manage these volatile budgets down alongside realising the 2024/25 unachieved and new savings. Agreement has been reached by partners to review the IJB financial position on an eight-weekly basis inline with funding agreed within the financial plans to be issued to the IJB on a phased basis. The review meetings will also review progress on the above and highlight any risks and mitigations remaining within the budget. Following the payment of the budget realignment from NHS Fife to Fife Council, NHS Fife's financial plan anticipates further risk share payment of up to £1.811m taking the total potential risk share inclusive of budget realignment to £8.529m.

Plans are in place within the IJB to achieve the savings plan and manage the volatile budgets however, there remains a risk of deviation and potential financial risk which will be monitored at the monthly finance meetings with all partners.

The level of Assurance provided by this report has been split into 2 categories, namely Governance and Performance.

In relation to Governance a moderate level of assurance is provided because of the new monitoring process which has been developed alongside the escalation framework.

	Significant	Moderate	Limited	None
Level		X		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

In relation to Performance, limited assurance is currently provided as the process for monitoring is at an early stage in the financial year.

	Significant	Moderate	Limited	None
Level			X	
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

### 2.3.1 Quality, Patient and Value-Based Health & 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 corporate risk register. Potential Risk Share with the IJB in excess of the level provided for in the 2025/26 NHS Fife financial plan will require significant scrutiny and mitigating actions developed at pace. Scottish Government repayable brokerage will not be available in 2025/26 for any Board. All Boards must work towards break-even and where that is not achieved, Boards will require to show

a deficit position in the year end accounts leading to potential qualification and the issue of an Audit Scotland Section 22 report. This will be in addition to consideration of Board escalation status.

### **2.3.5 Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions**

This paper has been prepared with due regard given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process. An impact assessment has not been carried out as it is considered not relevant to this paper.

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

There are no direct implications arising from this report.

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

This paper has been prepared following receipt of the Directions from Fife IJB and following consultation with NHS Fife Director of Finance and Fife IJB Chief Officer.

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

This is the first time this paper is presented.

## **2.4 Recommendation**

This paper is provided to members for:

### **Assurance**

- Governance - This report provides a **moderate Level of Assurance** on the information provided.
- Performance - This report provides a **limited Level of Assurance** on the information provided

## **3 List of appendices**

Appendix 1 – Directions letter received from IJB

### **Report Contact**

Maxine Michie  
Deputy Director of Finance  
maxine.michie@nhs.scot

**Meeting:** Finance, Performance & Resources  
Committee

**Meeting date:** 8 May 2025

**Title:** Review of General Policies & Procedures

**Responsible Executive:** Ben Hannan, Director of Planning & Transformation

**Report Author:** Hazel Thomson, Board Committee Support Officer

## Executive Summary:

- The Finance, Performance & Resources Committee receive an annual update on the status of General Policies, for assurance purposes.
- This paper provides an update on the position of General Policies, which presents a decrease in the number of in date policies based on the previous year's position.
- General Policies that are in date continue to remain below the expected target of 80%, which is a risk to the organisation. As per ELT discussions summarised in this paper, mitigations are in place to address this. A moderate level of assurance is therefore being proposed via this paper.

## 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

## 2 Report summary

### 2.1 Situation

In response to an internal audit report produced in March 2013, and after a subsequent recommendation from the Audit & Risk Committee regarding the level of risk to the Board

from any delay in reviewing policies in line with target dates, management agreed that a more robust approach to enforcing policy reviews was required. The Finance, Performance & Resources Committee therefore currently receives an annual update on the status of 'general' (i.e., non-clinical or workforce related) policies, for assurance purposes.

## 2.2 Background

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

- General Policies – Finance, Performance & Resources Committee
- Clinical Policies – Clinical Governance Committee
- Workforce – Staff Governance Committee

## 2.3 Assessment

A positive update on General Policies was last provided to the Finance, Performance & Resources Committee in May 2024, however, since then, work has not progressed as anticipated to tackle the backlog of General Policies & Procedures reviews that are overdue, and there are still a number of General Policies that are out-of-date, as detailed below.

The potential risk management implications of overdue policies have been considered, as recommended by the internal audit follow-up process. To address this aspect, the Executive Leadership Team (ELT) have taken a risk-based approach, to prioritise and agree on a way forward to address the out-of-date policies that remain significantly beyond their original due date, and a brief description is provided below. Furthermore, direct Executive Director action will be taken forward to drive progress with persistently overdue policies, with a view to considerably improving the position in the next six months' time. Priority will be given to those of greatest risk to the organisation overall, as determined by ELT itself in the consideration of this issue.

Whilst a policy remains beyond its due date, the previous version remains in force, providing a certain level of mitigation that formal procedures remain in place for the policy areas under review.

### Current Position

In April 2025, of the 59 General Policies, 3 (5%) remain beyond their due date and not under present review, as listed below. 7 (12%) of the General Policies have been submitted and are going through the formal approval process, and 13 (22%) are actively being reviewed within departments. 36 (61%) of General Policies are up to date – a decline in the position since the last report in April 2024 of 13%.

No	Responsible Director	Policy No.	Policy Title	Review Date	Status
<b>DIGITAL &amp; INFORMATION</b>					
1	Director of Digital & Information	GP/E7	Non NHS Equipment Policy	May 2019	<b>Actively being reviewed</b> Further review to take place at IG&S Steering Group in May 2025.
2	Director of Digital & Information	GP/I4	e-Health Procurement Policy	May 2019	<b>Actively being reviewed</b> Expected completion April 2025
3	Director of Digital & Information	GP/R8	Health Records and Destruction	June 2023	<b>Actively being reviewed</b> Expected completion May 2025
4	Director of Digital & Information	GP/P8	Patient Access Policy	June 2024	<b>Overdue</b> On hold until PHS Waiting List changes implemented in TrakCare in Feb 2026
5	Director of Digital & Information	GP/R4	Records Management Policy	1 May 2024	<b>In progress</b> Going through approval process
6	Director of Digital & Information	GP/F1	Freedom of Information	August 2024	<b>In progress</b> Going through approval process
7	Director of Digital & Information	GP/M4	Portable Media Management Policy	December 2024	<b>In progress</b> Going through approval process
8	Director of Digital & Information	GP/C10	Clear Desk Policy	January 2025	<b>In progress</b> Going through approval process
9	Director of Digital & Information	GP/D6	Data Encryption Policy	January 2025	<b>In progress</b> Going through approval process
10	Director of Digital & Information	GP/E6	Email Policy	January 2025	<b>Actively being reviewed</b>
11	Director of Digital & Information	GP/I5	Information Security Policy	January 2025	<b>Actively being reviewed</b> Expected completion May 2025
<b>DIRECTOR OF NURSING</b>					
12	Director of Nursing	GP/I8	Infection Control Policy	November 2024	<b>Actively being reviewed</b> In final stages
<b>ESTATES &amp; FACILITIES</b>					
13	Director of Property & Asset Management	GP/C4	Control of Contractors	October 2023	<b>Overdue</b> Waiting for new contractor management software being installed before finalising policy. Transferring over to Health and Safety.
14	Director of Property & Asset Management	GP/D1	Fife Wide Decommissioning of Premises Policy	September 2024	<b>In progress</b> Going through approval process
15	Director of Property & Asset Management	GP/V1	Ventilation Policy	September 2024	<b>Actively being reviewed</b> Ventilation Safety Group to review & approve.
16	Director of Property & Asset Management	GP/P9	Pressure Systems Policy	September 2024	<b>Actively being reviewed</b>

No	Responsible Director	Policy No.	Policy Title	Review Date	Status
17	Director of Property & Asset Management	GP/L1	Water Systems Management	September 2024	Actively being reviewed
18	Director of Property & Asset Management	GP/S3	Safe And Effective Use of Unwrapped Instrument and Utensil Sterilisers Policy	November 2024	Actively being reviewed
<b>HEALTH &amp; SAFETY</b>					
19	Director of Public Health/Director of Property & Asset Management	GP/S2	No Smoking Policy	March 2016	Actively being reviewed Expected to be submitted for formal review in May 2025.
20	Director of Workforce/Director of Property & Asset Management	GP/H5	Health Assessment & Surveillance	August 2024	In progress Going through approval process
21	Director of Property & Asset Management	GP/H1	Health & Safety Policy	February 2025	Actively being reviewed Expected to be submitted for formal review in May 2025.
22	Director of Property & Asset Management	GP/P4	Personal Protective Equipment	February 2025	Actively being reviewed Expected to be submitted for formal review in May 2025.
<b>MEDICAL DIRECTORATE</b>					
23	Medical Director	GP/I9	Adverse Events Policy	February 2025	Overdue A 6 month extension has been agreed to allow new processes to be embedded and accurately described within the policy

The workplan, which lists all General Policies & Procedures and their due dates, is available through [Stafflink](#).

## Procedures

A new approach that was suggested to be trialled within Estates for some individual procedures to be combined into one overarching policy document has currently been paused, due to the financial implications involved around the need for a potential consultant to carry out the work. Furthermore, the work to potentially move to an integrated management software system, to include general policies, and the possibilities of utilising the Q-Pulse quality management system, is also presently paused, and will be reviewed in line with possible adoption of other administrative systems.

The ELT have agreed that departmental procedures which are not linked to a General Policy are to be managed within Directorates, who have a closer hand on the procedures, and would benefit from making small updates as and when required. This would prevent the need to go through the General Policies Group, as the approval process from submission to completion can take up to a few months. General Procedures that are related directly to

a General Policy (such as featuring as appendices to a Policy) would continue to be managed through the formal approval process.

**Website Programme**

A programme being led by the Webteam, to remove General Policies from Stafflink, replacing with a link to the relevant documentation hosted on the NHS Fife website, is on track to be completed in May 2025.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		x		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

**2.3.1 Quality, Patient and Value-Based Health & Care**

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

**2.3.2 Workforce**

There are no workforce implications because of this work.

**2.3.3 Financial**

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

**2.3.4 Risk Assessment / Management**

Ensuring policies and procedures are reviewed and revised as necessary, on a regular cycle, is an important mitigation of risk, thereby ensuring that staff are operating to most up-to-date processes and guidance. A risk-based approach is being taken for prioritising out of date policies, which is being discussed at the ELT. The Committee are invited to note that current policies would remain in force until the review process has been carried out.

**2.3.5 Equality and Human Rights, including children’s rights, health inequalities and Anchor Institution ambitions**

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

### 2.3.6 Climate Emergency & Sustainability Impact

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

### 2.3.7 Communication, involvement, engagement and consultation

The report provides evidence of the recent activities of the General Policies & Procedures Group, which is the internal body responsible for review and assessment of policy content. Membership of the Group was revised in early 2025, in order to capture more expertise from across the organisation and to include staff-side representation.

### 2.3.8 Route to the Meeting

- ELT – 24 April 2025

## 2.4 Recommendation

Members are asked to take a “**moderate**” level of assurance from the update and to **note** that a risk-based approach has been taken, to prioritise and agree on a way forward to address the out-of-date policies that remain significantly beyond their original due date.

### Report Author

Hazel Thomson

Board Committee Support Officer

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## FINANCE, PERFORMANCE AND RESOURCES COMMITTEE

### DRAFT ANNUAL WORKPLAN 2025/26

Governance – General							
	Lead	08/05/25	15/07/25	16/09/25	11/11/25	13/01/26	10/03/26
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	08/05/25	15/07/25	16/09/25	11/11/25	13/01/26	10/03/26
Annual Assurance Statement 2024/25	Board Secretary	R					
Annual Internal Audit Report 2024/25	Director of Finance		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	R	R	R	R	R	R
Delivery of Annual Workplan 2025/26	Board Secretary	R	R	R	R	R	R
Internal Audit Review of Property Transaction Report 2024/25	Internal Audit				R		
Internal Controls Evaluation Report 2024/25	Chief Internal Auditor					R	
PPP Performance Monitoring Report	Director of Property & Asset Management				R Private Session		
Review of Annual Workplan 2026/27	Board Secretary					R Draft	R Approval
Review of General Policies & Procedures	Board Secretary	R					
Review of Terms of Reference	Board Secretary						R Approval

Strategy / Planning							
	Lead	08/05/25	15/07/25	16/09/25	11/11/25	13/01/26	10/03/26
Draft Annual Delivery Plan 2025/26	Director of Planning & Transformation						R
Annual Delivery Plan 2025/26	Director of Planning & Transformation	R Private					
Annual Delivery Plan Quarterly Performance Report 2024/25	Director of Planning & Transformation	R Q4		R Q1 & SG Feedback	R Q2		R Q3
Medium Term Financial Plan 2026 – 2028	Director of Finance					R Draft	R Final
Annual Budget Setting Process 2025/26	Director of Finance						R
Corporate Objectives	Chief Executive	Removed					
Decarbonisation of NHS Fife Fleet	Director of Property & Asset Management					R	
Digital Medicines Programme	Director of Digital & Information		R Private Session			R Private Session	
Integrated Planned Care Programme Report	Director of Acute Services & Medical Director		R				
Primary Care Strategy – Annual Report 2024/25	Director of Health & Social Care			R			
Control of Entry Pharmaceutical List (Primary Care Team)	Director of Pharmacy & Medicines / Director of Health & Social Care			R			
Project Hydra	Director of Property & Asset Management			R Final Report			

Quality & Performance							
	Lead	08/05/25	15/07/25	16/09/25	11/11/25	13/01/26	10/03/26
Integrated Performance & Quality Report	Exec. Leads	R	R	R	R	R	R
Financial Performance Report	Director of Finance	R	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		R
Reform, Transform, Perform Update	Director of Planning & Transformation	R Q4	R Private	R	R	R	R
Linked Committee Minutes							
	Lead	08/05/25	15/07/25	16/09/25	11/11/25	13/01/26	10/03/26
Fife Capital Investment Group	Chair	R 23/04/25	R 11/06/25	R 23/07/25	R 03/09/25 15/10/25	R 03/12/25	R 14/01/26 25/02/26
Procurement Governance Board	Chair	R 23/04/25		R 30/07/25	R 29/10/25		R 28/01/25
IJB Finance, Performance & Scrutiny Committee	Chair	R 12/03/25	R 13/05/25	R 16/07/25	R 17/09/25	R 12/11/25	R 14/01/26
Primary Medical Services Subcommittee	Chair	R 04/03/25	R 03/06/25	R 02/09/25		R 02/12/25	
Pharmacy Practice Committee	Chair	Ad-Hoc Meetings					
Other Business							
	Lead	08/05/25	15/07/25	16/09/25	11/11/25	13/01/26	10/03/26
Receipt of Business Cases	As required						
Asset Disposals	As required						
Mental Health Estates Initial Agreement	Medical Director						

Ad-hoc Items							
	Lead	08/05/25	15/07/25	16/09/25	11/11/25	13/01/26	10/03/26
Whole System Infrastructure Planning	Director of Property & Asset Management			R			
Overview of Planned Care Plans 2025/26	Director of Planning & Transformation / Director of Acute Services	R					
Overview of Unscheduled Care Plans 2025/26	Director of Planning & Transformation / Director of Acute Services / Director of Health & Social Care	R Verbal	R				
IJB Directions 2025/26	Director of Finance	R					
Performance Management Approach 2025/26	Director of Planning & Transformation	Removed					
NHS Fife 2025-2028 Financial Plan Letter	Director of Finance	R					
'Finance for Non-Finance Colleagues' Training Sessions Update	Director of Finance	R					
Support and intervention Framework – Financial considerations	Director of Finance	R					
Matters Arising							
	Lead	08/05/25	15/07/25	16/09/25	11/11/25	13/01/26	10/03/26
Development Sessions							
	Lead	08/05/25	15/07/25	16/09/25	11/11/25	13/01/26	10/03/26

Meeting: Finance Performance and Resources Committee

Meeting date: 8 May 2025

Title: Annual Delivery Plan 2024/25 Q4 update

Responsible Executive: Ben Hannan, Director of Planning & Transformation

Report Author: Susan Fraser, Deputy Director of Planning & Transformation

Executive Summary

This report contains quarter 4 update on progress for Annual Delivery Plan (ADP) 2024/25.

There are 60 deliverables within ADP 2024/25 aligned to ‘Deliver Value and Sustainability’ Strategic Priority. As of the end of Mar-25 (quarter 4 of 2024/25), there are 22 deliverables that are ‘complete’. There are 38 deliverables that will continue into 2025/26 with 19 ‘on track’, 14 at ‘at risk’ and five that are ‘unlikely to complete on time/meet target’.

Summary of status of all deliverables in ADP, by Strategic Priority, displayed below. Total includes deliverables that cover multiple Strategic Priorities. Not all completed deliverables achieved desired outcomes.

Strategic Priority	Unlikely to complete on time	At risk	On track	Complete	Suspended /Cancelled	Total
Improve Health and Wellbeing	2	7	19	7	-	35
Improve Quality of Health and Care Services	2	22	34	28	2	88
Improve Staff Experience and Wellbeing	-	2	20	1	-	23
Deliver Value and Sustainability	5	14	19	22	-	60
Total	9	46	93	58	2	208

Progress report is to be reviewed for Annual Delivery Plan (ADP) 2025/26 following approval/feedback from Scottish Government. Revised report will focus on Corporate and ADP Objectives as detailed in ADP 2025/26 with ongoing deliverables, where applicable, to be aligned to ADP 2025/26. Reconciliation exercise will take place on deliverables not aligned to ADP, ensuring appropriate mechanisms for scrutiny and assurance are in place.

This report provides Moderate Level of Assurance.

## 1 Purpose

**This report is presented for:**

- Assurance

**This report relates to:**

- Annual Delivery Plan 2024/25

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

- Safe
- Effective
- Person Centred

**This report aligns to the following strand/s of the NHS Scotland Staff Governance Standard:**

- Well informed
- Appropriately trained & developed
- Involved in decisions
- Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued
- Provided with a continuously improving & safe working environment, promoting the health& wellbeing of staff, patients and the wider community

## 2 Report summary

### 2.1 Situation

This paper presents the Q4 update to deliverables incorporated in the NHS Fife Annual Delivery Plan for 2024/25

### 2.2 Background

The Delivery Plan guidance was issued alongside the NHS Scotland Financial Plan 2024/25 Guidance and the two were produced in conjunction.

The ten Drivers of Recovery were used to frame planning 2024/25, have remained broadly in line with those used in 2023/24.

The Annual Delivery Plan 2024/25 was submitted on 21 March 2024. The feedback letter from the Scottish Government was received on 28 May 2024 approving the plan stating that the Scottish Government was satisfied that the ADP broadly meets the requirements and provides appropriate assurance under the current circumstances.

2.3 Assessment

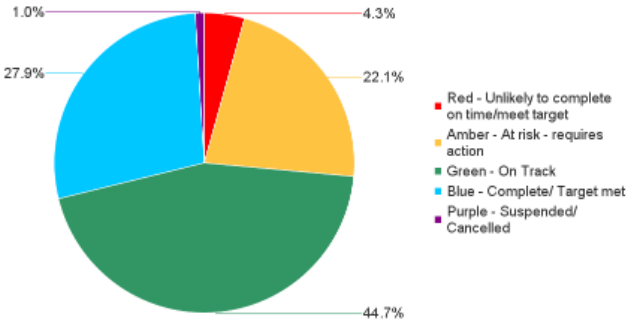
2024/25 Quarter 4 Update

There are now **208** deliverables incorporated in ADP for 2024/25 across both NHS Fife and Fife HSCP. There are a number of deliverables carried over from 2023/24 as well as those relating to RTP. Additionally, there are **43** deliverables that are not aligned to a Recovery Driver.

Recovery Driver	n=165
1. Primary and Community Care	22
2. Urgent and Unscheduled Care	15
3. Mental Health	18
4. Planned Care	9
5. Cancer Care	6
6. Health Inequalities	30
7. Women & Children Health	13
8. Workforce	18
9. Digital & Innovation	21
10. Climate	13

Strategic Priority	n=208
All	2
Improve Health and Wellbeing	35
Improve the Quality of Health and Care Services	88
Improve Staff Experience and Wellbeing	23
Deliver Value and Sustainability	60

As of end of Mar-25 (Quarter 4 of 2024/25), there are **58** deliverables that are **‘complete’** with most (**44.7%/93**) **‘on track’**. There are **nine** deliverables that are **‘unlikely to complete on time/meet target’**. There is also **two** deliverable that has been **‘suspended/cancelled’**.



There are 60 deliverables aligned to ‘Improve the Quality of Health and Care Services’ Strategic Priority. Further detail on deliverables that are **‘unlikely to complete on time/meet target’** as well as deliverables **‘at risk’** at quarter 4 that were **‘on track’** at quarter 3 are tabled below.

Deliver Value and Sustainability
<b>Unlikely to complete on time/meet target</b>
<b>Hospital Pharmacy Redesign Introduction of automation in hospital Pharmacy stores, dispensaries, and clinical areas. Centralisation of Pharmacy stores</b> No direct progress on this area. However, progress noted below on digital medicines programme will serve as an enabler, particularly Pharmacy Stock Control system.
<b>Delivery of New Laboratory Information system (LIMS) as part of accelerated implementation followed by implementation of national roll out.</b> Final update to resolve agreed issues with local implementation (phase 1) which can't wait until the nation build (phase 2) due to be released to testing environment by end of Q4. Once tested update will be deployed to live, timeframe for this not currently clear but likely to be first month of Q1 25/26. A number of configuration changes have been tested and deployed in Q4. Work to input into National build commenced.
<b>GP IT Reprovisioning - GP Sustainability</b> Activities paused following GP IT supplier being in administration.

<p><b>Support delivery of Re-form, Transform, Perform (RTP) through supporting service change</b></p> <p>Reporting is now established - complete  25/26 programme plans still being developed  25/26 programme plans not complete so not yet agreed</p>
<p><b>Roll out of Digital Pathology</b></p> <p>Caldicott required for validation, achieved Mar-25 and meetings with supplier commenced to increase capacity in test environment to allow validation to commence.</p>
<p><b>At risk – requires action</b></p>
<p><b>Develop Strategic vision across all of Primary Care</b></p> <p>Data gathered of allocation at individual practice level; KPIs for each service being introduced; Clearer understanding of gaps in delivery, significant challenges in realising revised models for non-priority MoU2 services to reach improvement in parity.  Local milestone of July 2025 for operational transition of pharmacotherapy; challenges remain, notwithstanding national directive. Progression to BAU not started.</p>
<p><b>Develop and Implement the Public Participation and Community Engagement Strategy</b></p> <p>NHS Fife has made significant progress in embedding meaningful public participation in service planning and delivery in line with the Scottish Governments Planning with people. The Public Participation and Community Engagement Strategy and operational plan was agreed by EDG and the NHS Fife Board.</p> <p>Key achievements include strengthened collaboration with Fife Health and Social Care Partnership, and the integration of public feedback into service redesign projects. Challenges have included ensuring wide-reaching engagement and managing expectations around service changes, but ongoing efforts in transparency and responsiveness have helped address these issues.</p> <p>Further challenges are associated with no financial or workforce support being allocated to NHS Fife Corporate Communications to fully take forward the aspirations outlined in the strategy and to fully implement the operational plan. This will become particularly problematic as the NHS transformation agenda and financial sustainability targets require service redesign and for NHS Fife to adhere to planning with people best practice and guidance.</p>
<p><b>Delivery of Digital and Information Framework</b></p> <p>Work continues to develop the Digital Framework. Consultation is ongoing with key stakeholders</p>
<p><b>Development and initiation of NHS Fife Innovation Project Review Group (IPRG)</b></p> <p>NHS Fife IPRG to be restructured following review of the content of the meetings. Restructure will separate out initial project screening review, developed project paperwork and oversight and ANIA projects into 3 separate groups to provide better governance.</p>
<p><b>Achievement of Waste Targets as set out in DL(2021) 38</b></p> <p>We have made great progress with a 10% reduction in clinical waste target however we are still working towards our 70% reduction target. We are 381 tonnes short but have achieved 790 tones so far.</p>
<p><b>Outline plans to implement a sustainable travel approach for business, commuter, patient and visitor travel</b></p> <p>Due to publication of new SHTM, we need to re-review our current strategy to ensure it aligns with national guidance.</p>

This report provides the following Level of Assurance: (add an 'x' to the appropriate box)

	Significant	Moderate	Limited	None
Level		X		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

**2.3.1 Quality, Patient and Value-Based Health & Care**

The ADP process ensures the delivery of high-quality, safe, and person-centred care through strategic planning and system-wide collaboration. A value-based healthcare approach is embedded to ensure services are clinically effective, financially sustainable, and aligned with patient needs, while prioritising equity of access, prevention, and early intervention.

Key enablers include workforce development, digital transformation, clinical service redesign, and infrastructure investment. Through continuous improvement, evidence-based decision-making, and governance oversight, the ADP drives measurable improvements in patient outcomes, operational efficiency, and system resilience, aligning with national quality standards and long-term sustainability goals.

**2.3.2 Workforce**

The ADP sets out the approach to workforce planning, ensuring alignment with the Workforce Plan for 2024/25. This includes optimising staffing models, recruitment, retention, and skill mix to build a resilient and adaptable workforce that meets service demands and future challenges.

A focus on sustainable workforce planning will support service transformation, productivity improvements, and financial sustainability, while also addressing national workforce priorities, staff wellbeing, and training needs to ensure a high-performing health and care system.

**2.3.3 Financial**

The ADP and Financial Plan for 2024/25 are developed through a joint approach, ensuring financial resources are aligned with strategic priorities and operational requirements. The Financial Plan underpins the delivery of ADP actions, balancing investment, efficiency savings, and long-term sustainability to maintain financial resilience while supporting service transformation.

### 2.3.4 Risk Assessment / Management

The ADP is aligned with the Corporate Risk Register, ensuring that delivery risks are proactively identified, monitored, and managed through the risk management framework. Each ADP delivery area is mapped to the relevant corporate risks, with this alignment detailed in the ADP 2024/25 appendix, supporting robust governance and accountability.

### 2.3.5 Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions

An Equality Impact Assessment (EQIA) is not required for the ADP itself but remains an integral part of the planning process for associated service changes. The plan explicitly references the UNCRC, reinforcing commitments to children's rights, while also embedding Anchor Institution principles to support inclusive employment, procurement, and community engagement.

Health inequalities are a core ADP delivery area, with actions woven throughout the plan to address equitable access, prevention, and early intervention. Additionally, a dedicated corporate objective ensures a strategic commitment to equality, diversity, and inclusion (EDI), reinforcing alignment with national and local ambitions to create a fairer, more inclusive health system.

### 2.3.6 Climate Emergency & Sustainability Impact

Climate action is embedded throughout the plan as a key delivery area. The ADP includes specific commitments to carbon reduction, sustainable estate management, and environmental impact mitigation, aligning with national net-zero targets and NHS Scotland's climate resilience strategy.

### 2.3.7 Communication, involvement, engagement and consultation

The ADP has been developed through extensive communication, involvement, and engagement across the organisation, ensuring alignment with strategic priorities, operational planning, and workforce considerations. Key stakeholders, including clinical, managerial, and corporate teams, have contributed throughout the process, with consultation informing priorities and delivery planning to support effective implementation.

### 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, 24 April 2025
- Clinical Governance Committee, 2 May 2025

## 2.4 Recommendation

This Committee are asked to:

- **Assurance** – this report provides a moderate level of assurance.
- **Endorse**– Endorse the ADP Q4 return for formal approval at Board and for submission to Scottish Government.

### 3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, NHS Fife ADP 202425 Quarterly Report Q4

#### **Report Contact**

Bryan Archibald

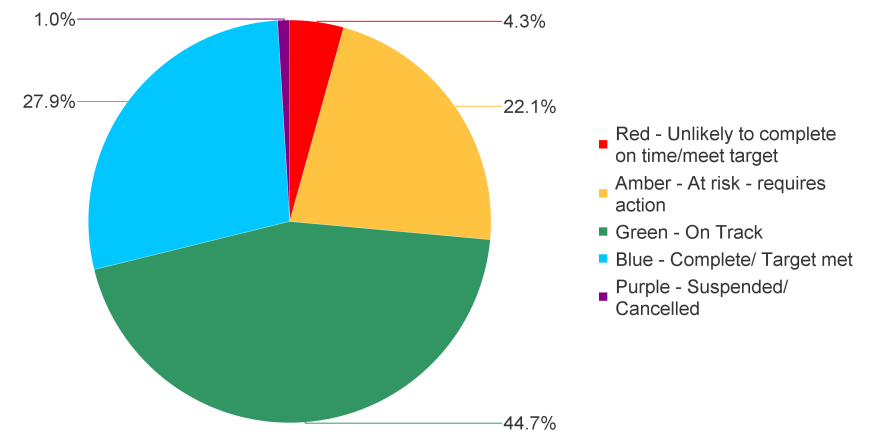
Planning and Performance Manager

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

Annual Delivery Plan 2024/25 - Q4 Progress Summary

Q4 Status	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Green - On Track	Blue - Complete/ Target met	Purple - Suspended/ Cancelled	Total
1. Primary and Community Care	2	4	7	9		22
2. Urgent and Unscheduled Care		4	8	2	1	15
3. Mental Health		5	10	3		18
4. Planned Care			1	8		9
5. Cancer Care	1		3	2		6
6. Health Inequalities		2	20	8		30
7. Women & Children Health	1	3	8	1		13
8. Workforce		3	13	2		18
9. Digital & Innovation	3	9	3	6		21
10. Climate		3	1	8	1	13
Other	2	13	19	9		43
To Improve Health and Wellbeing	2	7	19	7		35
To Improve the Quality of Health and Care Services	2	22	34	28	2	88
To Improve Staff Experience and Wellbeing		2	20	1		23
To Deliver Value & Sustainability	5	14	19	22		60
ALL		1	1			2
Total	9	46	93	58	2	208

Q4 RAG Status



Q4 >							
Q3 V							Total
		4		2	1		7
		4	22	9	3		38
		1	24	82	41		148
					12		12
					1	2	3
	Total	9	46	93	58	2	208

## Annual Delivery Plan 2024/25 - Q4 Progress Summary

### RTP - Re-form, Transform, Perform

Deliverable	Directorate	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	NHS Five Strategic Priority	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Business Transformation	Digital	Mapping and engagement activities underway Programme Brief and Plan redrafted for presentation to governance	Case for change provided to RTP Exec and Five NHS Board Staff cohorts identified Supporting Digital Product enhancements confirmed	To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Amber - At risk - requires action
Surge Capacity - Improve flow within the VHK site, reducing length of stay and number of patients boarding to ensure patients are looked after in the most appropriate setting. Accurate PDD to inform planning for discharge, coordinated with the Discharge Hub.	Acute Medical	No reduction in bed footprint possible due to over capacity. SBAR agreed at SLT in March and to be discussed at EDG - model of care re prioritised with PDD focus, review of criteria and staffing & bed base to flex between 30-44 patients acknowledging seasonal variation/demand.	Reduction of Ward 9 to 11 to 30 beds and associated maintenance of new footprint  Continue to monitor Locum Surge Consultant post	To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Amber - At risk - requires action
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation.	Workforce	Medical locums transferred on 3 February 2025 and next phase of transition is to focus on AHP and Medical Records Banks.	Direct Engagement model in place and work transitioned over.  Bank model changes fully in place and operating as Business as Usual.	To Deliver Value & Sustainability	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track
Non-compliant Rotas	Office of Medical Director	Savings target exceeded for the year with second stage of monitoring complete.  Final savings to be reported once all results received and any re-monitoring completed and reviewed.  Clinical Management to continue with existing processes to sustain compliance and online resources available to be updated by individual services and directorates for new cohorts.	Results of surveys cascaded to be reviewed.  Second stage of monitoring to begin  Services to address any concerns of rota monitoring results prior to second round beginning in February	To Improve the Quality of Health and Care Services	Green - On Track	Green - On Track	Green - On Track	Green - On Track
SLA and External Activity	Finance & Strategy	Agreement made nationally on SLA uplift of 6.64% therefore the NHSF 3% target was not met.	Planned implementation of PLICS locally  Meeting scheduled with NHS Tayside to discuss decontamination service  Ongoing development of Performance Management dashboard  Ongoing discussions with other Boards Chief Executives relating to transition into more formal Performance Management arrangements  RTP/SLA Moving towards a business as usual model in 2025/26 - Closing report to be developed	To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Blue - Complete/ Target met
Digital & Information Projects	Digital	The Digital RTP activities have now concluded for 2024/25.	Assess Benefits for Quarter	To Deliver Value & Sustainability	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action	Blue - Complete/ Target met

Deliverable	Directorate	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	NHS Fife Strategic Priority	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Medicines optimisation. Design and support delivery of medicines optimisation work to ensure optimal use of medicines budgets	Pharmacy & Medicines	<p>The revised target for acute medicines efficiencies is likely to be surpassed by the end of financial year. Within the HSCP, delivery is expected to be 91% of target (noting the target was revised upwards, and delivery has surpassed original targets).</p> <p>Medicines waste comms activity has been undertaken, aimed at clinicians and the public.</p>	<p>Monthly monitoring of the Medicines Optimisation plan and continued identification of opportunities.</p> <p>Identification of /and quantification of efficiencies to meet an extended £3M target is ongoing, however it is very unlikely that this target</p> <p>Review of current prescribing guidelines across a number of specialties to more clearly define treatment pathways and access to medicines</p> <p>Comms and engagement plan with all staff.</p> <p>Reducing medicines waste in hospital.</p>	To Deliver Value & Sustainability	Green - On Track	Amber - At risk - requires action	Green - On Track	Blue - Complete/ Target met
Procurement Savings within Acute Services	Acute Services	Projecting £456,299 as at end of month 11 for in year impact and recurring saving of £500,000 target.	Ongoing reviews of expenditure and savings opportunities.	To Deliver Value & Sustainability	Amber - At risk - requires action	Green - On Track	Green - On Track	Blue - Complete/ Target met
Estates Rationalisation	Property & Asset Management	24/25 targets met with consolidation of 3 buildings including Hayfield House, Cameron House and Haig House. Sharing of office assets with Fife Council enabled the buildings to be decanted.		To Deliver Value & Sustainability	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Infrastructure - Workforce	Digital		Decommission Sites Establish other hotdesking locations	To Deliver Value & Sustainability	Green - On Track	Green - On Track	Blue - Complete/ Target met	Blue - Complete/ Target met

## Annual Delivery Plan 2024/25 - Q4 Progress Summary

### To Improve Health and Wellbeing

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Increase capacity for providing in-hours routine and urgent dental care	1.5	The SDAI initiative is still ongoing as this is a government funded scheme. We are hopeful a new practice in Dunfermline will open this year but still have not heard regarding the Kirkcaldy area. There remains limited options to register with NHS dentists in Fife but this is updated regularly. The dental advice line continues to receive around 2500 calls each month providing information to residents of Fife and to offer emergency care within PDS for unregistered patients. The sheer volume of calls and numbers of emergency appointments, on top of referrals and our registered patients does mean the PDS is under huge pressure - it is a credit to our staff that we are continuing to manage all of this.		1. Primary and Community Care	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
National - Child Health Replacement	9.1	National Programme Delay and new baseline of programme being undertaken	Services testing of new Child Health System	9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Red - Unlikely to complete on time/meet target
Deliver a more effective BCG and TB programme. Public Health Priority 1 and 2		Ongoing work to understand and manage complex clusters of TB in vulnerable populations. Developing ways to support TB patients in a way that works for them and improves uptake of treatments. Developing systems to be able to prioritise TB work among other health protection pressures. Supporting increasing workload to support clinics and associated work.	Review of local and regional TB demand and ensure capacity to manage within clinical and health protection teams.		Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Improved Fife-wide ADHD pathways for children & Young people	7.1	Fife Wide review completed. Recommendations shared with SLT of Fife H&SCP in February 2025 - outcome awaited	Fife wide multi professional review of provision of services to children/ young people with suspected/ diagnosed ADHD  Identify core functions within CCH service and review CCH clinicians job plans/ clinic templates accordingly  Development of Fife wide business case to support ADHD service improvements.	7. Women & Children Health	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Development of improved digital processes to support OH activity and staff health and wellbeing.		Upgrade of Cority system in place which will improve digitisation of activities, subject to resolution of multiple initial difficulties with new system.	Decision on future system procurement or further extension of current service provider.	8. Workforce	Green - On Track	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action
Growth of OH services and establishment of resources to assure function sustainability meets the changing needs of the organisation and supports the delivery of care goals through a variety of services including mental health / wellbeing / fatigue management support.	8.3	Plans for service delivery model to be re-visited as part of Directorate modernisation.	New model of service delivery in place, to be monitored and reviewed.	8. Workforce	Green - On Track	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Refreshed Mental Health and Wellbeing Strategy for Fife for 2025 - 2028	3.2	The draft strategy and supporting documents (Year One Delivery Plan, Equality Impact Assessment, Risk Register, and the Participation and Engagement Reports) have been reviewed by key stakeholders as they have progressed through the Partnership's governance process. Constructive feedback and comments have been received from the Partnership's Senior Leadership Team, the Strategic Planning Group, the Quality and Communities Committee, and other stakeholder groups. These updates will be included in the strategy and supporting papers before the documents are shared with the Integration Joint Board in July 2025 for final review and approval prior to publication and wider circulation. A summary version and an easy read version of the strategy will also be provided.	Progress Year One Delivery Plan	3. Mental Health	Green - On Track	Amber - At risk - requires action	Green - On Track	Amber - At risk - requires action
Improve access for patients and carers through improved communication regarding transport options	1.7	Suite of transport information and resources for public and patients. The Community Transport information and leaflet and the refresh of the NHS travel reimbursement information and leaflet have been completed and distributed. Completion and distribution of information and resources - NHS Fife How to get to our main hospitals.  Patient information letters now include a sentence highlighting transport options and travel cost reimbursement information.  Monitoring and evaluation not available for Q4 - this will be provided in June as a financial year comparison to 2023/24.	Monitoring data  Evaluation and feedback from patient and carers and staff	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Support the implementation of the Food 4 Fife Strategy and associated action plan as part of ambition to make Fife a sustainable food place	6.4	Food4Fife Strategy agreed May 2024. Action Plans agreed and being implemented by subgroups. Partnership has continued to meet bi-monthly. Future of partnership co-ordinator post is at risk for 25/26 as no funding identified for next year. Funding maybe available from April 2026 via Good Food Nation. Eating well as one of two themes in DPH annual report.	explore with Fife Council colleagues support for the partnership/co-ordination of the Food4Fife Partnership beyond April 2024	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Children's speech, language and communication development Plan		CYP Operational Lead attended the national meetings. Key members of CYP SLT staff are attending feedback sessions with NELC to learn more about the national work. CYP SLTs have received information about the key bonding/ interaction/communication messages. There are local links being made, e.g. HV and SLT in Kirkcaldy and Cowdenbeath working together to support conversations around this and putting it in to practice.	Want national work to influence local partners and universal work. Ensure that SLTs are aware of key early interaction and bonding messages being shared with local partners and universal workforce. SLTs need to be aware of focus of message and robustly support this in local conversations.	7. Women & Children Health	Green - On Track	Red - Unlikely to complete on time/meet target	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Work to address poverty, fuel poverty and inequality through ensuring the prioritisation of income, housing, education and employment programmes as part of the Plan 4 Fife.	6.4	<p>Pathway in development for housing needs of young people with substance use issues.</p> <p>DPH annual report drafted, consulted on and taken to Fife Board March 2025. DPH report aligned with 10 year Population Health Plan.</p> <p>stakeholder workshop held and framework agreed for inclusion health network</p>	<p>Contributing to Fife housing partnership ending homelessness together priority group pathways. Contributing to opportunities Fife partnership priorities. Revise evidence review submitted to Scottish Government.</p> <p>Consider contribution and strategic direction following release of 10yr Population Health Plan. Review feedback from Inclusion Health workshop to shape future development of Inclusion Health Network.</p>	6. Health Inequalities	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track	Green - On Track
Review existing wellbeing indicator collection data to develop multi-agency response in line with GIRFEC framework.	7.1	<p>We have fostered strong multi-agency communication by establishing clear pathways for information sharing and collaboration, recognising the urgency of child protection, and building flexibility to ensure swift and effective response.</p> <p>The implementation of the National Child Protection Guidance 2021 has enabled us to review and update our processes for sharing information, ensuring that critical details are communicated effectively across services. Additionally, we have strengthened our shared language around risk and vulnerability factors, promoting consistency and clarity across agencies..</p> <p>The Child Protection Steering Group, the Child Health Management Group and the Health and Wellbeing Strategy Group, provide oversight and assurances on these processes and play a key role in driving improvements. These groups report to Fife Child Protection Committee and Children in Fife, providing updates on deliverables within Fife Children's Plan to ensure the best possible outcomes for children and young people.</p>	<p>Include Wellbeing Indicators as standing agenda item within Child Health Management Team meetings.</p>	7. Women & Children Health	Green - On Track	Amber - At risk - requires action	Green - On Track	Green - On Track
<p>Specialist clinic provision to increase by 25% in our most deprived areas with a view to achieving 473 quits in FY 20024-25</p> <p>Increase targeted Very Brief Advice (VBA) information sessions by 25% Fife wide to include mental health in patient sites.</p> <p>Establish a drop in and bookable clinic within maternity units to receive as early as possible referrals for maternity clients.</p> <p>Create referral pathway for in patient discharge on an opt out basis</p>	6.3	<p>The service has delivered a plan of promotional activities across all 7 localities which has resulted in a significant increase in service uptake and retention with our target groups. Offering 3,593 appointments from April to December 2024.</p> <p>We have worked with colleagues from the HSCP and 3rd sector to raise awareness of VBA model and referral pathways.</p> <p>Appropriate referrals from Fife maternity services for pregnant smokers has also increased with 115 referrals in Q4. We have established weekly clinics in the VHK &amp; QMH maternity units offering advice and support to pregnant smokers and their support networks.</p>	<p>Increase awareness that the service is available using a variety of mechanisms; consider available opportunities to promote service and establish a marketing and communication plan</p> <p>Provide out-reach service provision in most deprived communities; assess appropriate sites and permissions to park, signage</p> <p>Deliver financial inclusion referral pathways for pregnant women and families with young children</p> <p>Support NHS actions in the Fife Child Poverty Action Report including income maximisation for pregnant women and parents of under 5s</p>	6. Health Inequalities	Green - On Track	Amber - At risk - requires action	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Deliver the child aspects of Fife Annual Poverty Plan with Fife Council and other partners.	7.3	Funding confirmed from the Child Poverty Practice Accelerator Fund to sustain the income maximisation worker to support maternity services for 2024/25. Positive feedback received on actions within Child Poverty Action Plan. Progressive recruitment approaches to support pathways into employment will be a focus next year.	Influence NHS Fife Anchor Strategy to focus ambitions relevant to child poverty  Support NHS actions including income maximisation for pregnant women and parents of under 5s; explore expansion to community child health services	7. Women & Children Health	Amber - At risk - requires action	Green - On Track	Green - On Track	Green - On Track
CAMHS will build capacity in order to deliver improved services underpinned by these agreed standards and specifications for service delivery.	3.1	CAMHS continues to work on the development of Clinical Pathways, which is near completion.  CAMHS continues to develop strategies to improve communication and promote participation and engagement through, for example, the introduction of Patient/Carer Consultation Groups  Medical Consultation Pilot with Looked After CAMHS Services is completed and the evaluation findings will be incorporated in service delivery, as appropriate, to ensure mental health support is available for those who are most vulnerable.  A review of Tier 4 services has commenced to align with the CAMHS National Specification and the recently published Eating Disorders National Specification. This will include an appraisal of out of hours/extended working.	Implement CAMHS improvement plan derived from gap analysis against the national service specification  Focus resources on prioritised improvement dimensions - access and response, care pathways, communication and engagement  Development of Clinical Pathways for Core CAMHS for young people presenting with low mood, anxiety, trauma and eating which will include use of outcome measures, enable future audit of access to evidence-based interventions and work towards providing a good quality service.  Fife CAMHS Urgent Response Team will pilot extension in hours to provide timely assessment within Acute Hospitals for those presenting with increased risk which will improve throughput within Accident and Emergency and ensure use of paediatric beds for patients who have self-harmed is limited and appropriate.  Medical Consultation Pilot with Looked After CAMHS Services will be evaluated and incorporated in the service delivery, as appropriate, to ensure mental health support is available for those who are most vulnerable.	3. Mental Health	Green - On Track	Green - On Track	Green - On Track	Green - On Track
CAMHS will build capacity to eliminate very long waits (over 52 weeks) and implement actions to meet and maintain the 18- week referral to treatment waiting times standard.	3.1	The service has reviewed and implemented additional strategies to enable them to continue to meet and sustain the national waiting times standard. CAMHS continue to maintain Early Intervention services to ensure children and young people receive timely access to specialist services. Ongoing recruitment continues to ensure workforce is at full capacity.  CAMHS have initiated Parent/Carer consultation groups, ensuring their participation and engagement underpins service developments and their needs are met.		3. Mental Health	Green - On Track	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Child and Adult weight management programmes: Develop a sustainable workforce within the resources available via regional funding award	6.3	<p><b>Achievements</b> Baseline funding secured, ensuring recurring financial stability Approval for some fixed-term posts to be recruited substantively, improving workforce sustainability Performance framework embedded in reporting to Scottish Government, supporting ongoing monitoring and QI Continued QI approach to optimise resource use and maintain person-centred care</p> <p><b>Risks and Challenges</b> Uncertainty due to unapproved substantive posts, risking staff turnover and unsustainable service delivery Admin post delays from Business Transformation increase workload and divert Clinicians from clinical tasks Formal governance structures delayed due to pending GLP-1 introduction, which may strain services further without substantive recruitment</p>	<p>Develop performance framework to evidence impact, improvement and targeted QI approaches</p> <p>Establish governance and assurance structure to ensure effective oversight, reporting and assurance of programme development</p>	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Contribute to NHS Fife's High Risk Pain Medicines Patient Safety Programme to support appropriate prescribing and use of High-Risk Pain Medicines and ensuring interventions take into consideration the needs of patients who are at risk of using or diverting High Risk Pain Medicines.	6.7	<p>Public Health perspective provided to new HRPM Safety Group</p> <p>Evaluation advice and support provided to ongoing HRPM work</p> <p>Working with ADP colleagues to gain further insights into the needs of people with lived experience</p>	<p>Continue to provide PH input to HRPM Safety Group</p> <p>Continue to provide evaluation advice and support to ongoing HRPM work</p> <p>Continue to work with colleagues from ADP to engage the Scottish Drugs Forum to gain further insights into the needs of Lived Experience individuals</p>	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Design and delivery of a comprehensive medicines safety programme for NHS Fife, enhancing the safety of care and ensuring the Board meets its obligations to Scottish Government direction	6.7	<p>Five new Valproate prescribing pathways to fully deliver the legislative requirements have been created by the group and await final governance approval by the ADTC.</p> <p>GP sub Committee currently reviewing the SLA and Model of Care for Lithium in NHS Fife.</p> <p>A DOAC prescribing and review toolkit are being developed with the aim to improve patient safety and support safe monitoring of these medicines</p>	<p>Circulate guidance on Topiramate and commence audit.</p> <p>Develop a Lithium model of care document (inc. shared care agreement).</p> <p>Agree dissemination pathways for high risk pain meds.</p> <p>Anticoagulant focus group to identify adverse events and training needs.</p>	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Develop and Enhance Children's Services		<p>Revised GIRFEC guidance now embedded Wellbeing Pathway also refreshed and embedded into practice.</p> <p>Implementation of the revised child protection guidance across NHS Fife/HSCP and support the embedding of changes across the Children services partnership</p> <p>To embed in cross organisational policy and practice in preparation for incorporation in law for UNCRC / Children's rights</p> <p>The promise - Corporate Parenting Plan agreed and shared across partnership. Health Actions &amp; routemap identified by NHS Health Leads Network</p>	<p>Child Wellbeing Pathway Implementation Complete and report submitted to CHMT</p> <p>Implementation of health raised IRD for CAMHS. Full implementation of CPPM via IRD process. 16-17 year olds progressing via IRD. progress single agency information sharing guidance. Progress a process for adult health checks IRD.</p> <p>UNCRC - SBAR to EDG &amp; SLT Outcome agreed. SLWG continuing to meet regularly to support CS UNCRC commitments.</p> <p>The promise - Actions &amp; routemap identified by NHS Health Leads Network and brought to HC &amp; The Promise Group for discussion</p>	7. Women & Children Health	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Ensure effective coordination and governance for adult screening programmes in Fife	6.3	<p>Adult Screening published statistics for Breast, Bowel and AAA and were presented as part of public health indicatorss and IPQR for the Public Health and Wellbeing Committee in December 2024. This provided greater awareness and opportunity for scrutiny of the uptake of the three screening programmes by the members of the PHWC.</p> <p>The NHS Fife annual Integrated Screening Report was produced in October 2024 and it was presented at the Executive Directors Group Meeting and the Public Health Assurance Committee.</p> <p>A Screening Inequaities Outreach Officer was employed in December 2024 to oversee the implementation of the Inequalities Action Plan. This has lead to a very active period of work since December 2024. This is ongoing.</p> <p>The "No Cervix Cervical Exclusion Audit" was completed within NHS Fife in September 2024 and clinics to follow up some patients were held up until December 2024. Consultations were held in Q4 regarding the audit of a smaller cohort of patients with "No Further Recall" exclusion applied. This audit will be carried out in the 2025/26 financial year.</p>	<p>Lead the coordination, governance and quality assurance of adult screening programmes including monitoring uptake and performance</p> <p>Produce the annual NHS Fife Integrated Screening Report</p> <p>Continue work to understand and address inequalities in the uptake of screening among Fife residents including the Bridging the Gap Project and implement the Screening Inequalities Action Plan</p> <p>Investigation and management of screening programme incidents and adverse events.quality assurance of adult screening programmes including monitoring uptake and performance</p> <p>Produce the annual NHS Fife Integrated Screening Report</p> <p>Continue work to understand and address inequalities in the uptake of screening among Fife residents including the Bridging the Gap Project and implement the Screening Inequalities Action Plan</p> <p>Investigation and management of screening programme incidents and adverse events. Complete the "No Further Recall" (NFR), Cervical Exclusion Audit. This is part of the National Cervical Exclusion Audit which started in 2021.</p>	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Home First: people of Fife will live long healthier lives at home or in a homely setting	2.6	<p>Hospital at Home multi-factorial review and 'hub and spoke' model feasibility study completed. A number of actions were identified and an SBAR paper is being prepared for SLT to seek approval to progress some of these.</p>	<p>Implement measurement and reporting tool for the successful implementation of the Home First vision</p> <p>Leadership workshop to review the Home First Delivery structure and ensure alignment with strategic direction.</p>	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track

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Locality Planning Groups will utilise Public Health Scotland data, the Fife Strategic Needs Assessment, and local intelligence to develop and finalise Locality Plans for 2025-26, outlining key priorities and measurable actions. Quarterly locality meetings will provide a forum for health and social care professionals to take accountability for the delivery and evaluation of these plans	6.5	Locality Event was attended by 115 delegates - feedback survey highlighted attendees had an increased knowledge and understanding of locality planning.  The Senior Leadership Team endorsed the current locality planning approach would continue in 2025/26.  Locality Delivery plans updated with Q4 actions.  Monitoring and evaluation of Community Chest Round 1 projects is ongoing - no decision will be made in regard to future funding till all round 1 projects have submitted evaluation report.  PHS and local strategic needs assessment data was presented at the March locality meetings to support discussions that may inform new priorities for 25/26.	Review and evaluate Locality Fife wide event.  Locality Planning development session with the Senior Leadership Team planned for 10th Feb 2025 and actions from this session will be taken forward.  Continue to monitor and develop the locality delivery plans 24/25.  Decide on the approach to Community Chest funding for 2025-26 and communicate with carers on the way forward.  Co-ordinate and facilitate the 7 locality planning meetings in March 2025.	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Public Health Priority 4: National Drugs Mission Priorities; MAT treatment standards; Fife NFO strategy; Fife ADP strategy	6.2	Working with ADP colleagues to gain further insights into the needs of people with lived experience. Addressing Alcohol Harm and Death Group have worked to identify and prioritise actions required and progress is being made in two key projects to deliver these actions. SDF have added questions to their MIST survey on use of high risk pain medicines and results are awaited.	Continue to work with colleagues from ADP to engage the Scottish Drugs Forum to gain further insights into the needs of Lived Experience individuals. Actively participate in the multidisciplinary Fife Addressing Alcohol Harm and Death Group to support delivery of actions to improve services and pathways.	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Green - On Track
To embed a working business continuity management systems process that is measurable and able to be easily monitored.		Business continuity management systems (BCMS) are bedding in with reporting mechanisms and analytics now being available. The number of service areas has expanded. Resilience coordinator post now being in situ supports the continued momentum to BCMS dashboard and visibility to plans and master ledgers. B13/23 audit has been provided with evidenced actions.	Compliance and performance metrics is reported quarterly through the Resilience Forum.  To continue working towards revising and updating NHS Fife Business Continuity policy	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Work with local authorities to take forward the actions in their local child poverty action report	7.3	Briefing and training sessions have been delivered to key staff groups.  Communication Action Plan has been delivered.  Annual reporting data and information has been collated. A total of 520 referrals and an overall annual financial gain to families of £515,433.84	Workforce development – delivering training sessions for staff and managers, refresher training sessions and staff briefings.  Communication strategy – delivering communication action plan 2024-25.  Meeting quarterly reporting requirements, auditing data and quality assurance.	7. Women & Children Health	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Work with partners to increase efforts to reduce the impact of climate change on our population.		Participated in sustainability ambassador network meetings and CPD sessions	Support any activity of the Sustainability Ambassador network that has been established.	10. Climate	Green - On Track	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Work with the Chief Executive of NHS Fife to establish NHS Fife as an Anchor Institution in order to use our influence, spend and employment practices to address inequalities.	6.4	<p>Anchor progress has been self assessed 6 monthly using PHS Progression Framework. This has been reported through Anchor Institution Programme Board on a 6 monthly basis. Feedback from the Anchor Institution Programme Board steers the operational group and assists with the AI workplan for the coming year.</p> <p>Annual metrics reporting submitted in draft to SG on 17/03/2025.</p> <p>25/26 Anchor objectives submitted in draft to SG on 17/03/2025.</p> <p>Focussed intentions on partnership working and communicating Anchor ambitions more widely.</p>	<p>Align Anchor ambitions with Population Health &amp; Wellbeing Strategy</p> <p>Align Anchor ambitions with NHS Fife Mid-term Delivery Plan and Public Health Mid-term Delivery Plan focussing on recovery drivers.</p> <p>Support leads to report on NHS Fife progression within Anchor ambitions</p> <p>Continue developing and AI workplan, reporting to AI Programme Board</p> <p>Strengthen and explore links with partners and third sector agencies and community planning groups</p> <p>Submit metrics and focussed objectives to SG.</p> <p>Communicate our Anchor ambitions more widely</p>	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Fife will eliminate Hepatitis C as a public health concern.		Increased treatment initiation from 2024/25 rate	Create implementation plan. Task Group for HCV elimination in fife has not yet been reestablished due to operational pressures.	1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track	Blue - Complete/ Target met
Carry out focused work to make sure we proactively improve access and uptake of vaccinations across our whole population	1.2	<p>Area Immunisation Steering Group monitoring of vaccine uptake by geography &amp; deprivation - meeting February 2025.</p> <p>First meeting of the Immunisation Transformation Oversight Group in January 2025 - TOR and membership established. Improvement plan for teenage programme reviewed. Follow-up meeting with senior staff from education and headteachers from schools with lower uptake.</p> <p>Additional clinics in weekends and evenings targeting teenage and MMR for &lt;5 years.</p>		1. Primary and Community Care	Green - On Track	Amber - At risk - requires action	Green - On Track	Blue - Complete/ Target met
Deliver an effective public health intelligence function to provide multifaceted high-quality intelligence that supports the portfolios of work within Public Health and supports the strategic development, policymaking and the planning, delivery, and evaluation of services within NHS Fife and its partners.		Lead or collaborate on work across all six Public Health priorities and ensure outputs from this work are produced to agreed timescales and standards and disseminated in a range of formats as appropriate.	Investigation and management of screening programme incidents and adverse events.	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Ensure effective direction and governance for the delivery of immunisation programmes in Fife and provide assurance that the Fife population is protected from vaccine preventable disease.	6.3	<p>Area Immunisation Steering Group met 03/04/25 and reviewed annual shingles, pneumococcal RSV and MSM HPV data as planned.</p> <p>Strategic Framework taken to Fife IJB January 2025 and approved.</p> <p>Updated deliverables for 2025/26 taken to programme Board Feb 2025 and approved.</p>	<p>Review of annual adult shingles, pneumococcal and RSV data as well as selective immunisation programme activity data at Feb 25 meeting of Area Immunisation Steering Group.</p> <p>Approval of 2024 - 2027 Immunisation Strategic Framework by Fife IJB.</p>	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
New risks identified through this surveillance by urgently convening incident meetings to evaluate the risks and agreeing shared actions. The results of these meetings can be quickly cascaded to networks of people who are able to intervene – frontline workers, peer networks and individual people who use drugs can be provided with information on the risks and advice on how to keep as safe as possible	6.2	New alert process and protocol in place and several alerts issued over the year for novel substances posing a public health risk to the population of Fife. The new protocol is aligned to "Guidance on the management of clusters of drug related harms - Publications - Public Health Scotland". In partnership with NHS Fife Resilience team a nitazene preparedness and contingency planning session was successfully completed with services outwith treatment and support for addiction. A library of alerts and a monthly monitoring group chaired by SAS and supported by PHS is established. This is proactively monitoring trends across Scotland and enabling Fife ADP to respond in advance of instances of harm. .	Continue to monitor process in line with the changeable nature of drug trends Improvement to harm reduction advice made	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Partners within Fife HSCP will continue to build capacity across services in order to achieve the standards set within the National Neurodevelopmental Specification for children and young people	3.1			3. Mental Health	Green - On Track	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met
Develop and maintain an integrated community drop-in model provided by specialist Alcohol and Drug Teams and community services and partners. Focus on locality data, voices of local communities and services to repeat the process of locality-based service development	6.2	The 6 month review of KY Glenrothes was conducted and decision made to stop/ suspend the extension into Glenrothes.  The one stop shops have continued in Kirkcaldy, Levenmouth and Cowdenbeath localities. Kirkcaldy and Cowdenbeath were reviewed and a decision was made to move one from Lochgelly to Cowdenbeath town as a result of the review.	6 month review of KY Glenrothes to be conducted and decision made by SLWG to continue or cease or make adaptations to deliver dependent on review findings  Review of Kirkcaldy additional one stop shop and continued support provided by ADP Services	6. Health Inequalities	Green - On Track	Purple - Suspended/ Cancelled	Purple - Suspended/ Cancelled	Blue - Complete/ Target met

## To Improve the Quality of Health and Care Services

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Review of Specialty Paediatric Nursing workforce/services (including Diabetes, Epilepsy, Rheumatology, Endocrinology, Respiratory, Cystic Fibrosis) in line with safer staffing legislation and Working Paper 8 "Review of Clinical Nurse Specialist roles within Scotland" of the Scottish Governments Transforming Roles Program.	7.1	Progress paused due to workforce challenges and inability to consider development of new/ additional nursing roles this financial year	Review of updated Workforce Tools / Safer Staffing guidance (in relation to caseload and role) in each specialty	7. Women & Children Health	Amber - At risk - requires action	Amber - At risk - requires action	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Implement IP Workforce Strategy 2022-24		Progress has been hindered due to delays in national deliverables, affecting local implementation. the 2 week CNS, Professional Judgement and Quality workforce planning tools run for the IPCT in March 2025 completed. A gap analysis and options paper are being developed, for review by the Executive Delivery Group to address these challenges and align future actions with strategy goals.	Take forward EDG agreed actions from recommendations paper.	1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Red - Unlikely to complete on time/meet target
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets - Stage 1		Improvement in Stage 1 compliance target has been noted; however, ongoing absence within PET and Directorates has impacted ability to consistently maintain this. Standard template letters have improved response times.	Streamline PET Stage 1 process to prevent delays, encourage verbal resolution and increase compliance. Create bank of standard template letters for common complaint themes which require little or no investigation, e.g. wait times / car parking / immunisation clinic locations.		Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets - Stage 2		Challenges experienced within PET and Directorates due to absences impacting on the ability to deliver the MCHP in a timely manner.  Planning a Quality Improvement project with H&SCP CCS to test new template for response letters and review systems and processes to improve the final response process and timeframes.	Quality Improvement Project with CCS New Process in PET to streamline administration burden		Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Deliver Patient Experience focused work across NHS Fife, gathering patient feedback and lived experiences		NHS Fife TV screens now have Care Opinion advertised on them Further Volunteer going through recruitment process, will support raising the awareness of Care Opinion and gathering patient stories.	PET supporting Care Assurance Walkarounds Further Volunteer Recruitment to raise awareness of Care Opinion and gather patient Stories Explore Lived Experience Groups 15-step Challenge to be explored Care Opinion Kiosks to be tested Advertising Care Opinion on NHS Fife TV screens		Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Digital / Scheduling: Digital systems will be enhanced to realise full potential of integration across health and social care	2.1	SPOA work suspended (see row 5 above)  TOC underway in Levenmouth where ANP's are supporting 3 x Care homes to upload FCP key details onto NHS portal. [Jun25 deliverable date may need to be reviewed as impacted by SG removing the funding for the ReSPECT tool)	AWI: digital system / application to enable relevant multi-agency access to a single Anticipatory Care Plan	2. Urgent and Unscheduled Care	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Fife Psychology Service will increase capacity to improve access to PTs, eliminate very long waits (over 52 weeks) and meet & maintain the 18 week referral to treatment waiting times standard	3.1	Service development and redesign to increase access to lower-intensity options has been implemented and is being evaluated. Initial evaluation suggests positive effect on RTT target. Recruitment has been delayed, with 10.5 WTE clinical posts currently waiting for authorisation to recruit. This is limiting improvement in RTT performance and progress in eliminating very long waits.	Recruitment to maintain/increase capacity  Service development and redesign	3. Mental Health	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Rheumatology workforce model redesign		2 Advanced Nurse Practitioners now in post and competencies near completion.  Substantive Consultant vacancy out to advert. Podiatrist recruited to ensure succession planning.  Band 5 & 6 nursing posts out to advert and interview dates set.  Nursing Workforce planning created to ensure maximum development and utilisation of the team.  Clinical Coordinator post has been approved and will be advertised.  Advanced practice training needs analysis underway with Nursing, Physio and Podiatry Leads.	Develop and roll-out revised workforce plans  Review roll-out plan and Consider future/next steps	1. Primary and Community Care	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Translation and implementation of agreed Business case Options for Co-badged Clinical Trials Unit/ Clinical Research Facility with University of St Andrews		Development track for this milestone has changed due to change of Dean at University of St Andrews School of Medicine, revisiting impact of Scottish Brain Sciences leasing space at Eden Campus (USTAN) and likely trajectory for VPAG investment coming to NHS Fife via SLA with NHS Tayside. Planned meeting with Director of Estates and Director of Transformation in 1Q 25/26 to review potential space in Phase 1 (4 Bed Bay in Ward 9 which abuts current CRF footprint)	Collaborative development of agreed business case with University of St Andrews Business Transformation Team.	6. Health Inequalities	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Improving effective governance and monitoring systems for IPC to ensure there is a co-ordinated and rapid response to reduce the risk of infections and to drive continuous quality improvement		The team remains actively engaged and contributing to the national SLWG exploring a surveillance solution for One for Scotland - end date Jan 2027.  Delay in InPhase rollout has impacted the possibility of introduction an IPC Audit on this platform	Planning for recommending local InPhase meetings to explore electronic auditing			Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
To meet the recommendations of the Women's Health Plan	7.2	Progress made on development of enhanced Women's Health / Gynaecology centre at QMH site (due to open towards end of April 2025). Developments relating to other deliverables rolled-over to 2025/26 due to lack of development funding and training opportunities	Plan and funding to be in place for Specialist Gynaecology Centre at QMH	7. Women & Children Health	Green - On Track	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action
Support the creation of Person Centred Care Planning Principles		Delayed due to capacity	Meeting with ADON and HON with MH to discuss next steps			Amber - At risk - requires action	Green - On Track	Amber - At risk - requires action

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Committed to controlling, reducing and preventing Healthcare Associated Infections (HAI) and Antimicrobial Resistance (AMR) in order to maintain individual safety within our healthcare settings.		NHS Fife remains committed to controlling, reducing, and preventing HCAI and AMR to ensure individual safety within healthcare settings. The ongoing IPC and robust surveillance programme, continues to focus on minimising the risk of HAIs and AMR. Throughout this quarter, NHS Fife sustained its participation in the national surveillance programme, monitoring SAB, CDI, and ECB. Efforts align with the reduction targets outlined in DL (2023) 06. The team are preparing for the recently published new targets for 2025/26. The anticipated updates to the NIPCM and TBPs has been further postponed to Spring 2026. The team remains actively engaged, contributing to this critical work through the national extraordinary NPGE Working Group. The eCatheter bundle group met on 12th March 2025 to finalise the pathways for the catheter insertion & maintenance systems for both the acute & HSCP. IPC continue to work with D&I to fully integrate these updated bundles onto Patientrak	Prepare for upcoming changes to NIPCM and TBPs.  eCatheter insertion and maintenance bundle update to have been completed on patientrak, then planned role out in NHS Fife.		Amber - At risk - requires action	Green - On Track	Green - On Track	Amber - At risk - requires action
Best Start 1. Full implementation of Continuity of Carer by 2026 2. Minimising separation of late preterm and term babies from birth 3. Recommencement of full Antenatal Education 4. Expand Service User Feedback 5. Review need and gaps for, and embed Psychological services	7.1	We have introduced CoC TO Intrapartum areas, now 50% achieved, 75% is the national target. Progress with Transitional Care in the Neonatal Unit, dependent on clinical space. Work being taken forward with Patient Experience regarding the Maternity Engagement Strategy.	Recommencement of ANC audits post RSV vaccinations	7. Women & Children Health	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Delivery of Clinical Governance Strategic Framework		4 out of the 11 workstreams have been delivered 2023/2024  2 out of the 11 workstreams have been partially delivered  5 out of the 11 workstreams have been allocated a revised timescale for completion - outstanding workstreams will be carried over to 25/26	Completion of the 2024/25 workplan actions		Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Development and Implementation of an Adult Neurodevelopmental Pathway with clear links to CYP NDD Pathway.	3.1	Options paper presented to CCCS QMAG. Paper being revised following feedback. To go back to CCCS QMAG for sign-off before being sent to SLT.	Agreement regarding preferred option at CCCS QMAG.  Sign-off by SLT including authorisation of funding if required for preferred option.	3. Mental Health	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Improve compliance with CAPTND dataset	3.1	Psychology Service has worked closely with Digital and Information to develop TrakCare package that will meet service and CAPTND reporting requirements. D&I implementation target date is now June 2025.	All Psychology Service staff will have access to TrakCare, supporting Psychology Service full compliance with CAPTND reporting requirements.	3. Mental Health	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action

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Local Enhanced Services Review		In order to progress with the review of Enhanced Services currently available to GP practices an options appraisal has been drafted which will be shared with the Enhanced Services SLWG for discussion and decision.		1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Local - Implement Paperlite / Electronic Patient Record	9.5	Implementation of Morse extended to September 2025 Implement of Results Reconciliation reprioritised	Implementation of Morse to be completed Implementation of Results Reconciliation	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Pandemic Preparedness: Critical to major incident levels.		The draft Pamemic response framework plan is circulating to key stakeholders for subject specialist advice /input - SLWG will take forward to final version	Pandemic response framework plan draft is now circulating to key stakeholders for their input		Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
To develop the resilience risk profiling for Emergency Planning for NHS Fife.		Resporing analytics work is currently still underway for governance and assurance to evidnce based practice with EPRR response planning	Monitor and evaluate incidents that relate to emergency planning through use of incident management software	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Delivery of Research Innovation and Knowledge Strategy		Four priority themes identified (Sustainability, Collaboration, Culture and Communication), Microsoft Forms Survey of RIK Dept staff and revised Microsoft Survey of internal and external stakeholders and partners. Data reviewed by Leadership team and considered in the context of objectives. University of St Andrews School of Medicine is refreshing strategy due to appointment of new Dean and agreed that will develop and finalise Strategies in parallel.	RIK Strategy approved by Executive Directors Group and Clinical Governance Committee	9. Digital & Innovation		Green - On Track	Green - On Track	Amber - At risk - requires action
Embed the National Leading Excellence In Care Education and Development Framework into existing and new education programmes		EiC Support Nurse has been encouraging staff to utilise resource.	Delayed due to workload challenges, but is part of PPD workplan for Sept 2025. PPD will also support Band 6 development which will be aligned to EiC LEIC			Green - On Track	Green - On Track	Amber - At risk - requires action
Support the creation of a digitalised person-centred record		Significant progress has been made to identify patient pathways. Project lead has left post and EiC lead going on secondment May 2025	meeting organised for April 4th with Heads of D & I to discuss next steps.			White - Not Started	Green - On Track	Amber - At risk - requires action
Development of a new OP specialist Gynaecology Unit	7.2	Progress made on development of enhanced Women's Health / Gynaecology centre at QMH site (due to open towards end of April 2025).	Seek approval of funding from FCIG to commence architect commission and scope of work within amended business case.	7. Women & Children Health	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Green - On Track

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Community Rehab & Care: To develop a modernised bed base model in Fife that is fit for the future	2.6	<p>Following a pause in the reconfiguration work while there was a bed modelling exercise across NHS Fife undertaken, the HSCP has restarted the project to transform the bed base. The clinical pathways are under discussion and the transformation of the bed numbers and locations is being agreed as part of a multi disciplinary working group. Staff side are involved in all planning conversations and there are plans for wider communication and engagement with staff, patients and public.</p> <p>Engaged with estates to commence costings</p>	<p>Map existing workforce and develop workforce configuration requirements</p> <p>Review data available and undertake strategic needs assessment to achieve the right balance between bed base and community based provision.</p> <p>Review all existing pathways and referral processes to enable redesign in line with transformed bed numbers.</p> <p>Review and redesign inpatient services in line with RTP</p> <p>Deliver enhanced care and rehabilitation community services to support the delivery of care within the right environments for the people of Fife</p>	2. Urgent and Unscheduled Care	Green - On Track	Amber - At risk - requires action	Red - Unlikely to complete on time/meet target	Green - On Track
Develop and scope an SDEC model of care to support same day assessment and increase our ambulatory models of care.	2.2	<p>TOC commenced Feb 2025 for two weeks. Stakeholder feedback triangulated with quantitative data utilised . Further 3 month TOC now in progress. Scheduling of GP patients also commenced and redirection to OOH / Urgent care service overnight.</p>	<p>TOC to be commenced . Scheduling of GP patients to be implemented</p>	2. Urgent and Unscheduled Care	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track
Continue to deliver the Community Listening Service.		<p>Risk has been diminished with Volunteer Team in PET taking on aspects of administration function.</p>	<p>Aspects of CCL management have moved across into Volunteer Team within Patient Experience team. Milestones are ongoing review to see how this is working in a collegiate sense whilst Spiritual are retains operational and strategic delivery of CCL service.</p>	8. Workforce	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track	Green - On Track
Implement new referral management and electronic patient records system (TrakCare/morse) within P&PC Physiotherapy service.		<p>Services went live with MORSE on 25/03/25 and currently in the supported transition phase.</p> <p>Work continues on testing phase for transition from TIARA to TrakCare scheduled for 14th May 2025</p>	<p>Staff training and implementation of new digital processes across the P&amp;PC Physio services</p> <p>Transition P&amp;PS Physiotherapy services from Tiara onto TrakCare/morse digital system with support from eHealth</p>	1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track	Green - On Track
Develop mechanism for Health Visiting data analysis to assist partnership working with associated agencies, ensuring early intervention measures and anticipatory care needs are identified expeditiously.	7.1	<p>Robust Data Analysis Framework: Begun to implement a comprehensive data analysis framework within the Health Visiting service with support from digital team.</p> <p>Enhanced Professional Interfaces: Improved collaboration across children's services by implementing similar and linked digital systems.</p> <p>Planned Activities and Impact: Continued refinement of data analysis tools to ensure proactive identification of care needs, enhancing the effectiveness of interventions.</p> <p>Ongoing training for staff on new digital system to maximise their utility and improve multi-agency collaboration.</p> <p>Challenges: Resistance to change from staff adapting to new digital systems, impacting on effective implementation. Delay within digital teams to update electronic system.</p>	<p>Establish a pathway in reflection to the improvement plan to allow all services working with children's and young people access to relevant data for further development.</p>	7. Women & Children Health	Green - On Track	Amber - At risk - requires action	Green - On Track	Green - On Track

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Forensic Mental Health services are reviewed and restructured to ensure appropriate pathways that enable patient flow and maximise rehabilitation and recovery.	3.4	<p>Multidisciplinary workforce paper in progress covering all MH&amp;LD services. This will be presented to the Mental Health Oversight Group.</p> <p>Redesign of rehabilitation services is under consideration. This is led via the Mental Health Redesign Programme Board. There is an ambition to improve flow to/from inpatient services through redesign.</p> <p>Processes related to out of area placement are being strengthened e.g. return/update process for Clinical Advisory Panel, development of single spreadsheet to monitor out of area placements and progress towards repatriation/discharge</p>	Workforce review	3. Mental Health	Green - On Track	Amber - At risk - requires action	Green - On Track	Green - On Track
MAT based outcomes embedded in all ADP service level agreements. The standards implemented and fully maintained and PHS assessment supports this	6.2	In May 2024, Fife ADP and its partners including NHS Fife achieved a green status on implementation for 2023/24 for standards 1 to 5 from the external PHS assessment process. Provisional green was achieved for MAT Standards 6 to 10. This was an improvement on the previous year. Monthly numerical monitoring has shown a consistency and sustainability of this performance in year.	<p>Completion of the FAIR (Facts, Analyse, Identify and Review model) in partnership with lived experience panel.</p> <p>Information gathering for end of year PHS assessment.</p> <p>MAT 3 reporting reviewed and additional service added to the numerical reporting mechanism</p>	6. Health Inequalities	Green - On Track	Amber - At risk - requires action	Green - On Track	Green - On Track
CAMHS will achieve full compliance with CAMHS and Psychological Therapies National data set and enhance systems to achieve compliance.	3.3	<p>Work continues with system supplier to embed supplementary questionnaire in TrakCare as part of the current clinical workflow to allow recording.</p> <p>Work continues with NHS Fife information services to ensure reporting of items from the supplementary questionnaire.</p> <p>Work continues on both these aspects so full compliance can be achieved.</p>		3. Mental Health	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Community Mental Health Teams for Adult and Older Adult services that are responsive to need and reduce admission by offering alternative pathways	3.2	Pathways now embedded within service with last pathway- PDS submission for SG about to go live on 31st March 2025. There will be a 6 month service review to ensure that all three localities are adhering to the new pathways and will also allow the service to action any difficulties in a timely manner.	OA CMHT have developed pathways for the whole service - in the process of being implemented to bring consistency across the 3 localities within the service.	3. Mental Health	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Comply with the requirements of the COVID enquiry and Operation Koper, Crown Office.		This is being coordinated through the PET. Learning and adapting the process.	Provide information and expert advice as required		Green - On Track	Green - On Track	Green - On Track	Green - On Track
Deliver a VAM Covid response in alignment with SG guidance and in collaboration with East of Scotland workforce with full investigatory and outbreak management and community testing functions.		Regional helth protection workforce is available and able to respond as needed. Relationships across the region with other services are being developed and maintained. Pandemic preparedness ongoing, and being aligned with national plans where possible.	National VAM plans and funding remain in place. Health Protection workforce at expected numbers. Outbreak management and community testing capacity is available as needed.	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Delivery of Care at Home / Commissioning: Maximise capacity, and commission and deliver care at home to meet locality needs	2.3	More than 2/3 home care staff trained, more than 2/3 of Fife reviewed. On target savings.	Continue / conclude review of double-up packages of care	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track

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Delivery of the objectives set within the Pharmacy and Medicines Strategic Framework for 2024-2026		Key workstreams continue to progress. Review will be undertaken mid-2025 in preparation for next version.	Year end position stock take and review of plans for 2025	8. Workforce	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Develop, Enhance and re-invigorate Regional Networks	4.4	All network clinical pathways performing well supporting delivery of planned care.	Maintaining safe network arrangements between neighbouring boards.	4. Planned Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Development of Medical Education Strategic Framework		Engagement session with team has been held and framework is in draft. For completion by end of Q2 25/25			Green - On Track	Green - On Track	Green - On Track	Green - On Track
Engage with Higher Education Institutions locally and regionally to develop collaborative way of working	9.5	Collaboration with Southeast HEIs regularly through Academic Liaison Group. NIHR Funding application with Queen Margaret University lead to be submitted focussing on decarbonising Healthcare services and MRC funding application with University of St Andrews to expand work of Fife Community Advisory Council.	Support at least 2 funding applications either locally in NHS Fife, in partnership with University of St Andrews, or as part of the Southeast Academic Liaison Group	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Improve the mental health services build environment and improve patient safety	3.6	Ligature refurbishment programme is in place and work underway to improvement MH inpatient estates. Ward 3 refurbishment on target with move date from Ward 1 May 2025. Timeframes established for Ward 1 refurbishment and Ravenscraig move.  Ligature project board in place to oversee development.		3. Mental Health	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Increase NHS Fife Innovation Test Bed activity		Phase 2 projects are running to milestone targets with the exception of one project seeking extension currently. Other projects have had milestones delayed, with mitigations in place to meet the milestone within the September deadline.  Steering Group informed monthly of project progress and monthly meetings with projects leads provides feedback loop.	Ensure milestones for Phase 2 projects are on track, or risk mitigations in place.  Ensure Steering Group fully informed of milestone progress and feedback provided to project leads.	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Increase redirection rate utilising flow and navigation	2.2	Redirection rate from NHS 24 - 77% Full utilisation of MIU at QMH & scheduling. GP redirection rate increased to 15%. Further work required to fully optimise H@H and respiratory and mental health pathways to offer alternatives to hospital admission. CBC in place to support Care Home admissions but with no ACP model in place success has been limited.	Fully embed Scheduling of GP patients	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Legal Services Department (LSD) role within the Board is to manage all clinical negligence, employers and public liability claims intimated against NHS Fife; Fatal Accident Inquiries in which NHS Fife is an involved and interested party and all other legal intimations and challenges which involve the organisation			Ongoing. Raise awareness of claims - similar claims and implement new procedures to avoid future claims		Green - On Track	Green - On Track	Green - On Track	Green - On Track

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Mental Health and Wellbeing in Primary Care and Community Settings - Development and delivery of service provision in line with Scottish Government reports and planning guidance relating to the remobilisation and redesign of mental health & wellbeing services and supports in primary care and community settings.	3.3	Development work on test of change, including initial meeting with stakeholders completed.	Implement phase 4 coproduction activity (deliver), to include a six-month test of change to improve access to mental health & wellbeing services and supports in NEF	3. Mental Health	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Non-compliant Rotas		<p>Savings target exceeded for the year with second stage of monitoring complete.</p> <p>Final savings to be reported once all results received and any re-monitoring completed and reviewed.</p> <p>Clinical Management to continue with existing processes to sustain compliance and online resources available to be updated by individual services and directorates for new cohorts.</p>	<p>Results of surveys cascaded to be reviewed.</p> <p>Second stage of monitoring to begin</p> <p>Services to address any concerns of rota monitoring results prior to second round beginning in February</p>		Green - On Track	Green - On Track	Green - On Track	Green - On Track
Ongoing development of Community Treatment and care (CTAC) services, supporting more local access to a wider range of services.	1.2	Recruitment to vacancies remains positive, and locality hubs have been established to enhance capacity and strengthen resilience towards delivering sustainable services. A review of accommodation and space for CTAC and MDT services is underway. However, the lack of additional funding for service expansion or backfill poses a risk to sustainability, potentially leading to inequitable service provision across Fife, unmet patient needs, and dissatisfaction among primary care partners. The next steps involve reviewing activity and demand to improve efficiencies in processes and procedures, including scheduling, ensuring the most effective use of resources within the available financial envelope..	Continues to be scoped , planned and financial envelope to be confirmed	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Preventing alcohol specific and drug related harm and death affecting children and young people	6.2	<p>Rapid Action Group established in March 2024 has achieved the following outcomes:</p> <p>Develop an approach to surveillance of drug related harms in the community that assesses data gathered from a range of sources including data that is currently collected (such as hospital rates, drug-related deaths, non-fatal overdoses) and key stakeholder data (such as SAS, RADAR, ADP commissioned services)</p> <p>Community based Hospital Liaison Service and pathway for all CYP attending ED or admitted to hospital for a 24 to 48 hour response via a QR code</p> <p>THINK again campaign co-produced with CYP on raising awareness about harms, risk of overdose and death from substances typically prevalent in the age group</p>	<p>Review of action plan and resetting of plan for the remainder of the year and into next financial year. Review will include support for school, parents and carers including residential school and children not in school. Public messaging and harm reduction advice about continual use in young people and risk of overdose.</p> <p>Full drug awareness campaign to launch.</p>	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Green - On Track

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Prevention & Early Intervention: new models of care ensuring early discharge and prevention of admission, and local frameworks for frailty	2.6	<p>Heart Failure training for Diuretic IV in the Community - creating pathways with Hospital at Home</p> <p>Needs assessment and Action Plan completion as part of the DWD collaborative. Fife are well represented on each sub group. Frailty, Discharge to assess, Home First Community Hospitals and Integrated Hubs. Work will commence to progress the whole system outcomes</p> <p>Completion of the Assessment and Rehabilitation Centre model transformation nearing completion. Awaiting for the digital aspects of the redesign to be finalised.</p> <p>Discussions have taken place regarding patient self administration of IV antibiotics and 24 hour IV pumps however this requires to be progressed collectively between Acute and the Partnership. Head of Service has agreed to discuss this at a more senior level with the relevant Acute partners.</p>	<p>Heart Failure training for Diuretic IV in the Community - creating pathways with Hospital at Home</p> <p>South West Fife Locality currently trained and on patient 5 out of 6 on Test of Change. Dunfermline also now have trained staff that can undertaken IV Abs. Additional staff across Fife are now also undertaking training.</p> <p>Review and redesign of Assessment and Rehabilitation Centre model</p> <p>Develop processes to implement patients self management of IV Antibiotic Therapy</p>	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Reprovision of unscheduled care/ crisis care provision for patients presenting out of hours with a mental health crisis	3.1	Options appraisal completed. To be presented at MH programme board on 31/03/25	Report to Programme Board with recommended option for service improvement.	3. Mental Health	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Review of actions outlined in the Framework for Effective Cancer management to improve delivery of Cancer Waiting Times	5.3	Introduction of new cancer tracking reports to streamline workload and effectively highlight patients who require action from individual services. Introduction of new cancer tracking reports to streamline workload and effectively highlight patients who require action from individual services.	Collaborate nationally to learn from NHS Lanarkshire model to improve cancer waiting times performance. Review and identify actions once the Framework for Effective Cancer Management is published.	5. Cancer Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Support for Doctoral Training Program (DTP) Fellows		2 new Fellows (1 is a Global Fellow) appointed and commenced with University of St Andrews School of Medicine on 1 Day week lead in to 0.8 commencement in August 2025.	Cohort 5 (final) cohort launched and project proposals invited.	8. Workforce	Green - On Track	Green - On Track	Green - On Track	Green - On Track
To support preparations within NHS Fife for the implementation of the HCSA Act (on-going during 2023/2024), which comes into force from 1 April 2024.	8.4	New data capture process introduced for Q3 HCSA reporting, utilising business objects and aligned to ADP format, allowing path to green to be demonstrated and generation of evidence. Annual Report being prepared for submission to SG by 30/04/2025.	Continued review of SG HCSA feedback, submission of HCSA quarterly returns in line with agreed reporting mechanisms and governance cycles. Board actions progressed.	8. Workforce	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Update cancer priorities and develop associated delivery plan as outlined in the Cancer Framework and support delivery of the 10 year Cancer Strategy	5.1	2024/25 Annual Delivery Plan finalised and for circulation.	Finalise and circulate to relevant stakeholders and sign off.	5. Cancer Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track

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Work with Secondary care to develop shared care initiatives to continue to reduce the requirement for patients to attend ED	1.6	<p>OOH Telehealth: Increased use of video calls and other technologies to provide remote consultations and access to urgent care services, this is being achieved through project development, and staff engagement</p> <p>OOH Improving urgent care pathways in the community and enhancing links between primary and secondary care, working with mental health services to increase access to OOH mental health care</p> <p>Emergency Department to urgent care OOH redirection, closely monitoring and promoting referrals to OOH from ED, including co-ordinator to co-ordinator liaising during the OOH period</p>	Plans for the rollout of the national glaucoma shared care scheme within NHS Fife to alleviate the burden of glaucoma care on the hospital eye clinic are well underway with the aim of 'going live' In April 2024	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Embed Quality of Care Review Guidance (QoC) within all adult inpatient and community areas		2 areas within Acute are testing new EiC QoC Boards with the hope of rolling out across all Acute inpatient areas. Acute has embedded national QoC Guidance. 15 areas have completed reviews using guidance. Acute has also tested the guidance on the Right Decision Platform. Community Nursing is completing a QoC at present. Discussions with AHP Director about using QoC Guidance within AHP areas	Influence use of new QOC guidance with HSCP, Supporting Care Assurance is with HSCP April			Green - On Track	Green - On Track	Green - On Track
Increase the number of SCN utilising the CAIR dashboard to inform improvements whilst creating a culture of learning and sharing between areas		Increased over the last 3 months from 70 to 95 users due to drive from EiC Support nurse. PHS Supported session for Acute Staff. A further one planned for HSCP staff.				Green - On Track	Green - On Track	Green - On Track
Contribute Public Health perspective and evaluation support to Fife's Mental Health & Wellbeing Strategy		PH input to development of Mental Health & Wellbeing Strategy/Delivery Plan has continued. Strategy due to go to IJB May 2025 following which PH input relating to evaluation can commence.	PH representation and advisory role within the Mental Health Strategy Implementation Group	3. Mental Health	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Blue - Complete/ Target met
Implement preventative podiatry service in care homes		This work is ongoing but the bulk has been completed.	Implement the care plan for all moderate and high risk diabetics	1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Blue - Complete/ Target met
Expand on current system wide Urgent Care Infrastructure to develop more integrated, 24/7 urgent care models	2.1	In Hours Urgent Care ANPs provide urgent care to those patients during in-hours seeking healthcare, they support all general practices across Fife, including support with home visiting and care homes across Fife. This care is provided until 6pm every weekday, providing a seamless transition to the OOH period for patients to access 111 and be supported by the urgent care OOH team	<p>Develop dual nursing posts which support rostering to encompass 24 hour approach to urgent care.</p> <p>Further enhance and develop capacity and accessibility to HSCP led MIU/urgent Care centres</p>	2. Urgent and Unscheduled Care	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track	Blue - Complete/ Target met

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Targeted actions to improve the quality of our Immunisation services	1.2	Immunisation QMAG meeting took place 31st January 2025  Improvement work progressed with Care Home Consent Processes through Care Home SLWG  Vaccine Stock SLWG convened to improve pathways of ordering, delivery, storage & wastage of vaccine stock.		1. Primary and Community Care	Green - On Track	Amber - At risk - requires action	Green - On Track	Blue - Complete/ Target met
Begin preparation to review the 2022-25 Cancer Framework in NHS Fife to ensure still relevant and up to date	5.1	Refreshed Cancer Framework has been drafted and aligns with the Population and Wellbeing Strategy and 10 year Cancer Strategy.	Finalise refreshed Cancer Framework which will align with the Population and Wellbeing Strategy and 10 year Cancer Strategy.	5. Cancer Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Continued development of digital front door for patients	9.5	Digital Letters functionality operational Waiting List Validation extended	Implementation of Digital Letters - TrakCare Extension of Waiting List Validation	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Deliver an effective health protection function, including in- and out-of-hours duty cover to prevent and respond to communicable disease prevention.		Regional service working well in-hours. OOH service remains with individual boards. Ongoing staff development and training. Recruitment progressing to plan.	Provide a 24/7 specialist health protection service for Fife	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Delivering year on year reductions in waiting times and tackling backlogs focusing on key specialities including cancer, orthopaedics, ophthalmology, and diagnostics.	4.1	Weekly monitoring has improved position from last year with plans in place to further reduce long waits.	Waiting times overall should improve, particularly in >104 and .78 week position.	4. Planned Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Delivery of Clinical Governance Strategic Framework - Adverse Events		Staff support pathway in place			Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Delivery of the Risk Management Framework		The Risk Management Framework was endorsed by the Audit and Risk Committee on the 12 December 2024 and approved by the Board on 28 January 2025.	Completion of the 2024/25 workplan actions		Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Enabling a "hospital within a hospital" approach in order to protect the delivery of planned care.	4.2	Successful utilisation of QMH over winter months, reducing cancellations due to bed capacity limitations. BADs data under review as coding of procedures unable to account for DC activity which has moved	Maximise use of QMH and reduce day surgery within VHK	4. Planned Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Enhance Theatre efficiency	4.10	Successful utilisation of QMH over winter months, reducing cancellations due to bed capacity limitations.	Maintain theatre utilisation above 85% across VHK and QMH sites	4. Planned Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Ensure people have clear information and are sign posted to the HSCP Wells to enable tailored access to support via a 'good conversation', while awaiting a secondary care appointment / treatment.	4.8	Delivery of 'Waiting Well' workshop following a mapping exercise. Waiting Well information forms a part of waiting list letter for patients.	Waiting times letters include signposting for waiting well information. Key engagement with the national waiting well network.	4. Planned Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Ensuring there is a sustainable Out of Hours service, utilising multi-disciplinary teams.	1.3	<p>Integrating a diverse team of healthcare professionals who work with the General Practitioners (GPs) as the Senior Clinical Decision Makers in urgent care settings, significantly enhances patient experience through comprehensive, efficient, and specialised care. Each team member brings unique skills and expertise that contribute to a holistic approach to patient management.</p> <p>Fife Urgent Care (Out of Hours) multi-disciplinary team includes: i. General Practitioners ii. Senior Advanced Nurse Practitioners iii. Advanced Nurse Practitioners iv. Urgent care Practitioners (UCP)s v. Advanced paramedic practitioners (APP)s vi. Health care support workers (HCSW)s vii. Scot Gem Medical Students viii. trainee GPs and medical students ix. student nurses x. student paramedics xi. Foreign exchange students</p> <p>North East Fife Minor Injury Units provide care to those of Fife seeking minor injury care, scheduled via FNC, promoting right care, in the right place, with ongoing collaboration with the local ED to ensure patients are supported by the right clinician, at the right time. This care provided includes rotating urgent care ANPs being trained in minor injury care to support a more sustainable workforce</p>	<p>Introduce integrated roles across In-hours and out of hours</p> <p>Review the role and scope of practice of ENPs</p> <p>Review new dual roles across Injury and Illness clinical skill sets</p>	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Expanding Endoscopy capacity and workforce	5.2	NHS Fife among best performing boards for endoscopy across Scotland.	Reduce waiting times for USC diagnostics and surveillance patients	5. Cancer Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Extending the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists.	4.5	Treatment room usage now part of BAU releasing theatre space within QMH.	Increased utilisation of treatment room throughout 24/25	4. Planned Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Implement outcomes of Specialist Delivery Groups including reducing variation.	4.6	Monitored through heatmap presented at IPCPB	Increase in services and conditions covered through ACRT and PIR	4. Planned Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Infection Prevention and Control support for Care Homes  Continue to support Fife Care Homes to have a workforce with the necessary knowledge and skills in infection prevention and control to ensure they can practise safely, preventing and minimising the risks of HCAI to their residents, visitors, their co-workers and themselves.		IPC Programme for 2024/25 complete, work progressed for 2025/26 programme and alignment with AMR NAP.	Promote outbreak training sessions to care homes in Fife	8. Workforce	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Maximising Scheduled Care capacity	4.3	End of year figures within trajectories identified for 24/25. Full utilisation of Non-recurring funds allocated to manage waiting times	Delivery of TTG and OP targets within DCAQ plan	4. Planned Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Reducing the time people need to spend in hospital by promoting early and effective discharge planning and robust and responsive operational management	2.5	FELS management change process has completed. Drivers have now been upgraded to Technicians and fitting equipment releasing clinician time.  Two substantive H@H In-Reach Nurse Practitioners commenced within Acute Services during January 2025.	Fife Rehab Model Undertake required organisational/change management processes	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Undertake regular waiting list validation and maximise digital hub solutions	4.7	Exploration of 'overbooking' DC lists at QMH where it is anticipated there will be DNA patients.		4. Planned Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Continue to ensure EIC is represented in all improvement and fundamentals of care delivery groups		This is business as usual across Acute and HSCP. SG reports Bi Annual.				Green - On Track	Green - On Track	Blue - Complete/ Target met
Develop a Nursing and Midwifery Strategic Framework 2023 - 25; establishment of shared governance model Framework based on CNO and NHS Fife priorities, Recover to Rebuild, Courage of Compassion, Three Horizon Model				8. Workforce	Green - On Track	Green - On Track	Blue - Complete/ Target met	Blue - Complete/ Target met
Scoping further areas to support Public Health/ NHS Fife priorities for evaluation and research.				6. Health Inequalities	Green - On Track	Green - On Track	Blue - Complete/ Target met	Blue - Complete/ Target met
Fife Mental Health Service will work alongside partners in acute services, primary care services and third sector agencies to ensure robust and equitable pathways of care are in place for those in police custody and for those transferring into the community from prison.	3.4			3. Mental Health	Green - On Track	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met
Implement national Excellence in Care (EIC) objectives within NHS Fife In line with 3 Year strategy, embed in Fife by 2025.					Green - On Track	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met
7 Day Pharmacy Provision. This will focus on provision of clinical and supply services across hospital care settings, reviewing the current position and additional need					Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met
Ensure the delivery of an effective resilience function for NHS Fife.				6. Health Inequalities	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met
Digital / Scheduling: create a centre of excellence for scheduling across community services	2.6			2. Urgent and Unscheduled Care	Green - On Track	Amber - At risk - requires action	Purple - Suspended/ Cancelled	Purple - Suspended/ Cancelled

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Set out approach to implement the Scottish Quality Respiratory Prescribing guide across primary care and respiratory specialities to improve patient outcomes and reduce emissions from inhaler propellant	10.6			10. Climate	Green - On Track	Amber - At risk - requires action	Purple - Suspended/ Cancelled	Purple - Suspended/ Cancelled

## To Improve Staff Experience and Wellbeing

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
National - eRostering	9.1	Pace of implementation will take longer to conclude the implementation. Focus remains on clinical areas as priority.	Replanning of implementation completed	9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Delivery of Staff Health & Wellbeing Framework aims for 2023 to 2025.	8.3	Core wellbeing support provision highlighted through Staff Care rebranding and consideration of Framework and Action Plan for 2025 -2028 underway. Absence trajectory not met to date, so Recovery Plan developed to support improvement.	Review of Action Plan to inform development of 2025/2026 aims.	8. Workforce	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
We will raise awareness of the challenges faced by carers and provide information and advice to carers on their rights and what supports are available.	6.1	In Quarter 4 we undertook a full review of activity relating to unpaid carers, and consulted with IJB representative and key stakeholders resulting in a refreshed delivery plan for 2025-26 in order to deliver our objectives within the current resource landscape and ensure that our actions are fully aligned to strategic objectives. Three specific actions will be taken forward in relation to this deliverable in 2025-26:  1. Review and update to Carers Information on the HSCP webpage.  2. Development, implementation and evaluation of Carers awareness raising campaign 25-26  3. Explore options for additional staff resource to support delivery of future carers information campaigns.	A revised short-term action plan will be developed to address the challenges of delivering the objectives within the current resource landscape.	6. Health Inequalities	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track
We will work collaboratively to design and deliver services to reduce the negative impact of caring and support wellbeing, and promote supportive workforce environments for working carers	6.1	All SLAs have been reviewed as part of the Reimagining the third sector project. End of year reports of performance currently in production.  Actions have been agreed to make progress towards our deliverable, in 2025-26 we will:  1. Undertake a review of all commissioned support for adult carers, ensuring a whole system approach to supporting carers  2. Carer provider Forums (x4)- improving cross organisation working  3. Support commissioned partners to achieve carer positive status (level 1 engaged) by March 2026	Work with HSCP Contracts to review the effectiveness of SLA's with partners in meeting the needs of carers, linked to the Reimagining the Third Sector project.  Work with CARF and other partners where required to develop an action plan to deliver the income maximisation project.	6. Health Inequalities	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track
Delivery of the eRostering (eR) Implementation Programme in conjunction with Digital & Information.	8.4	Revised plan and implementation within clinical areas progressing within Acute and HSCP, taking account of deep dive feedback / lessons learned.	Implementation of revised eRostering roll-out plan agreed for clinical areas, alongside SafeCare.	8. Workforce	Green - On Track	Green - On Track	Amber - At risk - requires action	Green - On Track

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
We will increase the range of breaks available to carers and ensure that carers have access to information about how to access a break.	6.1	<p>The review of travel requirements will be incorporated into the SLA review in action above, and will be subject to financial assessment of capacity for each organisation.</p> <p>The NCS is still subject to the process of development by ScotGov. This action will remain part of a watching brief to be progressed once further confirmation of the Duties and resources become available.</p> <p>Decision taken to postpone the refresh of the SBSS until after further confirmation of the Duties and Resources that will come through the NCS has been confirmed.</p> <p>Actions agreed for 2025-26 include:</p> <ol style="list-style-type: none"><li>1. Provide 300 carers with a microbreak via Crossroads crisis prevention service</li><li>2. Provide 100+ short breaks per year through the Respite Scheme</li><li>3. Work collaboratively to review and assess the implications of recent government decisions around the NCS, and update Short Breaks Service Statement accordingly</li><li>4. Ensure that information about how to access a break is available to all carers.</li></ol>	<p>Continue the review of the contractual arrangements with external partners to ensure carers have access to travel support.</p> <p>As part of the short-term action plan development, analyse the impact of the National Care Service changes on our strategy to support the range of short breaks offered to carers.</p> <p>Work with external partners to understand the existing capacity and future potential to develop these offers to carers.</p>	6. Health Inequalities	Green - On Track	Green - On Track	Amber - At risk - requires action	Green - On Track
We will seek the views of carers and involve carers in the planning of our services and supports.	6.1	<p>Two specific actions will be taken forward in 2025-26 to make progress towards our deliverable:</p> <ol style="list-style-type: none"><li>1: The Annual Carers Experience Survey. Planning is already underway and will include Young Carers.</li><li>2. Carers Forums (x4)</li></ol>	Previously included above	6. Health Inequalities			Amber - At risk - requires action	Green - On Track
Where carers choose to, we facilitate good conversations with carers about what matters to them and how services and supports could help	6.1	<p>Two specific actions will be taken forward to work towards this deliverable:</p> <ol style="list-style-type: none"><li>1. We will build capacity within system to support completion of carers support plans</li><li>2. We will strengthen quality assurance processes to ensure that we can routinely report on the number and quality of Adult Carer Support Plans completed within the HSCP and the impact this is having on quality of life of the carers we support.</li></ol>	Previously included across multiple rows- relating to recruiting social work assistants and completion of ACSPs	6. Health Inequalities			Amber - At risk - requires action	Green - On Track

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Develop a Health Visiting workforce model in alignment to the wider Primary Care Nursing with a focus on sustainable and flexible responses to agreed Health Visiting pathways and prioritisation for vulnerable families.	7.1	Workforce Alignment with Primary Care Nursing: - Integrated Health Visiting (HV) Services within primary care, enhancing communication and referral processes for coordinated family care. - Developed clear protocols and SOPs outlining Health Visitors' roles. - Established a flexible workforce model with a mix of experienced practitioners and newer recruits. Enhanced Focus on Vulnerable Families: - Developed targeted interventions for vulnerable families, including prioritised home visits for at-risk groups and community groups/HV clinics. IRD attendance. - Implemented outcome measurement strategies through regular supervision and appraisals. - Established feedback mechanisms via Care Opinion for families to share experiences. Challenges: - Resource constraints have halted HV post advertisements. - Staffing levels have reduced HV pathways due to capacity issues.	Implement identified strategies and evaluate.	7. Women & Children Health	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track	Green - On Track
We will build workforce capacity by developing skills and knowledge, and enhancing systems, processes and workflows to ensure that carers are recognised and supported in their role at the earliest possible time.	6.1	The first collaborative session between operational teams has been held. The event was successful and agreed as a starting point for ongoing direct collaboration.  Eligibility criteria- supporting carers framework was endorsed by IJB in March, implications for social work practice are being considered by CSWO and operational managers to support practice.  The actions which will be taken towards this deliverable in 25-26 are:  1. Develop a suite of learning and development resources for frontline staff  2. Review and enhance the hospital discharge support service	Partnership workshop designed and delivered involving Social Work Assistants and Fife Carers Centre Locality Workers to strengthen collaboration and deliver better support for carers.  Post-sign off of the Eligibility Criteria for social work, begin a review of the impact for carers who have an Adult Carer Support Plan (ACSP).  Work with colleagues in nursing and Fife Carers Centre to develop a plan to extend the scope of the carers support hospital discharge service to the hospital admissions service, as set out in the carers strategy	6. Health Inequalities	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track	Green - On Track
PPD Succession Planning		Significant increase in number of mandatory resuscitation training places offered and delivered this financial year. Face-to-face clinical skills sessions now re-established. Cohort 3 of Assistant Practitioners (APs) finished in September with a further cohort of 9 Acute Trainee APs commenced in February 2025. 4 Return to Practice students commenced in February 2025. Financial constraints limiting staffing resources has limited our activity, particularly the delivery of leadership training.			Amber - At risk - requires action	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Pre Registration Trainee Pharmacy Technicians (PTPT) The development of a pipeline of Pharmacy Technicians is crucial to the sustainability of Pharmacy services and in providing optimal care. Scottish Government funding for this pipeline was withdrawn in Autumn 2022, meaning a local solution is required to cover intakes from April 2023 onwards		PTPT recruitment paused until June  Established PTPTs continuing progress through the programme	Ongoing progress through the programme		Amber - At risk - requires action	Green - On Track	Green - On Track	Green - On Track
Continue to deliver and enlarge on Staff Support/VBRP Project.		Current risk and challenges are around ongoing financial support for this project. However planning is in place to submit an additional bid to the Charity Committee to build upon the positive evaluation which has now been obtained.	Interim evaluation has been completed which shows highly positive quantitative and qualitative information. Plans gong forward are to present these finds to Charity Grants Committee in May 25 to demonstrate value of project with a view to embedding methodology in NHS Fife	8. Workforce	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Delivering Anchor Institution workforce aims - Promoting employability priorities.	6.4	Updates to workforce content and metrics submitted to overall Anchors Framework.	Review of programme aims for 2025/2026 identified and progressed in line with Anchors Ambitions, ADP and Workforce Planning priorities.	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Development and implementation of the NHS Fife Workforce Plan for 2022-2025.	8.5	Workforce Plan drafted in line with template provided by SG and shared with key stakeholders for comment in preparation for submission to SG.	Develop draft Workforce Plan for 2025/2026 (national direction now received).	8. Workforce	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Development of workforce planning for Pharmacy and Medicines, including readiness for pharmacist graduate prescribers from 2026, education and training of staff groups and development of the Pharmacy Technician pipeline.		Recruitment of PGFTPs in progress - challenging to maintain numbers of staff within the system. Work ongoing to finalise identification of DS and DPPs for this group. Skill mix in aseptic has improved following creation of PSW post, releasing Pharmacy Technician and Pharmacist capacity	Recruitment complete for Post Grad Foundation Trainee Pharmacist (PGFTPs) DS and DPP identified for first cohort of PGFTPs that will register as prescribers 2nd cohort of Pharmacy Support Workers complete Modern Apprenticeship Review of IP legacy staff approach/ position  Progress on scope of practice and available support for DPPs	8. Workforce	Green - On Track	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
<p>Education reform for Pharmacy</p> <ul style="list-style-type: none"> <li>-Facilitate local implementation and delivery of revised NES programmes, and more broadly support the development of Pharmacy staff to deliver a modern, patient focussed pharmacy service, across NHS Fife.</li> <li>-Foundation training programmes and embedding the advanced practice framework for Pharmacists</li> <li>-Developing Pharmacy and Support workers through accredited courses and modules.</li> <li>-Collaborative working across the East Region to support simulation training for post graduate foundation trainees</li> <li>-Support for undergraduate experiential learning is also being developed to enhance the quality of education at that level</li> <li>-Work is also ongoing to develop clinical skills and leadership across all roles and increase research capability across the professions</li> </ul>		<p>Review of supervisory approach ongoing, incorporating detailed skills and experience mapping exercise.</p> <p>Modelling work on DPP requirements for FTY and post-reg programme for coming years, and progressing plan for identification</p> <p>Submission to NES for FTY programme capacity completed</p>	<p>Identification of DS and DPPs for FTY programme.</p> <p>Holistic review of staff providing support, allowing for identification of best local approach</p>		Green - On Track	Green - On Track	Green - On Track	Green - On Track
Improving support and developing the Mental Health workforce	3.5	Workforce continues to be a central factor as part of the wider Mental Health redesign. Options appraisals in development for Urgent care, Older Adults and Rehab services focussed on alternative to admission, bed reduction and reallocation of workforce to ensure sustainable staffing models are in place.	Establish whole system options; define all options for skill mix and maximised use of available budget.	3. Mental Health	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Medical Workforce Recruitment and Retention Strategic Framework		Medical Workforce Recruitment and Retention Strategic Framework currently being drafted	Present the final draft of the Medical Workforce Recruitment and Retention Strategic Framework to the committees		Green - On Track	Green - On Track	Green - On Track	Green - On Track
Progression with ScotCOM in collaboration with the University of St Andrews		Recruitment underway for hub 1 posts			Green - On Track	Green - On Track	Green - On Track	Green - On Track
We will launch and develop a leadership framework – Our Leadership Way in Fife.		Different forums/settings have engaged in the Leadership framework during this quarter, including; Digital & Information Leaders, Maternity Services, Acute Heads of Nursing/Clinical Nurse Managers, Extended Workforce Leadership Team, Corporate Nursing Directorate, AHP Professional Leadership Council, Area Clinical Forum, Finance & Performance Directorate, Pharmacy Leaders, Respiratory Nursing Leaders, Staff Side - Area Partnership Forum. The design, development and publication of the Leadership Framework has been celebrated, endorsed and approved by EDG, APF, SGC and NHS Fife Board. The framework will be published in April/May 2025.	Publish leadership framework. Celebrate the influences of leaders at all levels in bringing life to the shared leadership ethos that matters to Fife.	8. Workforce	Green - On Track	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
We will plan and deliver a range of services and support to young carers to help them to meet their personal caring, social and learning goals.	6.1	<p>Actions carried over from previous quarter with clear plan for delivery. We have drafted the Carers Strategy delivery plan for 2025-26. The following actions have been agreed:</p> <p>1. Work with education colleagues to complete an options appraisal for a study support service for young carers, assessing and comparing different delivery models against set criteria to identify and recommend a preferred option.</p> <p>2. Provision and evaluation of Young carers education support service in all 152 Fife schools</p> <p>3. Review approach to identifying young carers at school gate</p> <p>4. Development of a monitoring and evaluation framework to support learning and improvement of young carers support services.</p>	Work with Education colleagues and others to review the Study Support pilot initiative and develop a Plan for 2025-26 and beyond.	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Develop an immunisation workforce model in conjunction with wider Primary Care Nursing structure which is sustainable and flexible to respond an ever evolving immunisation need	1.2			1. Primary and Community Care	Green - On Track	Green - On Track	Blue - Complete/ Target met	Blue - Complete/ Target met

## To Deliver Value & Sustainability

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Hospital Pharmacy Redesign Introduction of automation in hospital Pharmacy stores, dispensaries and clinical areas. Centralisation of Pharmacy stores and dispensaries		No direct progress on this area. However, progress noted below on digital medicines programme will serve as an enabler, particularly Pharmacy Stock Control system	-		Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Roll out of Digital Pathology	5.1	Caldicott required for validation, achieved Mar-25 and meetings with supplier commenced to increase capacity in test environment to allow validation to commence.	Complete verification of scanner and IMS and validation of Consultant reporting.	5. Cancer Care	Amber - At risk - requires action	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Delivery of New Laboratory Information system (LIMS) as part of accelerated implementation followed by implementation of national roll out.	9.1	Final update to resolve agreed issues with local implementation (phase 1) which can't wait until the nation build (phase 2) due to be released to testing environment by end of Q4. Once tested update will be deployed to live, timeframe for this not currently clear but likely to be first month of Q1 25/26. A number of configuration changes have been tested and deployed in Q4. Work to input into National build commenced.	Complete phase one, prepare for national LIMS project.	9. Digital & Innovation	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Amber - At risk - requires action	Red - Unlikely to complete on time/meet target
National - GP IT Reprovisioning - GP Sustainability	9.1	Activities paused following GP IT supplier being in administration.	Complete Docman 10 Upgrade	9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Red - Unlikely to complete on time/meet target
Support delivery of Re-form, Transform, Perform (RTP) through supporting service change		Reporting is now established - complete 25/26 programme plans still being developed 25/26 programme plans not complete so not yet agreed	Monthly RTP performance reporting delivered 2024/25 Programme Plan delivery underway 2025/26 Programme plans developed and agreed		Amber - At risk - requires action	Green - On Track	Green - On Track	Red - Unlikely to complete on time/meet target
Business Transformation		Mapping and engagement activities underway Programme Brief and Plan redrafted for presentation to governance	Case for change provided to RTP Exec and Fife NHS Board Staff cohorts identified Supporting Digital Product enhancements confirmed	9. Digital & Innovation	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Amber - At risk - requires action
Surge Capacity - Improve flow within the VHK site, reducing length of stay and number of patients boarding to ensure patients are looked after in the most appropriate setting. Accurate PDD to inform planning for discharge, coordinated with the Discharge Hub.	2.5	No reduction in bed footprint possible due to over capacity. SBAR agreed at SLT in March and to be discussed at EDG - model of care re prioritised with PDD focus, review of criteria and staffing & bed base to flex between 30-44 patients acknowledging seasonal variation/demand.	Reduction of Ward 9 to 11 to 30 beds and associated maintenance of new footprint  Continue to monitor Locum Surge Consultant post	2. Urgent and Unscheduled Care	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Amber - At risk - requires action
Delivery of digital medicines programme, including the roll out of HEPMA and progressing commitments to implement automation within the hospital dispensary function		IDL system has been implemented, with support and supplementary development ongoing  Final preparation for go-live of pharmacy stock control system, including, UAT training and development of SOPs	Ongoing support of IDL system implementation and learning/ developments as required  Stock control system implementation and go live	9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action

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Enhanced data availability and sharing		Implementation of GP Data Sharing delayed.	Implementation of GP Data Sharing (early adoption)  Assessment of GP Data Sharing - early adoption phase	9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach	2.4	ED performance remains off trajectory. Respiratory and Mental health pathways not yet in place. H@H & frailty pathways being developed and optimised further.	ED performance to achieve 77%	2. Urgent and Unscheduled Care	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
National - LIMS Implementation	9.1	Risk continues to be identified with the national LIMS Programme - delays expected.		9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Set out approach to develop and begin implementation of a building energy transition programme to deliver energy efficiency improvements, increase on-site generation of renewable electricity and decarbonise heat sources.	10.1	In absence of funding to deliver projects, we have been proactively identifying assets and systems for replacement/upgrade to enable net zero progress.		10. Climate	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Work towards mental health services receiving 10% of NHS frontline spend by 2026 and plan to invest 1% of this spend on the mental health of children and young people.	3.4	Finance colleagues have provided financial data and continue to provide support to enable the services to review.	Priority areas identified and improvements costed	3. Mental Health	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Develop and Implement the Public Participation and Community Engagement Strategy		NHS Fife has made significant progress in embedding meaningful public participation in service planning and delivery inline with the Scottish Governments Planning with people. The Public Participation and Community Engagement Strategy and operational plan was agreed by EDG and the NHS Fife Board. Key achievements include strengthened collaboration with Fife Health and Social Care Partnership, and the integration of public feedback into service redesign projects. Challenges have included ensuring wide-reaching engagement and managing expectations around service changes, but ongoing efforts in transparency and responsiveness have helped address these issues. Further challenges are associated with no financial or workforce support being allocated to NHS Fife Corporate Communications to fully take forward the aspirations outlined in the strategy and to fully implement the operational plan. This will become particularly problematic as the NHS transformation agenda and financial sustainability targets require service redesign and for NHS Fife to adhere to planning with people best practice and guidance.	<ul style="list-style-type: none"> <li>Formalise the established relationship with Fife Health and Social Care Partnership to ensure joint working aligned with delegated NHS Fife services, The transformation agenda and financial sustainability.</li> <li>Align the NHS Fife Public Engagement and Participation Strategy with the new Fife Health and Social Care Partnership strategy being developed in 2025/26</li> <li>Continue to develop key mechanisms where public input can directly influence service improvements.</li> </ul>		Amber - At risk - requires action	Green - On Track	Green - On Track	Amber - At risk - requires action

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Develop Strategic vision across all of Primary Care	1.2	Data gathered of allocation at individual practice level; KPIs for each service being introduced; Clearer understanding of gaps in delivery, significant challenges in realising revised models for non priority MoU2 services to reach improvement in parity.  Local milestone of July 2025 for operational transition of pharmacotherapy; challenges remain, not withstanding national directive. Progression to BAU not started.	Evaluate the effectiveness of delivery in the revised non-priority MoU2 services.  Commence progression of Pharmacotherapy to a state of business as usual.	1. Primary and Community Care	Amber - At risk - requires action	Green - On Track	Green - On Track	Amber - At risk - requires action
Achievement of Waste Targets as set out in DL(2021) 38	10.3	We have made great progress with our a 10% reduction in clinical waste target however we are still working towards our 70% reduction target. We are 381 tonnes short but have achieved 790 tones so far.	Achieve a 10% reduction in clinical waste & ensure that 70% of all domestic waste is recycled and composted	10. Climate	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Development and initiation of NHS Fife Innovation Project Review Group (IPRG)	9.5	NHS Fife IPRG to be restructured following review of the content of the meetings. Restructure will separate out initial project screening review, developed project paperwork and oversight and ANIA projects into 3 separate groups to provide better governance.	develop implementation pathway for supported projects to be handed over to appropriate service/ directorate for implementation.	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Outline plans to implement a sustainable travel approach for business, commuter, patient and visitor travel	10.4	Due to publication of new SHTM, we need to re-review our current strategy to ensure it aligns with national guidance.	Publish NHS Fife sustainable travel strategy	10. Climate	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Delivery of Digital and Information Framework		Work continues to develop the Digital Framework. Consultation is ongoing with key stakeholders	Completion of Digital Framework	9. Digital & Innovation		Green - On Track	Green - On Track	Amber - At risk - requires action
Implement Same Day Emergency Care (SDEC) and rapid assessment pathways	2.2		Effective SDEC in operation	2. Urgent and Unscheduled Care	Green - On Track	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Green - On Track
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation.	8.1	Medical locums transferred on 3 February 2025 and next phase of transition is to focus on AHP and Medical Records Banks.	Direct Engagement model in place and work transitioned over.  Bank model changes fully in place and operating as Business as Usual.	8. Workforce	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track

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To achieve additional capacity to meet 6 week target for access to 3 key Radiology diagnostic tests (MR,CT and US)	5.2	Radiology have delivered the projected activity required to ensure that 90% of patients are waiting less than 6 weeks. CT have continued to maintain on target performance by making efficient use of Scottish Government waiting times(SG WT) funding. MRI also have maintained on target performance. Successful trials for "Deep Resolve" software have been successful, and the software will be implemented in Q4. This will reduce the requirement for SG funded mobile scanners in the next financial year. US waiting lists reduced significantly (from 26 weeks to 10 weeks) in Q1 and Q2 using SG WT funding. Following the withdrawal of funding, activity has reduced and further improvements to routine waiting times has been limited.	90% of patients waiting less than 6 weeks for MRI/ CT & US imaging.	5. Cancer Care	Green - On Track	Amber - At risk - requires action	Green - On Track	Green - On Track
Develop and Implement the Corporate Communication Strategy		During Q4, NHS Fife successfully finalised its five-year Corporate Communications Strategy, ensuring a clear, cohesive approach to internal and external communications. Engagement sessions were conducted with key stakeholders, including staff, community partners, and service user feedback, allowing for a more inclusive strategy development process. The strategy aligns with NHS Scotland's wider transformation agenda, supporting efficiency, innovation, and improved access to healthcare services. Key achievements include the development of a refreshed website development plan, improved staff communication channels, and an enhanced approach to public health messaging. Challenges included capacity constraints and balancing communication priorities amidst evolving service demands. However, mitigation strategies ensured continued progress.	Review annually the Corporate Communications Strategy, ensuring alignment with NHS Fife's key priorities and national health strategies. Conduct internal staff survey to refine the strategy and inform a new internal communications plan for 2025/26 inline with the new staff intranet development. Develop individual communications plans, addressing key themes such as workforce health and wellbeing, transformation agenda and digital innovation.		Amber - At risk - requires action	Green - On Track	Green - On Track	Green - On Track
Attracting & Recruiting staff to deliver Population Health & Wellbeing Strategy; Recruitment Shared Services Implementation Consolidation & enhanced International Recruitment service.		Test of change of two additional functionalities in Job train, add a vacancy and vacancy approval being undertaken.	Continue to review of ERRS model to gain wider service benefits across the model.	8. Workforce	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Developing a system wide Prevention and Early intervention strategy which will underpin delivery of the HSCP strategic plan and the NHS Fife Population Health and Wellbeing Strategy	1.4	Delivery groups established and progressing the 10 priority areas in Year 1 Action Plan. Auditing workforce development 2024-2025 and workforce planning for 2025-2026 is being progressed. Dissemination of strategy and comms.	P&EI Oversight Group to meet for the first time. Creation of more detailed action plan to sit below Delivery Plan.	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track

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Enhance the capacity and capability across the team		The capacity and capability across the procurement team has greatly improved over the year. An enhanced level of engagement and support has been provided across NHS Fife to increase the benefits derived from procurement.	<p>Develop Learning programme to ensure team remain aware of and comply with extant legislation and SFIs, to provide and develop robust advice and information to services</p> <p>Engage with Finance Business Partners, review compliance of procurement contracts, Explore with services potential value and sustainability opportunities</p> <p>Work with services to scope out and deliver cost improvement opportunities and identify potential future cost pressures</p> <p>Complete review of authorisation limits, updating Financial Operating Procedures and other procurement procedures as required</p> <p>Take forward outcomes of 2024 PCIP to implement best practice across the department.</p>		Green - On Track	Green - On Track	Green - On Track	Green - On Track
Further developing agile working and use of digital solutions in Directorate through investment in Workforce Analytics provision to support series of organisational priorities, including Health and Care Staffing Act and eRoosting Programme.		New data capture process introduced for Q3 HCSA reporting, utilising business objects and aligned to ADP format, allowing path to green to be demonstrated and generation of evidence. Workforce modelling data and potential shared with People & Change Board. Proposal for Trainee Workforce Information / Analyst progressing.	On-going production and analysis of workforce information to support workforce planning and service delivery, including HCSA reporting requirements.	8. Workforce	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Further strengthen our business partnering model, supported by a strong management accounting team, to improve business performance and decision making support.		<p>Following protracted significant vacancy levels (c22%) within the FMT, we have filled vacancies through a combination redesign and internal development opportunities. We have reduced our vacancy level to 7% at the end of 24/25.</p> <p>The Financial Management Team has designed and delivered face to face finance training to 161 budget holder colleagues equivalent to 65% of eligible attendees. Candidate feedback has been very positive; demand remains high; and training will be picked up again next financial year.</p>	<p>Make financial reporting more concise, action focused and forward looking</p> <p>Proactive recruitment following service redesign to add capacity and improve support to organisational decision making</p> <p>Increase the use and sharing of available data and information to provide finance business insight e.g. Discovery reporting tool / learning from national Financial Improvement Network</p> <p>Review financial data and reporting to confirm improvements made and identify further opportunities</p> <p>Identify learning needs, consolidate improvements across the FBP team ensuring best practice adopted by all</p>		Green - On Track	Green - On Track	Green - On Track	Green - On Track
Improve sustainability of Primary Care	1.1	<p>Sustainability loans for 3 of the applications have been progressed and paid out in 2024/25 with 3 applications being carried forward into 2025/26.</p> <p>Contract for x2 of the 2C Practices has been awarded and date to return to independent 17J status is 1 September 2025.</p>	<p>Create tailored support to practices across Fife, dependent on individual need to proactively support sustainability</p> <p>Transfer of 2C practices to stable 17j Independent Practices</p>	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track

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Increase capability within the team to deliver service improvement and meet growing service demand		The Financial Services Accountant post has been successfully imbedded within the team during the year, providing enhanced support for corporate reporting and decision making across the organisation. The Direct Engagement Payment Process has been effectively imbedded during the year.	Support the Direct Engagement workstream to a successful conclusion, imbedding new process for the payment of Agency Doctors and AHP's		Green - On Track	Green - On Track	Green - On Track	Green - On Track
IPQR Review		Monthly reports continue to be produced accordingly on time. Comments relating to IPQR to be included in report to Board, previously focussed solely on escalations. Collation of trajectories for 2025/26. Work ongoing testing PowerBI for dashboard for IPQR metrics.	Quarterly review of trajectories/targets  Monthly reports produced and distributed accordingly  Incorporate agreed metrics relation to Primary Care		Green - On Track	Green - On Track	Green - On Track	Green - On Track
Local - Records Management Plan Implementation	9.2	Records Management Teams continue to work with services to implement		9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Mental Health Services will have a robust data gathering and analysis system to allow for service planning and development	3.3	MH Data and Information group in place which reviews high-level data requests, system requirements and reporting functions. Input from D&I team and establishment of MH Data hub provides robust analysis function.		3. Mental Health	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Post successful transition to the SE Payroll Consortium arrangement, work with the senior leadership of the consortium to ensure effective continuity of a payroll service for NHS Fife and contribute to service redesign to ensure NHS Fife's needs are addressed.		Continued support to the payroll consortium through constructive discussions whilst attending the payroll quality board meetings. Ensuring NHS fife's needs in relation to payroll are met.	Consult and agree with the consortium service re-design arrangements, ensuring NHS Fife priorities are addressed  Develop and agree SLA to ensure a robust and timely payroll service inclusive of all pre transfer needs  Agree service monitoring process with consortium including key performance indicators		Green - On Track	Green - On Track	Green - On Track	Green - On Track
Refreshed Performance Reporting	6.1	Significant progress has now been made. A full suite of power BI reports have now been created and power platform is now being used to develop this further.	Automation of Performance Reporting	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Support Delivery Strategic Planning function		Public Holiday debrief took place in Jan-25 with output forming basis of introductory presentation at System Flow event in Feb-25. Summary to be presented at IUCPB with relevant actions taken forward. ADP Q3 report produced, presented at Committees and Board, to be submitted to SG following. Draft for ADP 25/26 was presented at FPR Committee as draft. Plan was submitted to SG on time (17 Mar) and approved by Board (24 Mar).	"Hot Debrief" of festive period to take place (Jan-25)  Organise Planning/Review Event (Feb-25)  ADP24/25 Q3 to be produced  Submission of draft and final ADP25/26		Green - On Track	Green - On Track	Green - On Track	Green - On Track
Transfer our referral system and EPR from Tiara to Morse and TrakCare within the Podiatry service		Move to MORSE completed, move to TrakCare deferred to May 25 in order to ensure that TrakCare build meet service needs	Expands digital admin process for example, use of patient hub.	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track

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Transformation of HR transactional activity enhancing the HR Operational delivery model through case management and manager support building on manager / employee self-service.		There is a risk the work required to build level 0 and level 1 in the shared service centre is delayed due to other priorities.	Part of Shared Service Centre, work underway to identify transactional activity and volume to build service level 0 and level 1. Continue to embed new service delivery model and review.	8. Workforce	Green - On Track	Green - On Track	Green - On Track	Green - On Track
SLA and External Activity		Agreement made nationally on SLA uplift of 6.64% therefore the NHSF 3% target was not met.	Planned implementation of PLICS locally  Meeting scheduled with NHS Tayside to discuss decontamination service  Ongoing development of Performance Management dashboard  Ongoing discussions with other Boards Chief Executives relating to transition into more formal Performance Management arrangements  RTP/SLA Moving towards a business as usual model in 2025/26 - Closing report to be developed		Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Blue - Complete/ Target met
Digital & Information Projects	9.5	The Digital RTP activities have now concluded for 2024/25.	Assess Benefits for Quarter	9. Digital & Innovation	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action	Blue - Complete/ Target met
Medicines optimisation. Design and support delivery of medicines optimisation work to ensure optimal use of medicines budgets		The revised target for acute medicines efficiencies is likely to be surpassed by the end of financial year. Within the HSCP, delivery is expected to be 91% of target (noting the target was revised upwards, and delivery has surpassed original targets).  Medicines waste comms activity has been undertaken, aimed at clinicians and the public.	Monthly monitoring of the Medicines Optimisation plan and continued identification of opportunities.  Identification of /and quantification of efficiencies to meet an extended £3M target is ongoing, however it is very unlikely that this target  Review of current prescribing guidelines across a number of specialties to more clearly define treatment pathways and access to medicines  Comms and engagement plan with all staff.  Reducing medicines waste in hospital.	6. Health Inequalities	Green - On Track	Amber - At risk - requires action	Green - On Track	Blue - Complete/ Target met
Procurement Savings within Acute Services		Projecting £456,299 as at end of month 11 for in year impact and recurring saving of £500,000 target.	Ongoing reviews of expenditure and savings opportunities.		Amber - At risk - requires action	Green - On Track	Green - On Track	Blue - Complete/ Target met
Action plan for the National Green Theatres Programme	10.6	Neptune system is installed in theatre 10 phase 3 at Victoria Hospital. We are keeping up to date with the bundles released from CfSD and have achieved all outstanding targets from these bundles.	Create a timeline and plans for achieving remaining targets	10. Climate	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Decarbonisation of Fleet in line with Targets	10.4	We are 80% complete in respect to the 2025 target with clear plans in place to be 100% complete by December 2025.	Have plans in place to replace 12 ICE vehicles to electric	10. Climate	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Delivery of ICO and NISD Audit Improvement Plans Architecture and Resilience Developments	9.2	Current Year actions now complete	Key System Architecture and Resilience Documented	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met

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Delivery of integrated drug and alcohol education age and stage appropriate throughout the full school life by school-based staff and specialist support from ADP commissioned services	6.2	Completed pilot and roll out of additional and flexible support working well in schools. Alcohol information sessions are being delivered at S2 level by guidance teachers in all schools. Thus creating capacity for tailored support to CYP at their and the schools request. Delivery has also occurred to CYP not in the school environment therefore reaching more CYP at risk. Educational sessions on new emergent drug trends and support on how to have a positive conversations about drugs and alcohol have ben delivered to parents online and in group settings. School nursing now trained in alcohol and drug awareness and progressing to drug brief intervention and alcohol brief intervention training	Further training delivered in pilot schools and outputs/outcomes gathered from training and delivery to students  Assessment of workforce development approach between third sector and school nursing	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Delivery of Property and Asset Management Strategy		Phase 1 target met with submission of the plan in January 25 as agreed.	Submit Phase 1 to SG by end January 2025 or any amended timescale determined by SG	10. Climate	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Development of a delivery plan to embed and deliver the Realistic Medicine Programme in NHS Fife			Ensure Realistic Medicine principles are embedded in Fife  To work with colleagues to promote sustainable and greener healthcare to fit in with the greener action plan To encouraging staff to access RM module on Turas  To encourage parents and families to ask BRAN questions  To Evaluate shared decision making from patients' perspectives		Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Develop plans to make sure CIS delivers on key operational priorities	1.2	Participation in national Task & Finish Group around Childhood schedule changes including 18 month visit.  Scottish Government financial return completed for childhood schedule changes including 18 month visit.  Maternity immunisation improvements made to the RSV programme - funding for maternity post.	Maternity immunisations  Preparation for children's 18 month visit	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Digital Enablement Workplan for patients and staff ITIL 4 Improvement	9.3	Work has completed on the necessary ITIL4 changes. Focus turns to the processes being embedded into day to day operations and planning.	Implementation Complete	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Estates Rationalisation		24/25 targets met with consolidation of 3 buildings including Hayfield House, Cameron House and Haig House. Sharing of office assets with Fife Council enabled the buildings to be decanted.			Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met

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Implementation of environmental prescribing improvements per the Scottish Government Quality Prescribing for Respiratory guide 2024 while delivering patient level reviews and appropriate clinical guidance to drive high quality clinical care.	10.6	Primary care pharmacy team continue to deliver medication reviews relating to respiratory prescribing, within broader Polypharmacy based approach. Formulary position remains in place. Inhaler technique support work ongoing	Ongoing delivery of review  Continued embedding of communication and engagement approaches	10. Climate	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Outline plans to implement an approved Environmental Management System.	10.5	We have made good progress with developing the legal register, we have also set out a SharePoint process for document control. We have carried out 3 audits and have more planned	Have made progress with carrying out a legal review for all sites	10. Climate	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Outline plans to increase biodiversity and improve greenspace across our estate	10.5	We have planted trees and UKHab survey is will be funded by SG. We are engaging with Fife Coast and Countryside Trust (FCCT) who now maintain our grounds and gardens, to improve biodiversity by the regimes of maintenance.	Have made progress with creating biodiversity audits for all key sites	10. Climate	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Reduction of Medical Gas Emissions through implementation of national guidance	10.1	External assessment of Entonox within maternity, demonstrates staff are not being exposed to unsafe levels. This work is now completed.  Other areas are working under BAU.  The technical update for Entonox migration is ongoing and will conclude Q1 2025/26  The SLWG will be wound up early in 25/26 and work managed through the medical gas committee		10. Climate	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Set out our approach to adapting to the impacts of climate change and enhancing the resilience of our healthcare assets and services	10.2	NHS Fife have created a Business Continuity Plan dashboard that will link to flood risk.  NHS Scotland climate mapping tool has been developed.  Initial partnership with Fife Council has been established to develop a climate model, this will identify highest risk sites	Have created a dashboard for climate risk	10. Climate	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Complete NHS Fife's Phase 2 M365 Programme				9. Digital & Innovation	Green - On Track	Green - On Track	Blue - Complete/ Target met	Blue - Complete/ Target met
Infrastructure - Workforce	9.3		Decommission Sites Establish other hotdesking locations	9. Digital & Innovation	Green - On Track	Green - On Track	Blue - Complete/ Target met	Blue - Complete/ Target met
Refresh of the Primary Care Improvement Plan	1.1			1. Primary and Community Care	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met
Review existing arrangements which support children with neurodevelopmental differences.				7. Women & Children Health	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met

ALL

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Develop the NHS Fife Organisational Change Model to support delivery of change.		1. Update to NHS Fife Board (March 2025)- update provided to Director of Planning and Transformation. 2. Develop a 'Change Hub' and teaching programme to support organisation (March 2025). Work has commenced on delivery of this. This work will continue into Q1 2025-26. 3. Develop evaluation plan for 2025-26 onwards. This has not started. This work will continue into Q1 2025-26. 4. Completed all-staff survey on the staff experiences of change.	1. Update to NHS Fife Board (March 2025) 2. Develop a 'Change Hub' and teaching programme to support organisation (March 2025). 3. Develop evaluation plan for 2025-26 onwards. This has not started.		Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Supporting implementation of the Population Health & Wellbeing Strategy		We have commenced drafted the annual report to the NHS Fife Board. A draft is on track to be completed by the end of March 2025.	Commence annual report for 2024-25		Green - On Track	Green - On Track	Green - On Track	Green - On Track

**Meeting:** Finance, Performance and Resources  
Committee

**Meeting date:** 8<sup>th</sup> May 2025

**Title:** Overview of Planned Care Plans 2025-26

**Responsible Executive:** Claire Dobson, Director of Acute Services  
Ben Hannan, Director of Planning and Transformation

**Report Author:** Ben Hannan, Director of Planning and Transformation

## **Executive Summary:**

NHS Fife's Planned Care Plans for 2025/26 align with the NHS Scotland Operational Improvement Plan, targeting elimination of waits >52 weeks and achievement of 95% diagnostic performance for key tests.

A total national bid of £126m has been submitted, with up to £9.7m confirmed for NHS Fife on a cash-on-delivery basis. Some monies will be allocated on a recurring basis.

Funding and implementation detail has now been confirmed for the majority of surgical specialties and diagnostic modalities. However, further information and clarity is awaited from Scottish Government in relation to non-cancer medical specialties

The 2025/26 plan aims to deliver sub-52-week waits in all surgical specialties except Trauma & Orthopaedics and General Surgery (vascular).

Additional diagnostic and surgical capacity will be supported via targeted workforce expansion and regional collaboration.

NHS Fife's approach is underpinned by the RTP2 transformation framework, aligning sustainability, performance, and staff-led innovation.

Risks include conditional funding, fragility in certain services, and the need for enhanced integrated finance-performance tracking.

## 1 Purpose

**This report is presented for:**

- Assurance

**This report relates to:**

- Annual Delivery Plan
- NHS Board Strategic Priorities

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The NHS Scotland Operational Improvement Plan for 2025/26 introduces specific deliverables: no waits over 52 weeks, 150,000 additional appointments and procedures, and radiology compliance of 95% of referrals seen within 6 weeks by March 2026. NHS Fife has submitted its response plan, supported by “up to” £9.7m of conditional funding from the Scottish Government. This report provides assurance that the planned programme is appropriately structured to deliver against these expectations.

### 2.2 Background

Building on progress made in 2024/25, NHS Fife has refreshed its Planned Care approach using a blend of national guidance, local performance intelligence, and alignment with the RTP2 Framework. While recurring and non-recurring funding streams are confirmed in principle, drawdown is now linked to demonstrable delivery. NHS Fife's approach builds on transformation principles, clinical prioritisation, and staff engagement underpinned by service redesign efforts.

### 2.3 Assessment

NHS Fife's 2025/26 Planned Care Plan is firmly grounded in the NHS Scotland Operational Improvement Plan, which sets clear priorities for recovery, including the elimination of waits over 52 weeks, increased elective capacity (with a national aim of 150,000 additional appointments and procedures), and ensuring 95% of radiology referrals are completed within six weeks by March 2026. These ambitions are embedded in Fife's local approach, supported by detailed trajectories and underpinned by strong alignment to

the Reform, Transform, Perform (RTP2) framework, which shapes the Board’s overarching strategy for sustainable health and care services.

For 2025/26, the Scottish Government has confirmed “up to” £9.7 million of elective recovery funding for NHS Fife through a conditional, cash-on-delivery model. This approach marks a shift from previous years, placing greater emphasis on evidencing tangible delivery outputs before funds are released. To respond to this funding model, robust governance arrangements are being strengthened to ensure rigorous tracking of both financial and performance data, enabling timely interventions and reallocations where delivery gaps are identified.

The plan prioritises the reduction of long waits across outpatient, day case, and inpatient pathways. Significant investment will support additional activity in specialties such as Urology, Ophthalmology, Gynaecology, and ENT. Recurring and non-recurring funds will enable service expansion and redesign, including posts recruited at risk to deliver essential increases in clinical throughput. While most surgical specialties are forecast to meet the 52-week target, it is recognised that pressures remain in Trauma & Orthopaedics and General Surgery (Vascular) due to workforce challenges, demand and capacity constraints.

Diagnostics recovery continues to be a high priority. Endoscopy is on course to maintain compliance with six-week targets, aided by regional expansion and Cytosponge activity. Radiology performance is more complex, but is currently favourable across the key modalities. Ultrasound remains as the most challenged modality but monies have been secured to support additional activity. NHS Fife has developed scalable models that will be activated as funding clarity is received.

With these mitigations and governance mechanisms in place, this paper provides **moderate assurance** of delivery at this stage.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		X		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

### **2.3.1 Quality, Patient and Value-Based Health & Care**

The plan supports the principles of Realistic Medicine by ensuring that patients are treated in the right place, at the right time, with resources prioritised according to clinical need. By increasing capacity in pressured specialties and reducing waits, it promotes improved health outcomes and reduces harm from delays. NHS Fife's approach integrates clinical prioritisation and patient-initiated review pathways, with additional capacity concentrated on long-waiting patients in line with value-based care principles.

### **2.3.2 Workforce**

Workforce availability remains a critical success factor in delivering the planned care commitments for 2025/26. NHS Fife is proceeding with the recruitment of several consultant posts on an "at risk" basis to safeguard delivery timelines, recognising the urgency of mobilising additional capacity within a compressed financial and operational environment. While necessary, this approach carries inherent risk, particularly in light of the national transition to a 36-hour working week, the continued constraints in medical and nursing recruitment markets, and the evolving impact of workforce reform.

To ensure appropriate scrutiny and alignment with Board priorities, all recruitment undertaken at risk is subject to enhanced governance and is overseen collaboratively by the Directors of Acute Services, Planning, Finance and Workforce, alongside the Medical and Nurse Directors. This core leadership group will meet regularly to assess the risks, prioritise posts based on clinical urgency and strategic impact, and provide collective assurance to the Chief Executive. This model supports transparent, joined-up decision-making and ensures that any assumptions taken forward are balanced, defensible, and aligned with wider system capability and sustainability.

These actions are embedded within NHS Fife's broader RTP2 workforce transformation approach, which includes proactive skill mix reviews, scenario-based workforce planning, and a sustained focus on optimising core capacity across acute, day-case and outpatient services. The combined effect is to stabilise workforce risk while enabling the planned increase in clinical activity required to meet national recovery targets.

### **2.3.3 Financial**

The funding model for 2025/26 represents a significant shift from previous years, with NHS Fife allocated an "up to" value of £9.7 million through a conditional, cash-on-delivery framework. This approach reinforces the expectation of direct linkage between investment and measurable performance improvement. To manage this effectively, NHS Fife has put in place robust financial governance arrangements, including integrated dashboards, strengthened reporting cycles, and oversight via the Executive Leadership Team.

The plan not only focuses on securing drawdown of the elective recovery allocation but also ensures the effective deployment of the totality of NHS Fife's planned care budget.

This includes recurrent and non-recurrent funding aligned to key specialities, diagnostics, and protected capacity. Expenditure will be monitored against in-year delivery to optimise resource utilisation, maintain balance across specialties, and enable agile reallocation where needed to maximise impact.

This financial oversight is intrinsically linked to NHS Fife's savings and reform ambitions. The planned care programme is a core contributor to the Board's broader savings targets under RTP2, both through direct efficiency gains in areas like theatre utilisation and outpatient productivity, and by avoiding cost escalation through timely treatment. By linking financial control, operational delivery, and service transformation, NHS Fife aims to achieve sustained value from its 2025/26 planned care investment while contributing meaningfully to system-wide financial recovery.

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

There are recognised risks inherent in the 2025/26 delivery plan. These include fragility in some services, uncertainty around medical specialty funding, potential mismatch between planned and actual demand, and the exposure created by a conditional funding model. Winter pressures, staff absence, and unscheduled care surges may also divert capacity away from planned care delivery. This plan is directly aligned to **Corporate Risk 7: Access to Out-patient, Diagnostic, and Treatment Services**, with a target risk level of moderate. Risk mitigation is built into operational tracking, with regular review via the Planned Care Delivery Group, ELT and FP&R.

#### **2.3.5 Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions**

The Planned Care Programme Board has placed equity of access and proportionality at the centre of its planning, with particular focus on ensuring patients with the longest waits are supported to "wait well" and are treated in line with clinical urgency. The Board continues to monitor trends in access across protected characteristics, deprivation quintiles, and geography to identify and address any emerging inequalities in treatment pathways. This approach aligns with NHS Fife's commitment to tackling health inequalities and ensuring that recovery activity is delivered in a fair and proportionate manner.

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

Delivery of planned care through regional collaboration, protected day-case units, digital consultations, and productivity-focused scheduling contributes to reducing carbon impact. NHS Fife's use of the National Treatment Centre and optimisation of surgical theatres supports both environmental and financial sustainability. These efforts align with the NHS Scotland Climate Emergency & Sustainability Strategy.

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

Extensive stakeholder engagement has taken place in the development of the 2025/26 Planned Care Plan. Input has been secured from clinical leaders, operational managers, and planning colleagues.

### 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 Leadership Team – 1<sup>st</sup> May 2025

## 2.4 Recommendation

This paper is provided to members to provide a moderate level of **assurance** regarding the surgical and diagnostic planned care plans for 2025/26.

## 3 List of appendices

No appendices are included with this report.

### Report Contact

Claire Dobson

Director of Acute Services

Email [claire.dobson@nhs.scot](mailto:claire.dobson@nhs.scot)

<b>Meeting:</b>	<b>Finance, Performance &amp; Resources Committee</b>
<b>Meeting date:</b>	<b>08 May 2024</b>
<b>Title:</b>	<b>Integrated Performance &amp; Quality Report</b>
<b>Responsible Executive:</b>	<b>Ben Hannan, Director of Planning &amp; Transformation</b>
<b>Report Author:</b>	<b>Susan Fraser, Deputy Director of Planning &amp; Transformation</b>

## Executive Summary

There are 14 metrics reported via the IPQR relating to Operational Performance.

- VHK 4-hour performance in Mar-25 did not achieve trajectory/national target and has been below the 24-month mean for 5 months but is within control limits.
- End of year target for Delayed Discharges was not achieved in Mar-25 for Acute/Community and with Mental Health just above target (though performance does remain within control limits for both).
- Local trajectories were not met for either Cancer 31-day DTT and 62-day RTT, therefore National Standards not met. 62-day RTT continue to be below the 24-month average.
- TTG waits >52 weeks are below trajectory for Feb-25. New Outpatient waits of >52 weeks are increasing but below trajectory. Diagnostic waits for >26 weeks continue to decrease towards target of zero.

There are 2 metrics reported via the IPQR relating to Finance.

This report provides a Limited Level of Assurance.

## 1 Purpose

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

- Assurance

**This report relates to:**

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred
- NHS Board Strategic Priorities:
  - To Improve Health & Wellbeing
  - To Improve Quality of Health & Care Services

- To Improve Staff Experience & Wellbeing
- To Deliver Value & Sustainability

## **2 Report summary**

### **2.1 Situation**

This report informs the Committee of performance in NHS Fife and the Health & Social Care Partnership against a range of key health and wellbeing measures (as defined by Scottish Government 'Standards' and local targets).

The period covered by the performance data is generally up to the end of Feb-25, although some are available up to the end of Mar-25.

### **2.2 Background**

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board and is produced monthly. Each Governance Committee will receive separate extracts of the IPQR to scrutinise the performance areas relevant to each Committee. Reports which are not prepared for Governance Committees are data only and contain neither data analysis nor service commentary.

The revised Emergency Access Standard (to include New Planned attendances) was implemented on 1 Dec-24 with first Public Health Scotland publication on revised standard released on 4 Feb. NHS Fife have had to change recording practices to comply with new standard therefore leading to discontinuity in the data. We will therefore continue to report on Unplanned performance only. Plans are in place to resolve issue with reporting on revised standard to be in place for 2025/26. The change in standard will increase performance by around 1% across all sites and 0.5% for Emergency Department Victoria Hospital.

NHS Fife were required to provide trajectories for a range of metrics as part of ADP process for 2024/25. This requirement was extended to all applicable metrics included within IPQR with trajectories agreed with Services up to Mar-25. The IPQR will monitor achievement against 2024/25 trajectories and Mar-25 target.

A summary of the Corporate Risks has been included in this report. Risks are aligned to Strategic Priorities with risk level incorporated into the Assessment section.

Statistical Process Control (SPC) charts continue to be used for applicable indicators.

### **2.3 Assessment**

The IPQR provides a full description of the performance, achievements and challenges relating to key measures in the report. There are no changes to measures or planned trajectories to report relating to Operational Performance.

Highlights of March 2025 IPQR

A summary of the status of the Operational Performance metrics is shown in the table below. Performance RAG highlighted in Assessment & Performance Exception Reports is based on, if applicable, agreed trajectories for 2024/25, otherwise against National/Local target.

			meeting trajectory/target	
			within 5% of trajectory/target	
			out with 5% of trajectory/target	
Operational Performance	Current Position	Reporting Period	Planned Trajectory	Target
4-Hour Emergency Access (A&E)	71.2%	Mar-25	-	95%
4-Hour Emergency Access (ED)	61.4%	Mar-25	75%	75%
Delayed Discharges (Acute/Comm)	58.2	Mar-25	39	39
Delayed Discharges (MH/LD)	10.7	Mar-25	10	10
Antenatal Access	94.2%	Dec-24	-	80%
Cancer 31-Day DTT	92.9%	Feb-25	95%	95%
Cancer 62-Day RTT	68.9%	Feb-25	85%	95%
Patient TTG % <= 12 weeks	43.1%	Feb-25	44%	100%
Patient TTG waits > 52 weeks	648	Feb-25	669	0
New Outpatients % <= 12 weeks	37.6%	Feb-25	35%	95%
New Outpatients waits > 52 weeks	5320	Feb-25	6172	0
Diagnostics % <= 6 weeks	88.2%	Feb-25	30%	100%
Diagnostics > 26 weeks	29	Feb-25	0	0
FOI Requests	84.8%	Mar-25	-	90%

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level			x	
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & Care

The Quality and Care section of the IPQR includes comprehensive reporting on quality measures to ensure continuous oversight and enhancement of patient care standards across NHS Fife. This section focuses on a broad range of indicators designed to monitor patient safety, clinical effectiveness, patient experience, and value-based care delivery. Regular assessment of these metrics facilitates timely identification of potential risks or variations in care quality, enabling proactive measures and improvement initiatives. By systematically evaluating these quality indicators, NHS Fife promotes optimal patient outcomes, improved care experiences, and effective utilisation of resources in line with national healthcare priorities.

### **2.3.2 Workforce**

The Workforce section of the IPQR provides detailed reporting on workforce measures, ensuring robust oversight and management of staffing resources within NHS Fife. This section evaluates key indicators including staff sickness absence, vacancies, and Personal Development and Performance Review (PDPR) compliance. Monitoring these metrics enables identification of workforce pressures, informs targeted interventions, and supports effective workforce planning and engagement strategies. Through continuous analysis of workforce data, NHS Fife aims to enhance staff wellbeing, optimise performance, and maintain sustainable staffing levels to deliver safe, high-quality patient care.

### **2.3.3 Financial**

The Finance section of the IPQR summarises key financial performance measures, providing high-level assurance and highlighting areas that require ongoing attention. This section ensures the Board remains informed of overarching financial risks, trends, and pressures affecting NHS Fife. It should be noted that comprehensive financial reporting, including detailed analysis and performance evaluation, is presented separately to the Board in a dedicated Financial Performance Report. This separate report enables deeper scrutiny and detailed discussion on financial matters, supporting informed decision-making and effective financial governance.

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

The IPQR includes a detailed mapping of key corporate risks aligned to performance measures, presented through the Risk Summary Table and supported by narrative within the Executive Summary of the IPQR. This structured approach enables NHS Fife to systematically identify, evaluate, and manage risks that may impact organisational objectives, patient care, operational delivery, and overall performance. Regular assessment ensures that risks are effectively monitored, mitigated, and escalated as appropriate, strengthening governance processes and supporting informed strategic decision-making.

### **2.3.5 Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions**

The IPQR contributes to NHS Fife's commitment to addressing equality, human rights, children's rights, and reducing health inequalities. Through ongoing review and analysis of relevant performance metrics, NHS Fife identifies disparities in patient outcomes, and patient experience. This supports targeted improvement efforts aligned to statutory obligations and strategic ambitions as an Anchor Institution, promoting equitable healthcare delivery, enhancing community wellbeing, and fostering social value across the region.

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

The IPQR will be enhanced to support NHS Fife's response to the climate emergency and sustainability commitments through targeted performance monitoring. By highlighting relevant measures, the report will enable assessment of progress toward reducing

environmental impacts, such as carbon emissions and sustainable resource utilisation. This alignment encourages environmentally responsible healthcare practices, promoting sustainability objectives that contribute to NHS Scotland's wider climate ambitions and statutory responsibilities.

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

The NHS Fife Board Members and Governance 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 March IPQR has been made available for discussion at the meeting on 08 May 2025.

### **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 Leadership Team**, 17 April 2025
- **Clinical Governance Committee**, 03 May 2025

## **2.4 Recommendation**

This paper is provided to Finance, Performance & Resources Committee members for:

- **Assurance** – This report provides a Limited Level of Assurance.
- **Endorse** – Endorse the Operational Performance section of the IPQR.

## **3 List of appendices**

The following appendices are included with this report:

- IPQR Position at March 2025 FPR v1.0

### **Report Contact**

Bryan Archibald

Planning and Performance Manager

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# **Fife Integrated Performance & Quality Report (IPQR)**

Position (where applicable) at March 2025  
Produced in April 2025

# 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). At each meeting, the Governance 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 full list of National Standards and local KPI’s. These are listed showing current performance against target/trajectories with comparison with ‘previous’ performance.

**C. Assessment & Performance Exception Reports**

More detailed Indicator Summary for each area of Governance including (where appropriate) benchmarking, ‘sparkline’ trend, comparison with ‘previous year’ performance. There is also a column indicating performance ‘special cause variation’ based on SPC methodology. All charts with SPC applied will be formatted consistently based on the following;



*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.*

Also incorporated into this section is an assessment for indicators of continual focus or concern. Content includes data analysis, service narrative and additional data presented in charts, incorporating SPC methodology, where applicable.

<a href="#"><u>C1. Quality &amp; Care</u></a>	<a href="#"><u>C2. Operational Performance &amp; Finance</u></a>	<a href="#"><u>C3. Workforce</u></a>	<a href="#"><u>C4. Public Health &amp; Wellbeing</u></a>
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**Ben Hannan**  
Director of Planning & Transformation  
14 April 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	3	2	-	-	◀▶	Hungry
To improve the quality of health and care services	7	5	2	-	-	◀▶	Open
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Open
To deliver value and sustainability	6	5	1	-	-	◀▶	Open
Total	20	15	5	0	0		

Risk Key

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

Movement Key

▲ Improved - Risk Decreased

◀▶ No Change







































▼ Deteriorated - Risk Increased

There are currently 20 risks on the Corporate Risk Register. This includes two new risks under consideration: **Drug Related Morbidity and Mortality** and **Hospital Acquired Harm**. These have been through the March Committees and will go through the Board in May before final adoption.

The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.

Risk Appetite	Hungry	Eager to be innovative and choose options offering potentially higher business rewards, despite greater inherent risk.
	Open	Willing to consider all potential delivery options and choose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc).
	Cautious	Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.
	Averse	Avoidance of risk and uncertainty is a key organisational objective.

# B. Indicator Summary

Quality & Care				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change
	SAER - Median Working Days to Report Approved			342	260	▼		HSMR			0.96	0.96	▬		Stroke Care Bundle			70.3%	69.0%	◆
	Inpatient Falls			8.59	8.32	◆		Tissue Viability			1.31	1.38	◆		Ligature Incidents (Mental Health)			2.76	0.54	▼
	Incidents of Restraint (Mental Health)			15.17	9.95	▼		Incidents of Physical Violence (Mental Health)			13.98	14.12	◆		Incidents of Self Harm (Mental Health)			3.74	0.72	▼
	SAB HAI			21.7	6.4	▼		C Diff HAI			21.7	9.7	▼		ECB HAI			65.0	12.9	▼
	S1 Complaints Closed in Month on Time			66.7%	57.1%	▲		S2 Complaints Closed in Month on Time			13.8%	29.0%	▼							
Operational Performance				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change
	Emergency Access	A&E		71.2%	71.5%	◆		Delayed Discharges (Standard)	Acute/Comm		58.2	54.0	▼		Cancer	31-day DTT		92.9%	94.5%	▼
		ED		61.4%	61.5%	◆			MH/LD		10.7	17.0	▲			62-Day RTT		68.9%	67.1%	◆
	Patient TTG	% <=12weeks		43.1%	44.5%	▼		New Outpatients	% <=12weeks		37.6%	37.0%	▲		Diagnostics	% <=6weeks		88.2%	86.6%	◆
		>52 weeks		648	687	▲			>52 weeks		5320	5268	◆			>26 weeks		29	32	◆
Finance				Current	Change					Current	Change									
	Revenue Resource Limit Performance			Breakeven				Capital Resource Limit Performance			Breakeven									
Workforce				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change
	Sickness Absence			6.84%	7.99%	▲		Personal Development Plan & Review			44.6%	44.6%	◆		Vacancies	Medical & Dental		5.2%	3.3%	▼
												Nursing & Midwifery				2.4%	2.7%	◆		
												AHPs				2.6%	4.0%	▲		
Public Health & Wellbeing				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change
	Smoking Cessation	40% Most Deprived		208	195	▬		Alcohol Brief Interventions			103%	96%	▬		Drugs & Alcohol			92.3%	94.5%	▼
	CAMHS			100.0%	98.8%	◆		Psychological Therapies			78.0%	74.8%	▲		Mental Health Readmissions within 28 days			4.8%	5.6%	▲
	Breast Screening			73.4%		▬		Bowel Screening			65.8%	66.2%	▼		AAA Screening			86.6%	87.3%	▼
	Infant Feeding			32.3%	32.0%	◆		Childhood Immunisation	6-in-1 @ 12 months		93.5%	94.0%	▼		Winter Vaccination	Influenza		40.6%		▬
	Child Development			16.7%	17.1%	◆			MMR2 @ 5 years		86.8%	85.7%	▲			Covid		39.2%		▬

Key	
▲	Improved performance from previous month
◆	No significant change from previous month
▼	Reduction in performance from previous month

C2. Operational Performance



To improve the quality of health and care services

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

























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Open

Indicator	Current Position	Reporting Period		Planned Trajectory	Target	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking	
4-Hour Emergency Access (A&E)	71.2%	Month	Mar-25		95%						Feb-25
4-Hour Emergency Access (ED)	61.4%	Month	Mar-25	75%	75%						Feb-25
Delayed Discharges (Standard) Acute/Comm	58.2	Month	Mar-25	39	39						Feb-25
Delayed Discharges (Standard) MH/LD	10.7	Month	Mar-25	10	10						Feb-25
Antenatal Access	94.2%	Quarter	Dec-24		80%						CY 2023
Cancer 31-Day DTT	92.9%	Month	Feb-25	95%	95%						QE Dec-24
Cancer 62-Day RTT	68.9%	Month	Feb-25	85%	95%						QE Dec-24
Patient TTG % <= 12 Weeks	43.1%	Month	Feb-25	44%	100%						QE Dec-24
Patient TTG waits > 52 weeks	648	Month	Feb-25	669	0						
New Outpatients % <= 12 Weeks	37.6%	Month	Feb-25	35%	95%						QE Dec-24
New Outpatients waits > 52 Weeks	5320	Month	Feb-25	6172	0						
Diagnostics % <= 6 Weeks	88.2%	Month	Feb-25	30%	100%						QE Dec-24
Diagnostics > 26 Weeks	29	Month	Feb-25	0	0						
Freedom of Information Requests	84.8%	Month	Mar-25		90%						

Finance



To deliver value and sustainability

6

5









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Open

Revenue Resource Limit Performance	Breakeven	YE Mar-25				
Capital Resource Limit Performance	Breakeven	YE Mar-25				


Performance Key


meeting trajectory/target


within 5% of trajectory/target

out with 5% of trajectory/target


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

Benchmarking Key

 Upper Quartile

 Mid Range

 Lower Quartile



# Emergency Access

**National Standard:** 95% of patients to wait less than 4 hours in A&E (Emergency Department or Minor Injuries Unit) from arrival to admission, discharge or transfer

**Local Target:** 72% of Emergency Department patients to wait less than 4 hours from arrival to admission, discharge or transfer by March 2025

71.2%

61.4%

1,869↑  
within 4 hours to achieve Standard

794↑  
within 4 hours to achieve trajectory

## Data Analysis

For A&E (ED and Minor Injury Units), performance in Mar-25 was 71.2%, below National Standard, a decrease from month prior and a decrease on year previous (72.5%). ED performance for Mar-25 was 61.4%: almost exactly the same as month prior, which is below the local trajectory of 72%.

There were 7,835 unplanned attendances in Mar-25, equivalent to 253 per day: the highest daily figure since Sep-24 with 637 8-hour breaches and 165 with a wait longer than 12 hours. This compares to 551 and 138 respectively in Feb-25. Breaches in Mar-25 are considerably higher than Mar-24. Breach reasons 'Wait for Bed' accounted for 37% of all breaches and 'Wait for 1<sup>st</sup> Assessment' accounted for 35% (both increases on month prior).

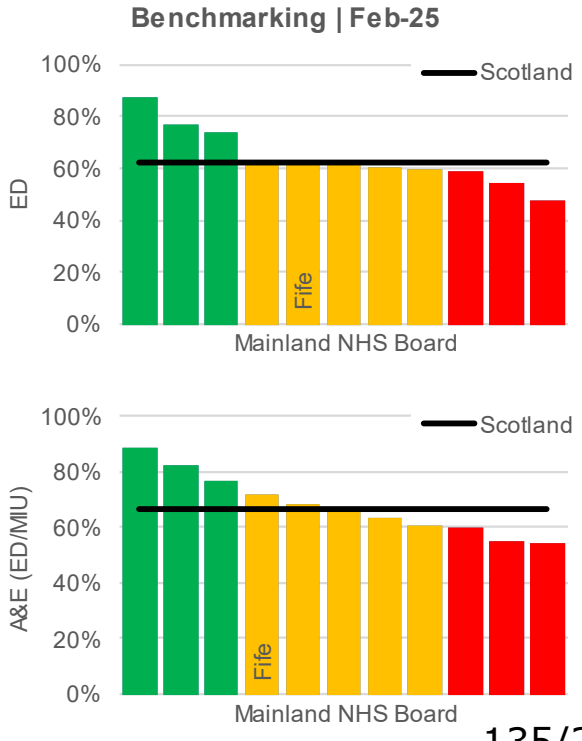
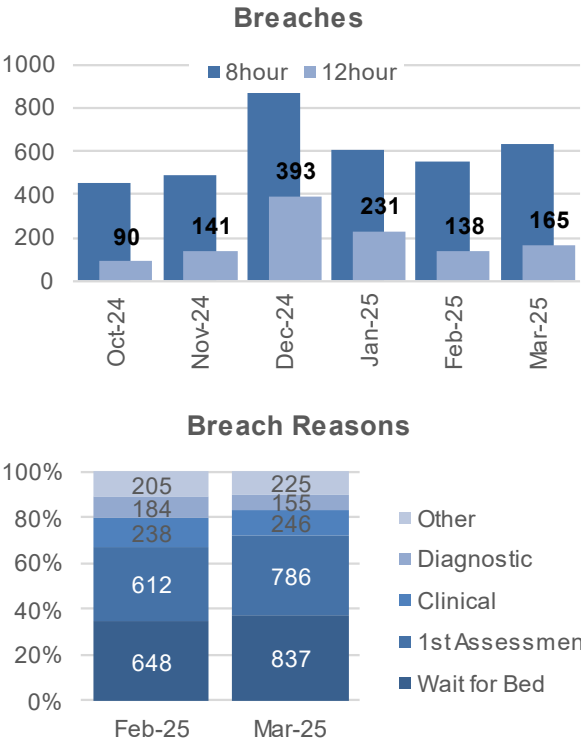
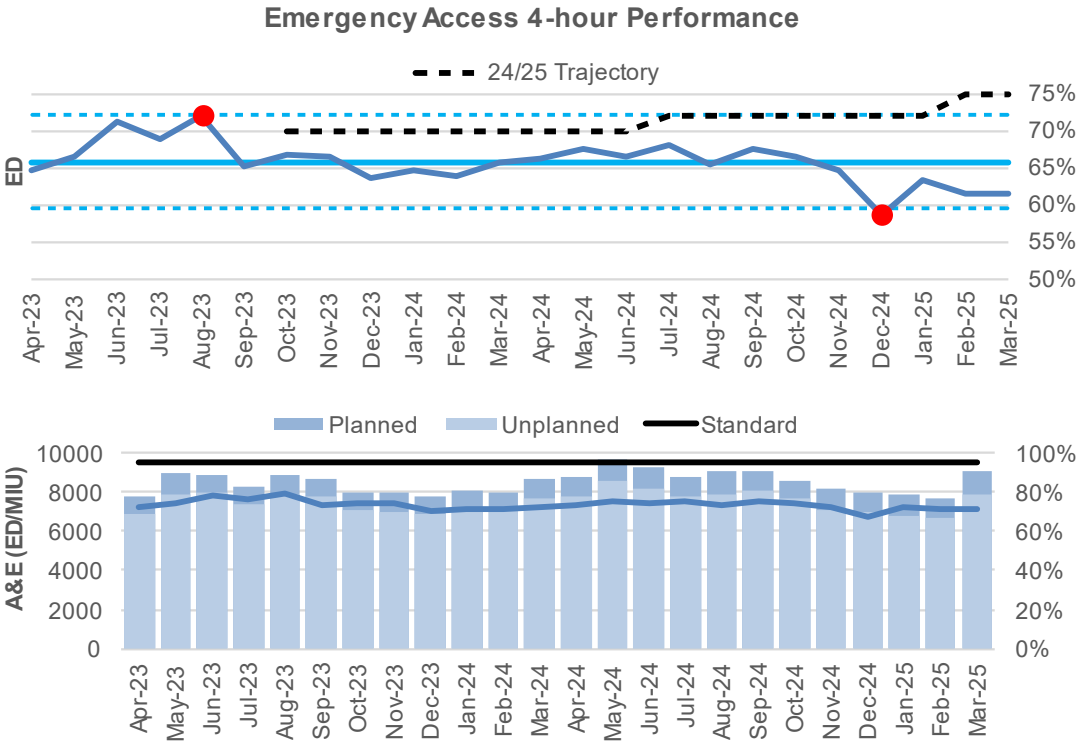
Nationally there have been revisions to the Emergency Access Standard: these have been incorporated into NHS Fife data reports and will be reflected in performance reporting in due course.

The most recent publication from Public Health Scotland, for Feb-25, shows that NHS Fife continues to be in the mid-range of all Mainland Health Boards: above Scottish average for A&E (+5.0%) and just below for ED (-0.9%).

## Achievements & Challenges

Staffing models within ED continue with senior clinical decision maker presence: a dedicated ED CNM continues to ensure appropriate leadership and support. Continued focus on 'Right Care, Right Place' and we see an increased number of patients redirected to QMH MIU. Review of front-door assessment areas is ongoing, with a view to implementation of an SDEC model as part of the wider VHK reimagining work within RTP (test of change currently being undertaken). We are utilising CBC and have additional Consultant cover to support ANP decision making in FNC at times when GP demand is higher and to support flow. SDEC is now capturing the cohort of patients previously on an RTU referral pathway.

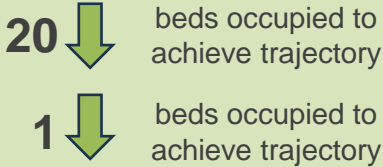
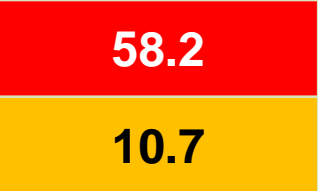
C2. Operational Performance



# Delayed Discharges

Reduce average number of Bed Days Lost (BDL) per day due to people in delay (excluding Code 9) within **Acute and Community** settings to 39 by March 2025

Reduce average number of Bed Days Lost (BDL) per day due to people in delay (excluding Code 9) within **Mental Health** settings to 10 by March 2025



## Data Analysis

Bed Days lost to **'Standard' delays**: in Acute & Community, the average daily number increased to 58.2 in Mar-25 (from 54.0 in Feb-25) with 97% of these delays being attributable to Community. This is above the Year End target of 39 and above the 24-month average. In MH/LD services, the average daily number decreased to 10.7 in Mar-25 (from 17.0 in Feb-25). This is just above the monthly target of 10 and equal to the 24-month average.

Bed Days lost to **'Code 9' delays**: in Acute & Community, the average daily number increased to 34.2 in Mar-25 (from 31.7 in Feb-25).

At Mar-25 Census, there were 86 patients in delay (53 Standard delays; 33 Code 9 delays), a decrease from the 94 seen the month previous. In MH/LD services, the average daily number decreased to 12.5 in Mar-25 (from 14.6 in Feb-25).

The most recent monthly publication from Public Health Scotland, for data up to end of Feb-25, shows that NHS Fife remains in the top 50% for All Standard Delays at Census by Local Authority of Residence (per 100,000 Population aged 18+) with 25 delays for Fife against a Scottish average of 32.

## Achievements & Challenges

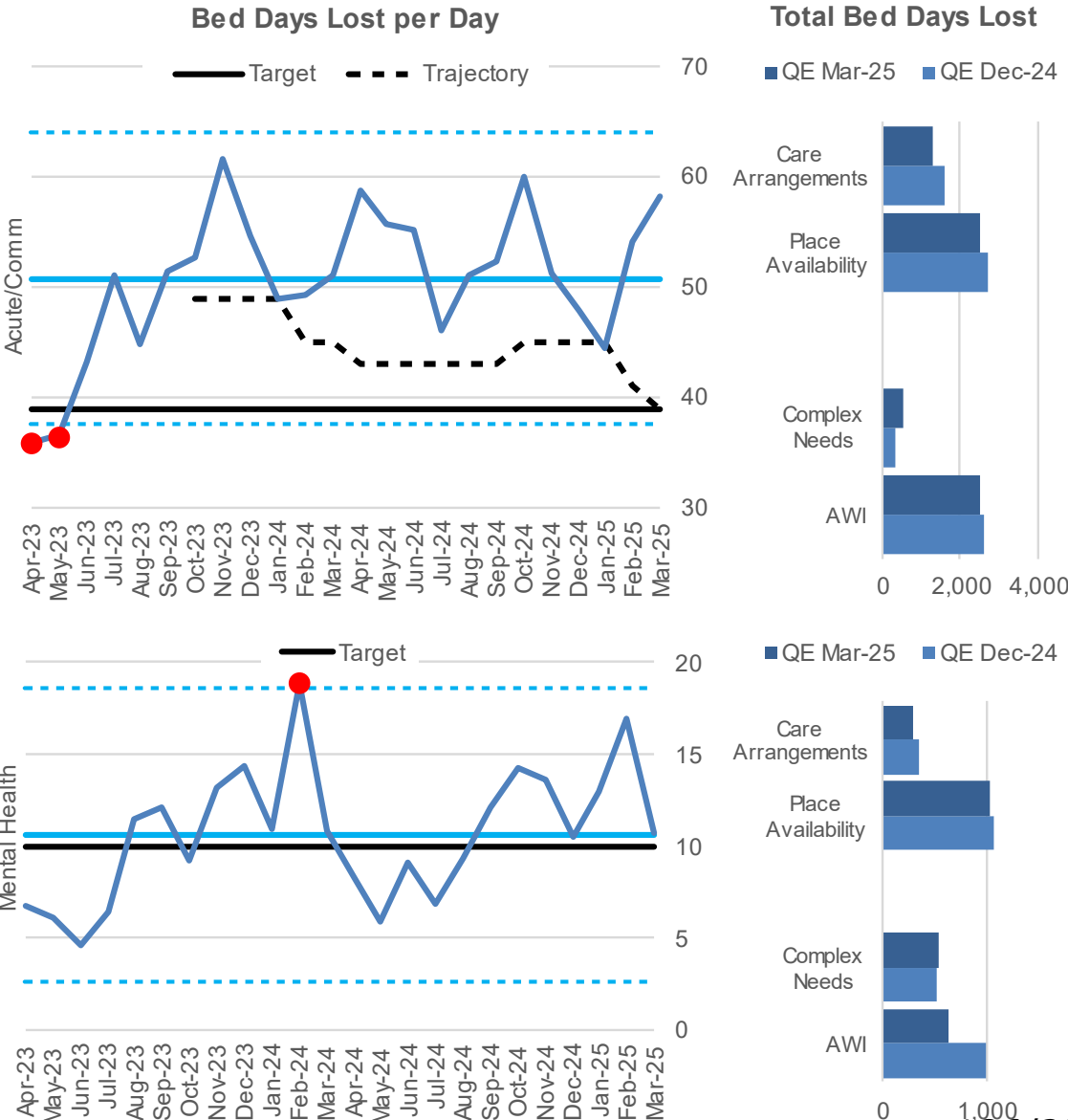
In our ongoing commitment to enhancing patient care and optimising the discharge process our TOC continues that allows individuals to return home with 24hr wrap-around support. In accordance with the 'Discharge Without Delay' Initiative, acute and partnership teams have conducted a joint needs assessment and developed a focused action plan to address key areas:

- 1. Frailty at the Front Door
- 2. Planned date of discharge and Integrated discharge teams
- 3. Discharge to assess and Home first
- 4. Community Hospital/ Step Down Rehabilitation Units

Subgroups are being pulled together to take forward this key work.

Challenges persist, particularly with frailty levels and extended rehabilitation needs impacting community hospital length of stay.

Work continues to source appropriate packages of care and environments to facilitate timely discharge across mental health and learning disabilities services, aligned to the available financial resources. The function of the discharge coordinator continues to be reviewed to ensure that processes have a dynamic approach to early identification of need and Planned Date of Discharge is in place to enable steady decrease in delays. Daily engagement is coordinated between the MH/LD Discharge Coordinator (DC) and senior ward staff. Weekly ward-based multi-disciplinary, solution focused, verification/flow meetings are in place to ensure any barriers to discharge are addressed. Monthly multi-agency review groups have been established to consider Complex delays, replicating the process adopted for DSR, for patients in delay within Rehabilitation services which will be extended to Forensic services. The Dynamic Support Register (DSR) Standard Operating Produce is currently under review with final draft completed.





# Cancer Waiting Times

In 2024/25 94.5% of all patients should wait no more than 31 days from decision to treat to first cancer treatment (**National Standard 95%**)

In 2024/25 85.4% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral (**National Standard 95%**)

92.9%

70.5%

3 ↑ Trajectory achieved as of Dec-24

15 ↑ Treated to meet Standard

## Data Analysis

**31 day** - Monthly performance decreased from 94.5% in Jan-25 to 92.9% in Feb-25, falling below trajectory of 94.5%. Eligible referrals increased from 110 to 127. There were 9 breaches 8 within urology and 1 within breast.

Benchmarking QE Dec-24 showed that Fife was in the mid-range of all NHS Boards at 95.5% above Scotland rate of 94.7%.

**62 day** – Monthly performance decreased from 72.4% in Jan-25 to 68.9% in Feb-25 this remains below local trajectory of 85.0%. Eligible referrals increased from 79 to 90. There were 28 breaches 21 of which were within Urology (19 Prostate) the other breaches were, 2 breast, 2 head & neck, 2 lung and 1 colorectal.

Benchmarking QE Dec-24 showed that Fife was in the mid-range of all NHS Boards at 76.3% above Scotland rate of 73.5%.

## Achievements & Challenges

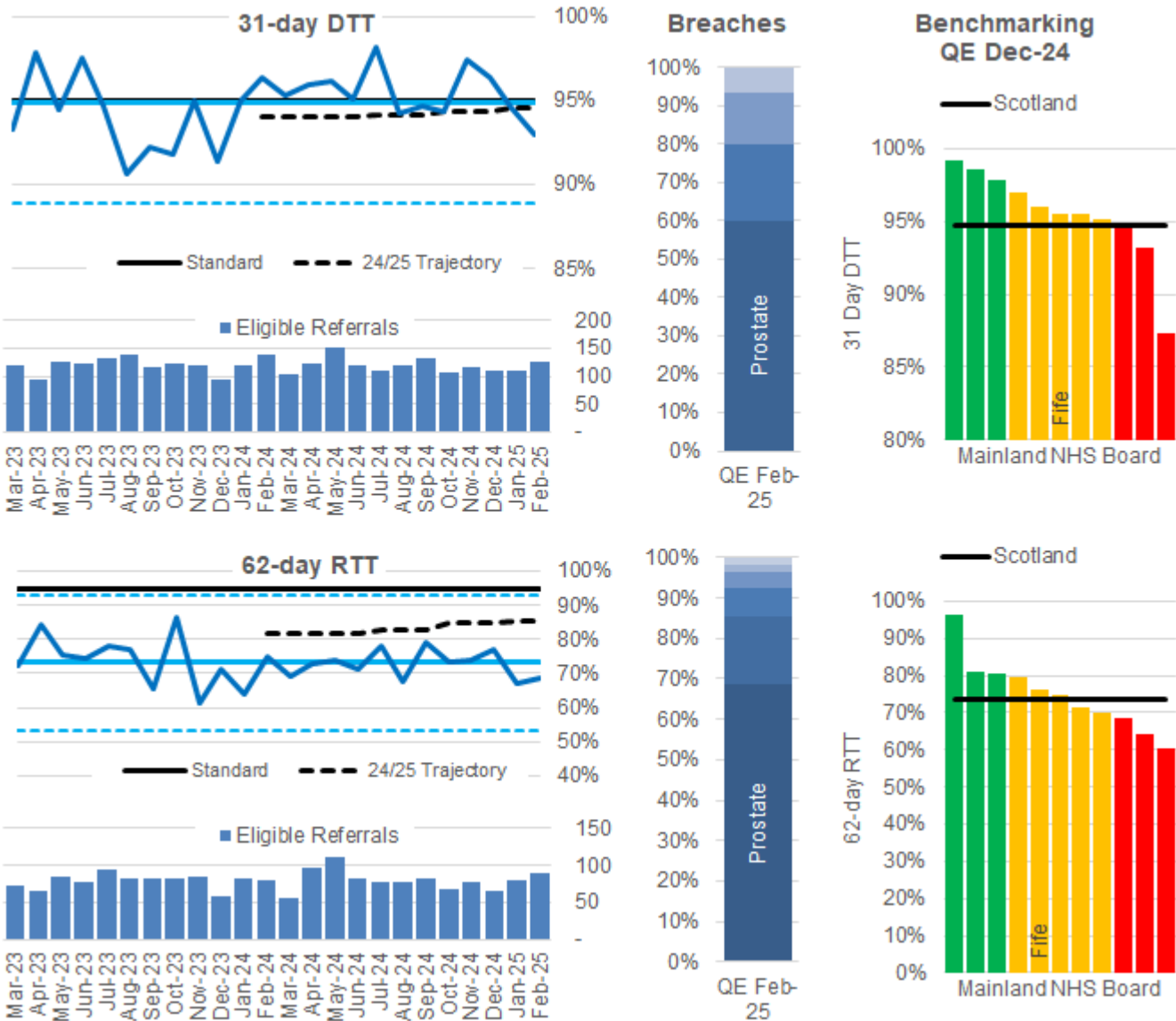
**31 day** - All 9 breaches were surgical and dependant on theatre and surgeon capacity. Robotic surgery capacity remains challenging. Range for breaches 2 to 68 days with an average of 21 days (a decrease from 45 days in October).

**62 day** - Urgent suspected cancer referrals remain stubbornly high, particularly in breast, colorectal, Lung and urology. Urology remains our biggest performance challenge with 31 breaches (19 prostate). Lack of capacity for transperineal biopsy and post MDT appointments for both Urology and Oncology are causing significant delays throughout the pathway. Due to a single surgeon capacity, the number of robotic surgeries that can be performed is restricted.

Prostate breach range: 16 - 194 days, average 63 days (a significant increase from 24 days in December).

A further 7 breaches were seen; 2 Breast, 1 Colorectal, 2 H&N, 2 Lung. Lack of resources for surgery and radiotherapy attributed to breast and lung breaches, with delays to biopsy and outpatient appointments impacting on H&N and colorectal pathways.

Range for all breaches: 6 to 194 days, average of 54 days (an increased from 32 days in December). New channelled endoscopes plan to aid the H&N pathway and improve waits for cancer patients. Urology pathway reviews are underway to streamline processes and reduce delays between steps.





# Treatment Time Guarantee

In 2024/25, 44% of patients should be treated (Inpatient or Day Case setting) within 12 weeks of decision to treat (**National Standard** 100%)

Reduce the number of patients waiting 52 weeks or more for treatment

43.1%

648

12↑

Waits to meet Standard

Trajectory met as of Feb-25

## Data Analysis

Performance decreased for the 3<sup>rd</sup> consecutive month to 43.1% in Feb-25, with 38.7% of ongoing waits within 12 weeks, a reduction from 40.5% in Dec-24. Waiting list numbers for waits of ‘over 12 week’ increased to 5231 in Feb-25. Waits ‘over 26 weeks’ increased to 2774, waits ‘over 52 weeks’ decreased to 648. The majority of over 52 weeks lie within Orthopaedics (254) and Ophthalmology (312) the latter having increased from 260 in Dec-24.

Waits ‘over 104 weeks’ decreased to 8 below projected figure (20), most are within Orthopaedic (7).

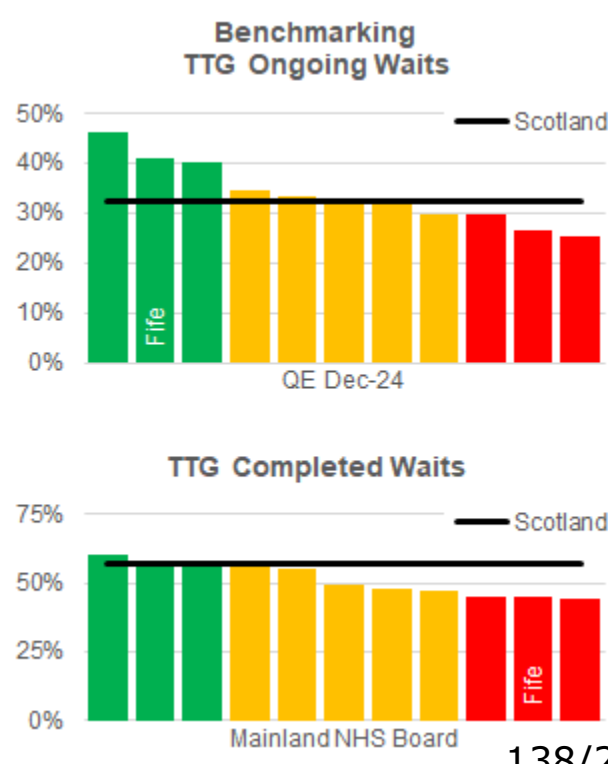
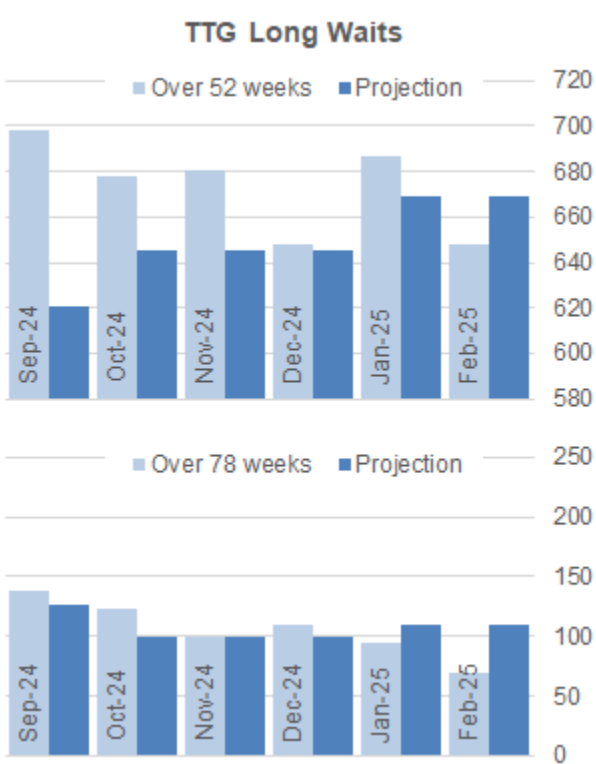
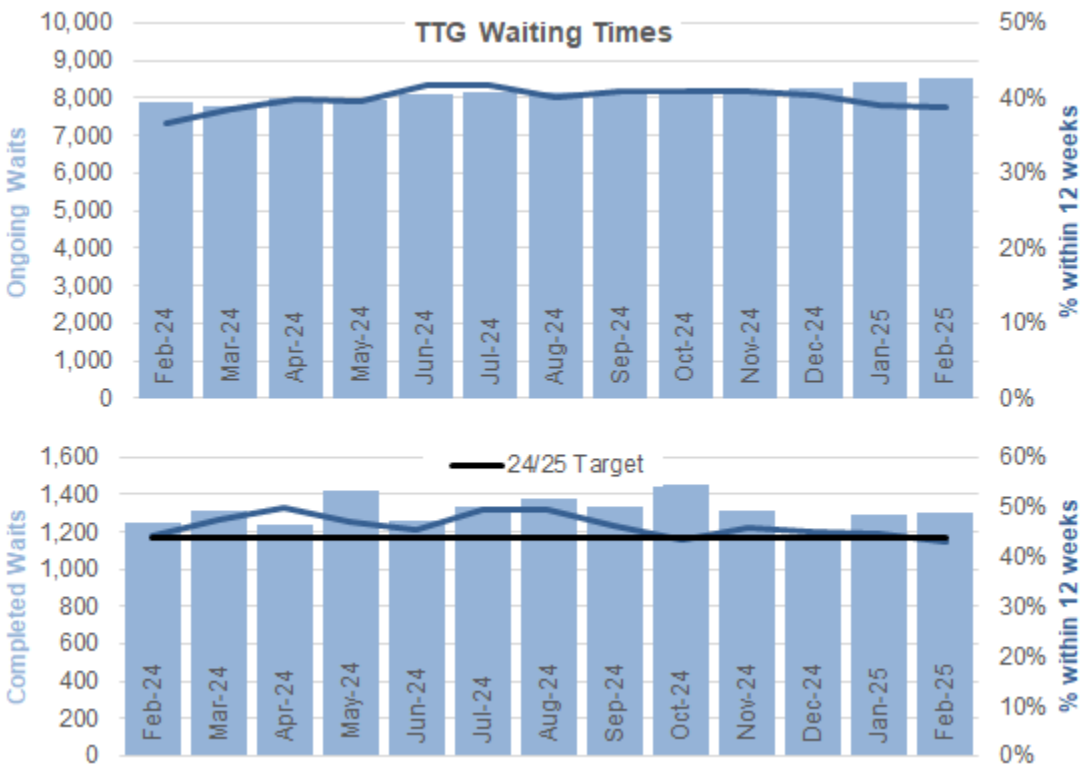
Benchmarking for the QE Dec-24 shows NHS Fife to be in the low-range of all mainland boards for completed waits, below Scotland average, but in upper-range for ongoing waits, above Scottish average.

## Achievements & Challenges

Against projections for 2024/25, in February we delivered 95.3% of projected capacity, however a gap remains between capacity and demand of approximately 185 procedures. In February, the specialties demonstrating the biggest gaps are ENT, General Surgery, Orthopaedics and Urology.

Overall waiting list size is ahead of trajectory as well as those patients waiting >104 weeks, >78 weeks and >52 weeks. The main specialities of concern in relation to long waiting patients, continue to be General Surgery, Gynaecology, Ophthalmology, Orthopaedics, Plastic Surgery and Urology. However, the focus continues to be on urgent and urgent suspicion of cancer patients with continued effort to reduce the number of long waiting patients using additional activity funded by Scottish Government.

C2. Operational Performance





## New Outpatients

In 2024/25, 35% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment (**National Standard 95%**)

Reduce the number of patients waiting 52 weeks or more for first outpatient appointment

37.6%

5320

Trajectory achieved as of Feb-25

Trajectory achieved as of Feb-25

### Data Analysis

Monthly performance increased to 37.6% in Feb-25 and remains above local trajectory of 35%. Waits for over 12 weeks decreased to 18,989.

Waits for 26 weeks decreased to 11,667 with waits over 52 weeks increasing to 5,230, most are within ENT (1,586 and decreasing) and Urology (894 and increasing).

Waits for 78 weeks decreased to 1,555 which is above trajectory (1,210) with waits over 104 weeks increasing to 194, above trajectory of 31.

The overall waiting list decreased to 30,450 patients in Feb-25 from 31,113 previous month. Actual activity was 7,605 against a projection of 8,090.

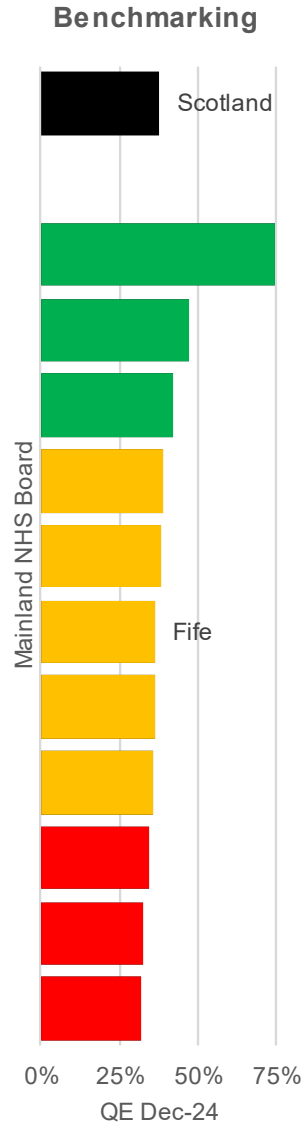
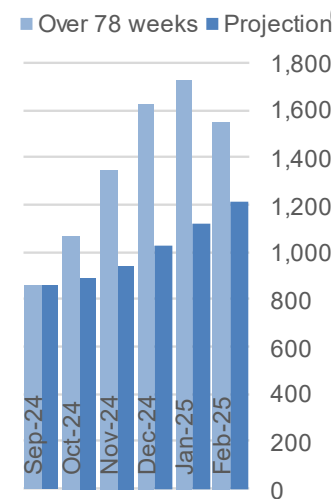
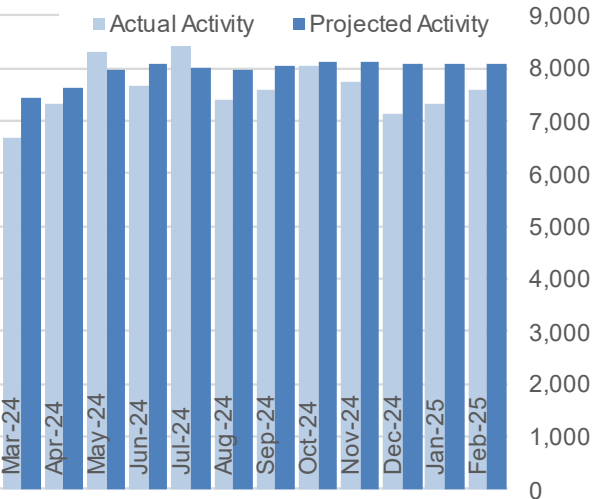
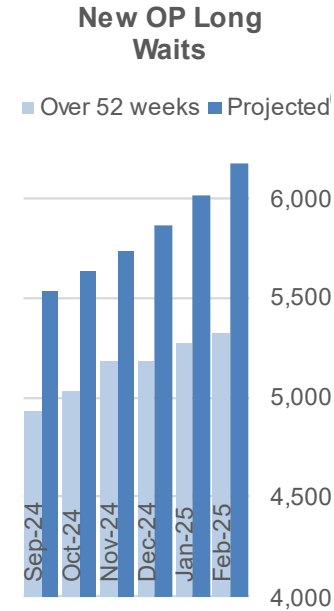
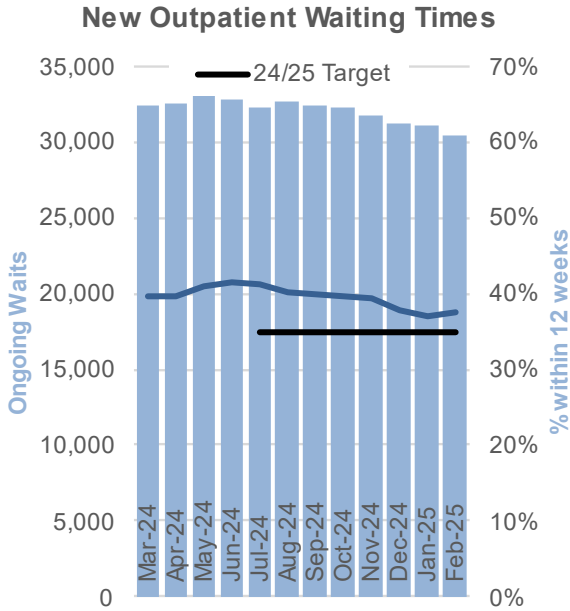
Benchmarking for the QE Dec-24 shows NHS Fife to be mid-range of all mainland boards with a performance of 36.6%, below the Scotland average of 38.0%

### Achievements & Challenges

Against the projections for 2024/25, in February we delivered 96.6% of projected capacity. Demand was slightly less than expected, and there remains a gap between capacity and demand of approximately 110 appointments. In February, the specialties demonstrating the biggest gaps are Breast, Orthopaedics and Urology. This is due to a combination of increased demand, difficulties in delivering additional activity and an increased proportion of urgent referrals.

Overall waiting list size is ahead of trajectory however 62% of patients are waiting over 12 weeks. The specialities showing the greatest and/or fastest increases in numbers of longer waiting patients (>52 weeks) are Cardiology, ENT, Gastroenterology, Gynaecology, Neurology, Urology and Vascular.

Waiting times are monitored weekly with continued focus on urgent suspicion of cancer, urgent and long waiting patients. A consistent process is in place for regular waiting list admin validation and engagement continues with National Elective Co-ordination Unit (NECU) and CfSD to implement any additional improvements to manage referrals/waiting lists.





## Diagnostics


By Mar-25, 30% of patients to wait no longer than 6 weeks from referral to key diagnostic test (**National Standard** 100%)

Reduce the number of patients waiting 26 weeks or more for diagnostic appointment

87.2%

29

Trajectory achieved as of Feb-25

29  Waiting over 26 weeks to achieve trajectory

### Data Analysis

Monthly performance increased to 88.2% in Feb-25 from 86.6% in Jan-25, remaining well above local trajectory of 30%. In terms of waiting list numbers, this increased to 5,095 from 4,563 month prior.

Scope performance increased from 70.4% in Jan-25 to 76.8% in Feb-25 with list size increasing from 549 to 625.

Imaging list size increased to 4,470 with performance up to 89.7%.

The number of patients waiting over 6 weeks decreased to 601, above the projection of 164, with waits over 26 weeks decreasing to 29. There are no patients waiting over 52 weeks.

Benchmarking for the QE Dc-24 shows NHS Fife to be the best performing of all mainland boards with a performance of 87.1%, above the Scotland average of 53.1%.

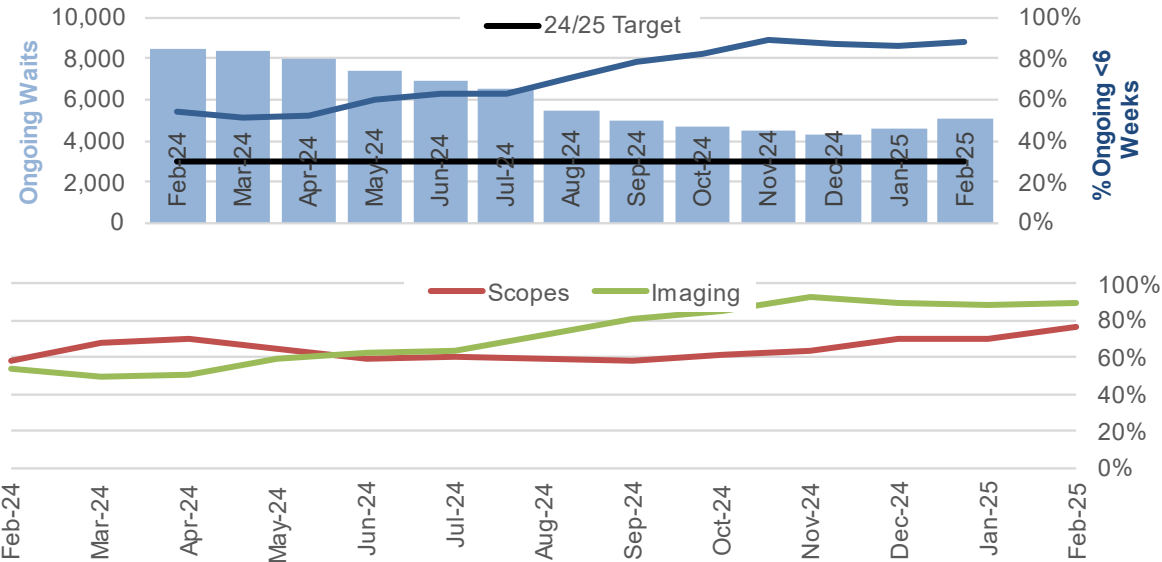
### Achievements & Challenges

Within Radiology, all modalities urgent and urgent suspicion of cancer requests continue to be prioritised and seen within two weeks.

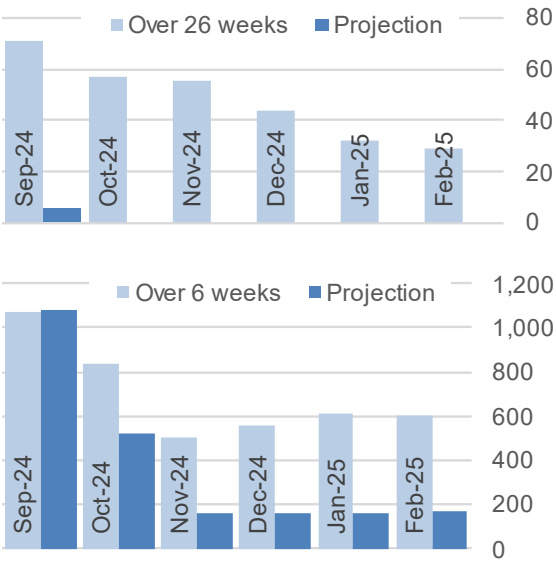
- CT** have continued to maintain on target performance by making efficient use of Scottish Government waiting times (SG WT) funding. The team are managing the impact of SDEC implementation within Scheduled care service.
- MRI** also have maintained on target performance. Deep Resolve impact is being assessed, and initial findings are positive, and mobile requirement should be significantly reduced next year.
- US** waiting lists reduced significantly (from 26 weeks to 10 weeks) in Q1 and Q2 using SG WT funding. Following the withdrawal of funding, activity has reduced and numbers waiting have started to rise as a reflection of this.

For Endoscopy, the service continues to prioritise urgent suspicion of cancer, urgent, BCSP and high-risk surveillance. Re-triaging of long waiting routine patients continues, with upgrading or removing where appropriate. Pre assessment continues to be successful in managing the DNA and CNA rate. Overall positive position leading into the new financial year.

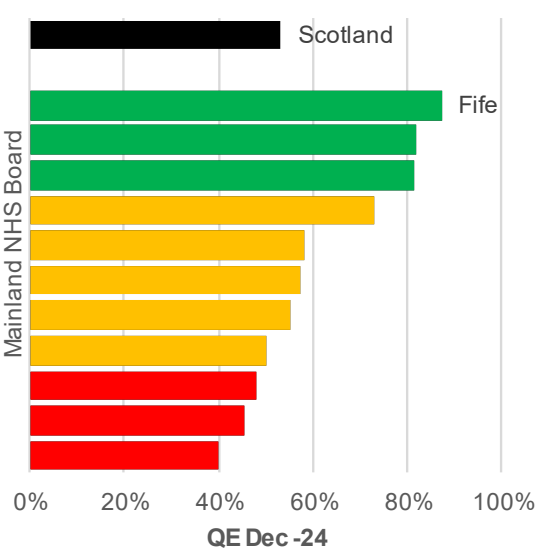
Diagnostic Waiting Times



Diagnostic Long Waits



Benchmarking



Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
<b>NHS Services (incl Set Aside)</b>				
<b>Clinical Services</b>				
Acute Services	324,991	324,991	337,903	-12,912
IJB Non-Delegated	10,590	10,590	10,102	488
Non-Fife & Other Healthcare Providers	105,505	105,505	112,626	-7,121
<b>Non Clinical Services</b>				
Estates & Facilities	99,196	99,196	99,145	51
Board Admin & Other Services	111,635	111,635	110,684	951
<b>Other</b>				
Financial Flexibility	16,184	16,184	-1,979	18,163
Income	-45,155	-45,155	-45,915	760
<b>TOTAL HEALTH BOARD RETAINED SERVICES</b>	<b>622,946</b>	<b>622,946</b>	<b>622,566</b>	<b>380</b>
<b>Health &amp; Social Care Partnership</b>				
Fife H & SCP	449,022	449,022	465,187	-16,165
Risk Share from Fife Council			4,728	-4,728
<b>TOTAL HEALTH DELEGATED SERVICES</b>	<b>449,022</b>	<b>449,022</b>	<b>469,915</b>	<b>-20,893</b>
<b>Repayable Scottish Government Brokerage</b>	<b>20,513</b>	<b>20,513</b>		<b>20,513</b>
<b>TOTAL NHS FIFE</b>	<b>1,092,481</b>	<b>1,092,481</b>	<b>1,092,481</b>	<b>0</b>

Capital Programme 2024/25	Initial CRL Funding £'000	Additional CRL Funding £'000	CRL Funding £'000	Expenditure Total £'000	Variance £'000
Statutory Compliance	2,500	689	3,189	3,207	-18
RTP/Clinical Prioritisation Contingency	750	-459	291	290	1
Capital Equipment	1,074	4,999	6,073	6,030	43
Digital & Information	1,898	875	2,773	2,671	102
Mental Health Estate	1,000	1,487	2,487	2,473	14
Capital Staffing Costs	342	-340	2		2
Capital Repayment	200	-200		149	-149
Medical Education		921	921	1,010	-89
NES Resuscitation Equipment		93	93		93
<b>Total</b>	<b>7,764</b>	<b>8,066</b>	<b>15,830</b>	<b>15,831</b>	<b>-1</b>

### Review of Financial Performance & Reporting

#### Revenue Budget

The overall opening financial gap reduced from £54.750m to £51.350m in July 2024 as a consequence of allocation increases notified since the financial plan was approved by the NHS Fife Board in March 2024.

On receipt of repayable financial brokerage from Scottish Government of £20.513m we will achieve a financial breakeven position for 2024/25.

We have achieved both the Cash Requirement and Capital Resource Limit financial targets.

We have delivered £26.592m savings in year against a planned 3% target of £25m, of which £18.405m is on a recurring basis.

The overspend for the Health Board delegated budget to the end of March of £20.893m includes an overspend on health delegated services of £16.165m and risk transfer from Fife Council of £4.728m.

#### Capital Budget

Our initial CRL received for the 2024/25 financial year was £7.764m. We made additional funding bids during the year and were successful in securing an additional £8.066m budget informing a total capital budget of £15.830m.

Within capital equipment expenditure three image intensifiers were received, evaluated and rejected as they were not fit for purpose. These items remain a priority, and we have signposted this with the National Equipment Lead, National Infrastructure Board, Scottish Government who has acknowledged this is a priority for 2025/26 for NHS.

Included in our total capital expenditure of £15.830m, was £2.473m spent on upgrading our Mental Health estate and £2.671m on Digital equipment and upgrades. Just over £3.2m was incurred on statutory compliance and backlog maintenance including Ward 6 at VHK, the QMH Gynaecology unit reconfiguration, Roads & Car parks, LED lighting alongside numerous other smaller schemes. Expenditure on capital equipment totalled just over £6m which included significant expenditure on radiology equipment.

***The Financial Performance Report to end of March 2025 sets out the financial position in more detail and is considered separately by the ELT, Finance, Performance & Resources Committee and the NHS Fife Board.***

**Meeting:** Finance, Performance & Resources Committee

**Meeting date:** 8 May 2025

**Title:** Financial Performance Report

**Responsible Executive:** Susan Dunsmuir, Director of Finance

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

## Executive Summary

- On receipt of repayable financial brokerage from Scottish Government of £20.513m we will achieve a financial breakeven position for 2024/25.
- We have achieved both the Cash Requirement and Capital Resource Limit financial targets.
- We have delivered £26.592m savings in year against a planned 3% target of £25m, of which £18.405m is on a recurring basis.
- The overspend for the Health Board delegated budget to the end of March of £20.893m includes an overspend on health delegated services of £16.165m and risk transfer from Fife Council of £4.728m.
- We have received confirmation from Scottish Government of approval of our 2025/26 financial plan on the basis of NHS Fife delivering end of year out-turn within 1% of Core Revenue Resource Limit and continuing to work towards a balanced three-year plan.
- Our Capital Resource Limit (CRL) budget at the outset of the financial year was £7.764m. During the year we made successful capital funding bids amounting to £8.066m, resulting in the total CRL spend of £15.830

## 1 Purpose

**This report is presented for:**

- Assurance

**This report relates to:**

- Annual Delivery Plan
- Financial Sustainability
- NHS Board Strategic Priorities to Deliver Value & Sustainability

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

- Safe
- Effective
- Person Centre

## 2 Report summary

### 2.1 Situation

NHS Boards are required by the Scottish Government to achieve three financial targets each year. These are: -

- To operate within the Revenue Resource Limit (RRL).
- To operate within the Capital Resource Limit (CRL).
- To operate within the Cash Requirement.

The draft 2024/25 financial position for the board has been finalised and delivery of the three financial targets is confirmed subject to External Audit review, delivery of final funding allocations and confirmation of final IJB outturn position.

The 2024/25 annual accounts are being drafted in line with the agreed timetable and the External Audit review of the financial statements will commence in early May. Draft audited annual accounts and audit report will be considered by the Audit and Risk Committee on 19 June 2025 and presented for approval at the NHS Board on 24 June 2025.

### 2.2 Background

We achieved break even and stayed within our RRL, despite a significant cost pressure within budgets delegated to the IJB inclusive of our risk share of £20.893m which was not included in our financial plan for 2024/25. A balanced financial position was largely achieved through delivery of our savings plans, savings secured in year totalled £26.593m, slippage in our funding allocation for Agenda for Change non pay reform £13.917m, a share of a national reduction to CNORIS costs of £2m. Additionally, for the third consecutive year we require to request Scottish Government repayable brokerage to balance our position which will be £20.513m to deliver the RRL target of breakeven. (Table 1). Both the Capital

Resource Limit and the Cash Requirement were also achieved at the end of the financial year.

2.3 Assessment

The financial plan presented to the board in March 2024 identified the impact of recurring cost pressures, unachieved savings targets brought forward from the previous financial year, alongside additional national and local cost pressures anticipated in 2024/25 and confirmed a funding gap of £54.750m for 2024/25 (6.6% of our baseline budget). A range of cost improvement schemes and efficiency initiatives were developed to mitigate £25m of this funding gap, leaving a residual deficit of £30m to be addressed by the Re-form, Transform and Perform framework. In July 2024, we were advised by Scottish Government of further non-recurring New Medicines Funding totalling £50m to be allocated on an NRAC basis to territorial boards, with NHS Fife receiving £3.4m. This reduced the financial gap in-year from £54.750m to £51.350m reducing to a residual gap of £26.350m on assumed delivery of savings.

The final draft outturn of £20.513m is a significant improvement on our initial projected forecast overspend for the health board. The financial plan required cost improvements of £25m to be delivered in 2024/25. The delivery of this target exceeded the agreed plan with £26.592m savings achieved of which £18.405m was delivered on a recurring basis. In parallel, our financial position in year has been adversely affected by the large overspend reported by the IJB (also subject to external audit scrutiny) which was not included in our financial plan for 2024/25. This was partially mitigated by over achievement of our 3% savings plan supported by several in year non-recurring funding allocations and cost reductions. The table below confirms how our balance financial position was achieved.

TABLE 1		
NHS Fife Financial Outturn 2024/25		£m
Opening adjusted financial deficit 2024/25 Financial Plan		51.400
<b>Additions to Gap</b>		
Health Delegated Deficit	16.165	
Risk Share transfer from Fife Council	4.728	20.893
<b>Improvements on Gap</b>		
Delivery of 3% savings Target	26.593	
Slippage in AFC non pay reform funding	13.917	
Reduction in CNORIS National Cost	2.000	
NRAC Allocation	6.400	
Cost improvement across various service budgets	2.870	51.78
<b>Draft Year end Outturn</b>		20.513
Scottish Government Brokerage		20.513
<b>Final Outturn</b>		0.00

In early January Scottish Government confirmed they would provide a maximum amount of repayable brokerage up to £37m for 2024/25 and noted the Board’s efforts to improve the financial position in year acknowledging the key area of challenge driving the worsened forecast, compared to our financial plan, is the IJB financial position for which steps were being taken to minimise the increasing cost pressure in year. We have reduced the requirement for repayable brokerage in 2024/25 to £20.5m. The brokerage provided in 2024-25 will add to prior years’ cumulative brokerage of £23.7 million and will be repayable when the Board returns to financial balance.

The NHS Fife financial plan for 2025/26 was submitted to Scottish Government in March and approved by the NHS Board at the 25 March meeting. It projects a significant financial deficit before savings of £37.7m. We have plans to achieve recurring savings of £28.5m (3%) in 2025/26 across both the Fife health and care system, which although challenging, are considered both credible and deliverable. Our plan includes a risk share cost pressure of up to £8.5m with the IJB. The 3% savings is in line with the government’s expectations that NHS Board’s financial plans will achieve a target of 3% recurring savings on baseline budgets leaving a residual financial gap of £9.2m still to be addressed equivalent to 0.98% of our baseline Revenue Resource Limit.

At the end of March, we received confirmation of Scottish Government’s approval of our 2025-26 financial plan on the basis of NHS Fife delivering end of year out-turn within 1% of Core Revenue Resource Limit and continuing to work towards a balanced three-year plan. The Scottish Government have advised they will continue to engage and perform regular monitoring of the Board’s financial position via the Financial Performance Return process, beginning with the 2025-26 Quarter 1 review and they have also confirmed the financial monitoring arrangements they will use.

Taking all the issues noted in the report, the level of assurance at this stage remains “moderate” with all efforts continuing to support an improvement in the position.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		X		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & 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 corporate risk register. An assessment of the major financial risks is contained in the Medium-Term Financial Plan. The target level of “moderate” for the in-year position has now been increased to “high.”

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

An impact assessment has been carried out and no adverse impact has been identified.

### 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 monthly review process in consultation with senior finance colleagues, Directorate Management Teams across both NHS Fife and the IJB and monthly financial reporting to the Scottish Government.

### 2.3.8 Route to the Meeting

This is the first time this paper is presented.

## 2.4 Recommendation

Members are asked to **take a moderate level of assurance** on the information provided in relation to:

- The reported core revenue resource limit breakeven position will only be achieved through requesting repayable brokerage of £20.513m from Scottish Government.
  - Over achievement of delivery against the in-year savings targets and the positive impact of that on the overall consolidated financial position.
  - The reported overspend for the health delegated services (IJB) of £16.165m and risk share transfer from Fife Council of £4.728m.
  - Achievement of the Cash requirement and Capital Resource Limit financial targets
- 
- **Assurance** - This report provides a moderate Level of Assurance.

### 3 List of appendices

Appendix 1 – Finance Report for March 2025

#### **Report Contact**

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## Appendix 1

### 1. Financial Position March 2025

- 1.1 The financial plan presented to the board in March 2024 identified the impact of recurring cost pressures, unachieved savings targets brought forward from the previous financial year, alongside additional national and local cost pressures anticipated in 2024/25 and confirmed a funding gap of £54.750m for 2024/25 (6.6% of our baseline budget). A range of cost improvement schemes and efficiency initiatives were developed to mitigate £25m of this funding gap, leaving a residual deficit of £30m to be addressed by the Re-form, Transform and Perform framework. In July 2024, we were advised by Scottish Government of further non-recurring New Medicines Funding totalling £50m to territorial boards, with NHS Fife receiving £3.4m. This reduced the financial gap in-year from £54.750m to £51.350m reducing to a residual gap of £26.350m on assumed delivery of savings.
- 1.2 At the end of the financial year, we are reporting an overspend against revenue budgets of £20.513m as detailed in Table 1 below before receipt of Scottish Government repayable brokerage.

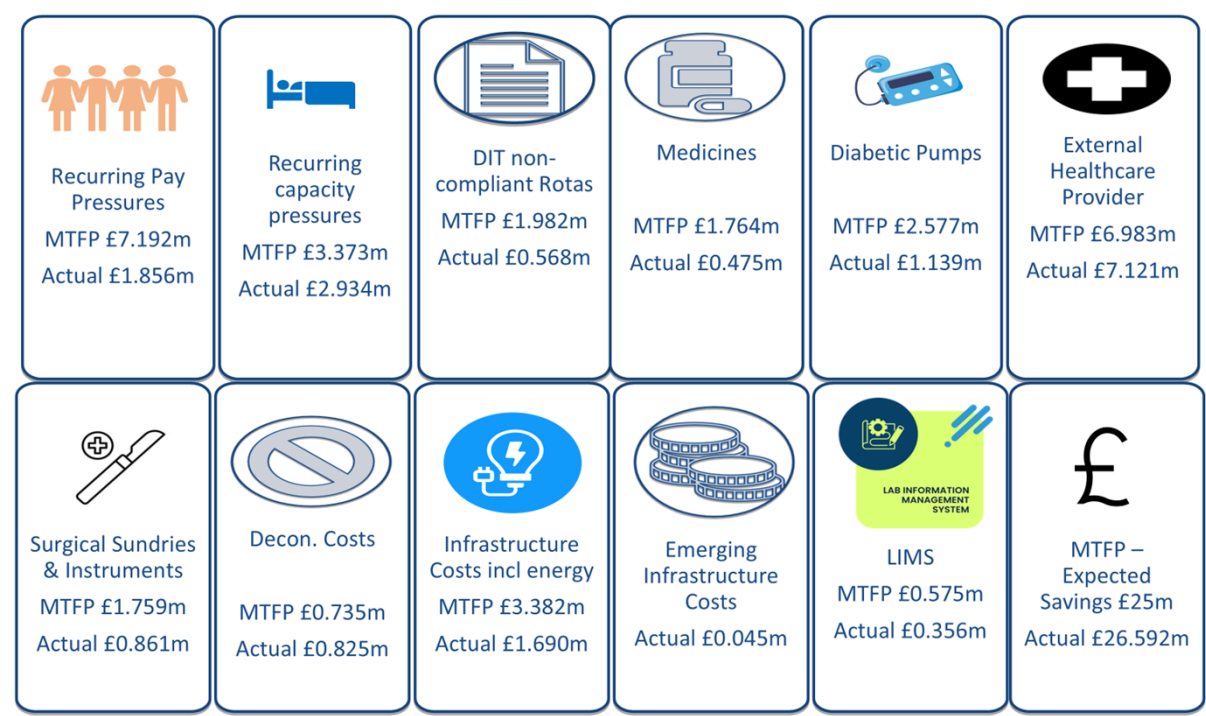
#### Revenue Financial Position as at March 2025

TABLE 1 Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
<b>NHS Services (incl Set Aside)</b>				
<b><u>Clinical Services</u></b>				
Acute Services	324,991	324,991	337,903	-12,912
IJB Non-Delegated	10,590	10,590	10,102	488
Non-Fife & Other Healthcare Providers	105,505	105,505	112,626	-7,121
<b><u>Non Clinical Services</u></b>				
Estates & Facilities	99,196	99,196	99,145	51
Board Admin & Other Services	111,635	111,635	110,684	951
<b><u>Other</u></b>				
Financial Flexibility	16,184	16,184	-1,979	18,163
Income	-45,155	-45,155	-45,915	760
<b>TOTAL HEALTH BOARD RETAINED SERVICES</b>	<b>622,946</b>	<b>622,946</b>	<b>622,566</b>	<b>380</b>
<b><u>Health &amp; Social Care Partnership</u></b>				
Fife H & SCP	449,022	449,022	465,187	-16,165
Risk Share from Fife Council			4,728	-4,728
				0
<b>TOTAL HEALTH DELEGATED SERVICES</b>	<b>449,022</b>	<b>449,022</b>	<b>469,915</b>	<b>-20,893</b>
<b>Repayable Scottish Government Brokerage</b>	<b>20,513</b>	<b>20,513</b>		<b>20,513</b>
<b>TOTAL NHS FIFE</b>	<b>1,092,481</b>	<b>1,092,481</b>	<b>1,092,481</b>	<b>0</b>

The year-end financial position includes an overspend for Acute Services of £12.912m, an overspend with Non Fife Health Care providers of £7.121m and an overspend of £20.893m for the health delegated budget (IJB) inclusive of a risk share cost transfer from Fife Council Social Care budgets of £4.728m and a budget realignment to the Council of £4.1m.

2 Health Board Retained Services

2.1 The financial performance of the organisation has been significantly challenged throughout the financial year with a continuation of the underlying and new cost pressures described in the financial plan, albeit some have reduced following the allocation of the additional NRAC funding and the delivery of savings plans. The following graphic identifies specific cost pressures driving the overspends across several health board retained services budgets for the year. Whilst there are some cost pressure areas that are better than expected some have deteriorated beyond the planning assumptions.



2.2 The funding for Agenda for Change non pay reforms (ie protected learning time, the 30-minute reduction in the working week and the review of band 5 nursing roles) was confirmed at £200m nationally at the beginning of the financial year (£13.7m for NHS Fife). In January 2025, Scottish Government confirmed additional funding of £30m nationally to support Territorial Boards with the financial impacts of the AFC reforms associated with the 2023/24 pay award (£2.063m for NHS Fife). The total funding received is therefore £15.8m. Expenditure incurred to March has been relatively low due to the timing of implementation across services with only £1.897m recorded enabling in year flexibility of £13.917m to provide financial support to the NHS Fife health care system.

2.3 The Acute Services Division is reporting an overspend at the end of March of £12.912m (2024: £24.065m). This is driven mainly by the cost pressures noted in the graphic at para 2.1. The average monthly overspend for the financial year was £1.08m which is half of the

monthly average overspend of £2m in finance year 2023/24. This improvement is largely due to the allocation of NRAC funding in November but also the positive impact of several savings programmes.

- 2.4 The £12.912m overspend in Acute Services is across both pay budgets at £5.530m and non-pay budgets at £7.382m. The total pay overspend of £5.530m (2024: £14.920m) includes the costs of recurring pay pressures, recurring capacity pressures and junior doctor rota compliance in the first half of the financial year partially offset by the reduction in supplementary staffing. The overspend level on unregistered nursing staff was £4.233m with an underspend in registered staff of £1.619m giving a total overspend on nursing of £2.614m (2024: £7.537m). Senior medical staffing was underspent by £0.512m and junior medical staffing was overspent at £2.938m, a total overspend on medical staffing of £2.426m (2024: £6.412m). The total non-pay overspend of £7.382m (2024: £9.145m) includes costs of diabetic pumps, increased decontamination costs, and outsourced diagnostic costs.

Table 2 identifies the Acute Services overspend by Directorate. The Medical Directorate overspend reflects the largest share of the cost pressures identified in the financial plan.

<b>Table 2 Budget Area</b>	<b>Annual Budget £'000</b>	<b>YTD Budget £'000</b>	<b>YTD Spend £'000</b>	<b>YTD Variance £'000</b>
<b>Acute Services Division</b>				
Surgical Directorate	111,313	111,313	114,729	-3,416
Medical Directorate	128,915	128,915	138,324	-9,409
Women, Children & Clinical Services	82,230	82,230	82,516	-286
Acute Nursing	1,122	1,122	949	173
Other	1,411	1,411	1,385	26
<b>Total</b>	<b>324,991</b>	<b>324,991</b>	<b>337,903</b>	<b>-12,912</b>

- 2.5 Included in the Acute Services position is an overspend on specialties defined as “large hospital services” which form part of IJB Set Aside budgets. At the end of March, set aside services reported an overspend of £7.354m which accounts for 56.95% of the Acute Services total overspend. The main factors driving this overspend are agency consultants covering vacancies and sickness, recurring staffing and capacity pressures, junior medical bandings for non-compliant rotas in the earlier part of the financial year, cost pressures for additional consultants and safe staffing workforce costs in line with workforce tool implementation. This budget is not formally delegated to the IJB as the services are managed by NHS Fife but is reflected in the IJB financial plan.
- 2.6 Service Level Agreements and contracts with external healthcare providers are £7.121m overspent. This overspend is driven by several factors included as cost pressures with the financial plan with most of the financial challenge within the SLAs with NHS Lothian and NHS Tayside. Detail is provided in Table 3 below.

<b>Table 3</b>	<b>Annual Budget £'000</b>	<b>YTD Budget £'000</b>	<b>YTD Spend £'000</b>	<b>YTD Variance £'000</b>
<b>Health Board</b>				
Ayrshire & Arran	117	117	116	1
Borders	54	54	79	-25
Dumfries & Galloway	33	33	69	-36
Forth Valley	3,311	3,311	3,972	-661
Grampian	423	423	356	67
Greater Glasgow & Clyde	1,991	1,991	1,979	12
Highland	170	170	250	-80
Lanarkshire	148	148	259	-111
Lothian	34,544	34,544	38,952	-4,408
Scottish Ambulance Service	122	122	120	2
Tayside	47,141	47,141	54,209	-7,068
	<b>88,054</b>	<b>88,054</b>	<b>100,361</b>	<b>-12,307</b>
<b>UNPACS</b>				
Health Boards	16,221	16,221	11,231	4,990
	<b>16,221</b>	<b>16,221</b>	<b>11,231</b>	<b>4,990</b>
OATS	1,165	1,165	965	200
Grants	65	65	69	-4
<b>Total</b>	<b>105,505</b>	<b>105,505</b>	<b>112,626</b>	<b>-7,121</b>

- 2.7 Corporate Directorates are underspent by £0.951m in total which is a significant improvement on the position reported in February. We received further confirmation of improvement to our CNORIS contribution for 2024/25. Digital and Information continues to be the area of Corporate Services with the highest level of financial risk, and discussions are ongoing with colleagues looking at all aspects of grip & control including vacancy management

<b>Table 4</b>	<b>Annual Budget £'000</b>	<b>YTD Budget £'000</b>	<b>YTD Spend £'000</b>	<b>YTD Variance £'000</b>
<b>Budget Area</b>				
Chief Executive	247	247	268	-21
Communications	551	551	643	-92
Finance Director	8,073	8,073	7,899	174
Medical Director	10,664	10,664	9,804	860
Nurse Director	4,720	4,720	4,602	118
Public Health	3,876	3,876	3,617	259
Workforce Directorate	4,362	4,362	4,387	-25
Pharmacy Services	16,895	16,895	16,253	642
Digital + Information	21,029	21,029	21,721	-692
Other Board Functions	41,218	41,218	41,490	-272
<b>Total</b>	<b>111,635</b>	<b>111,635</b>	<b>110,684</b>	<b>951</b>

- 2.8 The Estates & Facilities position remains in line with that reported in previous months. Positive work continues by the Energy Manager reviewing all energy costs and water rates which has been delivering one-off cost reductions. The single largest area of cost pressure is equipment maintenance.

<b>Table 5</b> <b>Estates &amp; Facilities</b>	<b>Annual Budget £'000</b>	<b>YTD Budget £'000</b>	<b>YTD Spend £'000</b>	<b>YTD Variance £'000</b>
Energy	10,396	10,396	10,516	-120
PPP	28,637	28,637	28,611	26
Equipment Maintenance	3,023	3,023	3,747	-724
Pays	37,333	37,333	37,205	128
Other Non Pays	19,807	19,807	19,066	741
<b>Total</b>	<b>99,196</b>	<b>99,196</b>	<b>99,145</b>	<b>51</b>

### 3 Financial Flexibility

- 3.1 Financial Flexibility refers to funding allocations held centrally before being allocated to budget areas. Included within financial flexibility is the slippage on the allocation covering the non-pay aspects of the 2023/24 pay award £13.917m alongside nonrecurring VAT reclaims and other Balance Sheet opportunities.

### 4 Income

- 4.1 Budgeted income for the period is in line with financial planning assumptions and detailed in the table below.

<b>Table 6</b>	<b>£'000</b>
SLA	10,521
ACT	4,148
Healthcare to LA	3,155
Dining room income	1,137
Laundry income	1,279
Recovery from GPs in HC	1,268
NES Medical in training income	13,555
RTA	986
Other	9,106
<b>Total HB retained income budget</b>	<b>45,155</b>

### 5 IJB Health Delegated Budget

- 5.1 The health delegated budget is reporting an overspend of £20.893m to the end of March. The delegated budget overspend of £16.165m predominately relates to high usage/costs associated with medical locums within Mental Health services and nurse bank/agency usage across the partnership to cover vacancies, sickness and increased patient supervision requirements alongside a significant overspend in GP Prescribing. Moreover, the deficit also reflects unachieved savings within Health delegated budgets of £6.609m, from a planned total for the year of £22.163 for Health Delegated Budgets.

<b>Table 7 Budget Area</b>	<b>Annual Budget £'000</b>	<b>YTD Budget £'000</b>	<b>YTD Spend £'000</b>	<b>YTD Variance £'000</b>
Fife Health & Social Care Partnership Risk Share from Fife Council	449,022	449,022	465,187 4,728	-16,165 -4,728
<b>TOTAL HEALTH DELEGATED SERVICES</b>	<b>449,022</b>	<b>449,022</b>	<b>469,915</b>	<b>-20,893</b>

Alongside the significant service budget cost pressures reported in the Health Delegated is the risk share cost transfer from Fife Council and the budget realignment to Fife Council included in the Directions issued by the IJB at the beginning of the financial year as described in Table 8 below.

<b>TABLE 8 HB Delegated Financial Outturn 2024/25</b>	
	<b>£m</b>
Unachieved Savings	6.609
Budget Realignment to FC	4.049
Risk share cost transfer from FC	4.728
Net Deficit across service budgets	5.507
<b>Outturn 2024/25</b>	<b>20.893</b>

The financial position of the IJB has steadily deteriorated throughout the year with the draft outturn for the financial year reported at £34.016m of which 61.4% is reflected in the financial position of NHS Fife.

No Risk share for the IJB was included in the board's financial plan for 2024/25 as a balanced budget was approved by the IJB at the March 2024 IJB Board meeting. However, in developing the NHS Fife financial plan for 2025 /26, risk share cost of up to £8.5m has been included to reflect the risk associated with delivering the volatile budgets identified in the financial plan of the IJB. This £8.5m is inclusive of a £6.718m budget realignment included in the Directions approved by the IJB at its board meeting in March 2025. The financial position of the IJB will be reviewed every 8 weeks and on reaching agreement across both partners funding will be made available to support volatile budgets on a phased basis. The overspends currently being reported in each of the funding partner budgets are unaffordable and unsustainable. Delivery of planned savings across the IJB is essential to ensure there are no unmanageable cost pressures beyond the level identified in the IJB's financial plan.

## **6 Financial Improvement & Sustainability**

- 6.1 Delivering Value and Sustainability is one of our four strategic priorities, our financial improvement plan is being delivered through our Re-form, Transform and Perform (RTP) Framework, working collaboratively across the system. Financial performance against the 3% savings schemes identified in our financial plan at the end of the financial year is described below.
- 6.2 At the end of the financial year we are reporting a significant level of success against our planned trajectories. Savings of £26.6m have been delivered which is more than our £25m target for the financial year. The level of recurrent savings that have been delivered in year

to reduce the level of non-recurring savings carried forward into 2025/26 is £18.4m It is essential this level of recurring savings is sustained in 2025/26 financial year to underpin delivery of our planned financial outturn at March 2026.

Scheme	Target Saving	March 2025 Planned	March 2025 Delivery	Recurring Saving	Target Saving (FY): £25,000,000
1. Medicines Optimisation	£2,000,000	£2,000,000	£2,194,892	£1,567,420	Planned Saving (YTD): £25,000,000
2. Unscheduled Care Bundle	£700,000	£700,000	£653,924	£600,000	
3. PFI Contract	£400,000	£600,000	£600,000	£0	
4. Estates Rationalisation	£2,000,000	£2,000,000	£2,408,000	£500,000	Linear target (YTD): £25,000,000 (for 3% schemes only)
5. Non-Compliant Rotas	£1,000,000	£1,000,000	£1,597,000	£1,982,000	
6. Legacy Covid Costs	£1,000,000	£1,000,000	£818,196	£537,894	
7. Supplementary Staffing	£5,000,000	£5,000,000	£6,381,745	£6,381,745	24/25 Saving: £26,592,860
8. Procurement	£500,000	£500,000	£461,951	£530,205	
9. Corporate Directorates	£1,500,000	£1,500,000	£1,500,000	£1,500,000	
10. Business Transformation	£2,400,000	£2,400,000	£1,728,171	£168,245	Total Gap: £NIL
11. Surge Reduction	£1,850,000	£1,850,000	£438,357	£438,357	
12. Planned Care	£1,200,000	£1,200,000	£2,709,000	£2,200,000	
13. SLA & External Activity	£5,000,000	£5,000,000	£2,000,000	£2,000,000	Key
14. Bal. Sheet			£3,101,624	£0	
<b>Total YTD – for 3% savings schemes</b>		<b>£25,000,000</b>	<b>£26,592,860</b>	<b>£18,405,866</b>	
					Significant shortfall on Target of plan
					Delivering target but not in full

## Supplementary Staffing

- 6.3 At the end of March 2025 total spend on supplementary staffing for Health Board retained services is described below. A total reduction of £8.015m on the average monthly spend rate for the same time in the previous financial year has been confirmed. Whilst this is a significant achievement, the overall pay costs for Nursing and Medical costs continue in an overspend position. The net impact on the financial position after taking account of investment in the workforce is £6.382m as noted in the savings table above.

Year to Date March 2025

	AGENCY SPEND			BANK SPEND			Grand Total 2024/2025	Grand Total 2023/24
	Medical	Nursing	Total	Medical NHS	Nursing	Total		
	Locums £	£	£	Locums £	£	£		
Medical Directorate	2,487,353	517,741	3,005,094	1,551,862	3,844,249	5,396,110	8,401,204	14,153,478
Surgical Directorate	99,457	74,609	174,066	487,057	1,072,774	1,559,831	1,733,897	4,544,101
Women, Children + Clinical Serv.	754,217	473	754,691	1,213,778	879,817	2,093,595	2,848,286	2,276,820
Corporate Services	0	0	0	12,769	71,248	84,017	84,017	107,997
<b>Health Board retained</b>	<b>3,341,028</b>	<b>592,823</b>	<b>3,933,851</b>	<b>3,265,466</b>	<b>5,868,087</b>	<b>9,133,553</b>	<b>13,067,404</b>	<b>21,082,396</b>

Reduction year on year excl investment impact (HBR)

8,014,992

Adjustments for other RTP Programmes which include Supplementary Staffing to avoid Double count and investment in Recruitment

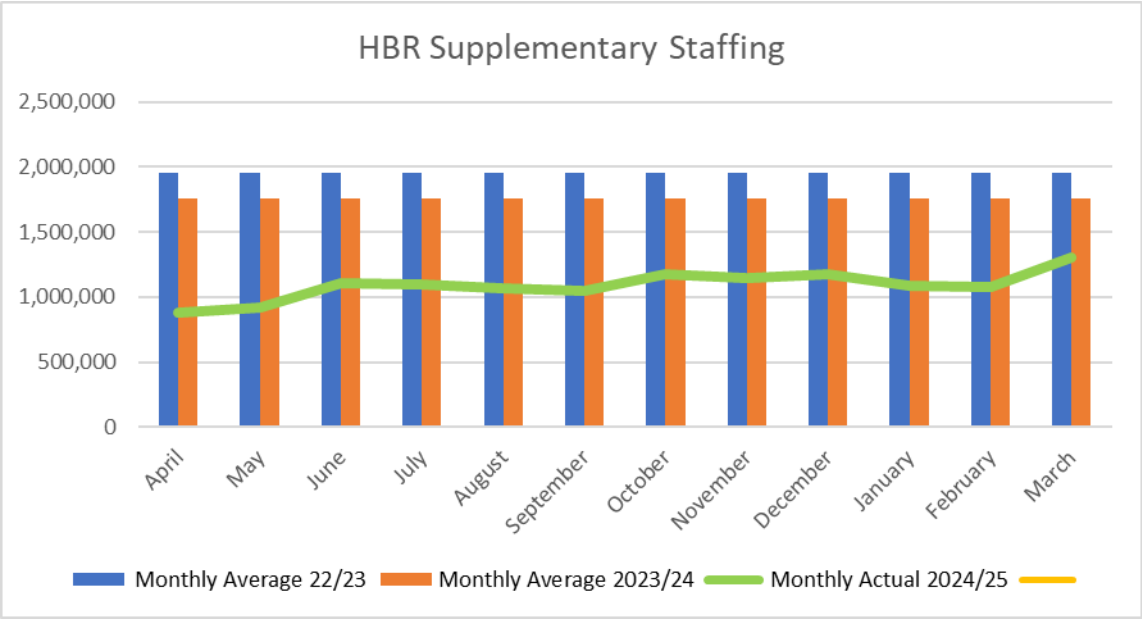
1,633,247

**NET IMPACT SUPPLEMENTARY STAFFING HEALTH BOARD RETAINED**

6,381,745

The £5m target for supplementary staffing reduction was identified after taking account of the appropriate vacancy factor. The total spend on supplementary staffing can be seen in

Appendix A which maps the monthly spend for both medical and nursing workforce across both Health Retained and Health Delegated services. Supplementary staffing has significantly reduced particularly for the nursing workforce as seen in Appendix A.



The chart above tracks the spend on supplementary staffing in 2024/25 and demonstrates how spend has consistently been less on average per month than the two previous financial years.

Other RTP programmes which also impact staffing costs, for example, Unscheduled care Bundle, Surge, Doctors in Training rota compliance, have been considered when reporting the financial data in the table above, to avoid double counting.

**Medicines Optimisation**

- 6.4 Medicines Optimisation workstream has delivered in excess of target at the end of March despite the challenges presented with shortages in the availability of some medicines and more expensive alternatives having to be prescribed. Work is underway to scope out opportunities for 2025/26.

**Unscheduled Care bundle review**

- 6.5 This scheme is slightly behind target and the level of savings which could be delivered was revised downwards. This position reflects the financial impact of the challenging winter environment the acute hospital is currently operating within. However, spend continues to exceed the funding allocation received from Scottish Government and savings plans continue to be scoped out to reduce expenditure in line with the available funding in 2025/26.

**Estates Rationalisation**

- 6.6 The Estates Rationalisation workstream has delivered more than target at the end of March. Significant cost reductions in Rates expenditure were received late in the financial year guaranteeing delivery of the target in the financial year.

**Surge Bed Reduction**

- 6.7 Despite the significant effort to reduce and hold the level of unfunded surge capacity challenges with flow across the acute site have resulted in savings not being achieved in line with the planned reduction. The service continues to review the workforce model, and a revised financial plan is expected which would require investment in permanent staff.

### **Non-Compliant Junior Doctor Rotas**

- 6.8 Rotas continue to be compliant, and a higher level of savings than initially assessed was expected to be delivered. Due to previously unknown costs relating to previous rotations the anticipated year end forecast has not been achieved, however, the in-year level of savings delivered remains well in excess of the original planned target. However, it is essential to ensure work continues to maintain the current rota compliant position in the new financial year to avoid incurring significant unfunded expenditure.

### **Unfunded Covid Costs**

- 6.9 The use of NRAC funding has significantly reduced the level of unfunded legacy costs. Remaining costs are primarily staff costs and work continues to identify appropriate and timely exit strategies.

### **Planned Care**

- 6.10 The previously identified cost pressure within planned care has been mitigated by the receipt of additional recurring elective care funding. The new funding has also supported the operational costs of delivering robotic assisted surgery which was previously unfunded. Savings of £2.709m have been delivered which is significantly more than the planned £1.2m target.

### **External Care Providers**

- 6.11 Approximately £2m of this cost pressure has been confirmed through realignment of budget for external providers for services to the IJB as agreed as part of the financial planning process. The remainder of the target, £3m, is in relation to SLAs predominately with other Scottish Health Boards. A national agreement has been reached on SLA uplifts for 2024/25 which confirms the SLAs with other health boards will not attract a CRES saving and therefore this element of the target will not be delivered.

### **Procurement**

- 6.12 Whilst procurement savings are slightly behind plan in this financial year, on a recurring basis savings will deliver more than the plan. Savings delivered reflect reductions secured across theatres procurement budgets and other non-pay budgets across the acute services directorate.

### **Business Transformation**

- 6.13 This savings scheme considers a range of different activities which affect the way we support and deliver clinical and non-clinical services. Several digital savings opportunities alongside vacancy management controls have secured savings to the end of March of £1.728m. Most of the savings secured are non-recurring to support the ongoing work of the business transformation programme which aims to deliver sustainable efficiencies in the subsequent financial year.

7 Brokerage

7.1 NHS Fife were advised by Scottish Government in January 2025, repayable brokerage of up to £37m would be made available to support NHS Fife achieve a balance position in 2024/25. Scottish Government also requested that we continue all our efforts to reduce this requirement as far as possible by the end of the financial year. At the end of the financial year, we will require repayable brokerage of £20.513m from Scottish Government to report a breakeven financial position and achieve our Revenue Resource Limit financial target. Our final brokerage requirement represents a significant improvement on the original assessment of repayable brokerage required. Outstanding brokerage must be repaid when the NHS Board returns to financial balance. Guidance has been issued that all NHS Boards must report cumulative outstanding brokerage in their Board finance reporting.

Table - 9	£'000
Repayable Brokerage Position	£'000
Cumulative Brokerage Received	23,700
Brokerage 2024/25	20,513
Potential Repayable Brokerage by end 2024/25	44,213

We recognise that brokerage will not be available in 2025/26 for any Board. All Boards must work towards break-even and where that is not achieved, Boards will require to show a deficit position in the accounts leading to potential qualification and the issue of an Audit Scotland Section 22 report. This will be in addition to consideration of Board escalation status.

8 Capital

8.1 Our initial CRL received for the 2024/25 financial year was £7.764m. We made additional funding bids during the year and were successful in securing an additional £8.066m budget informing a total capital budget of £15.830m. The capital funding is illustrated in the table below. Within capital equipment expenditure three image intensifiers were received, evaluated and rejected as they were not fit for purpose. These items remain a priority, and we have signposted this with the National Equipment Lead, National Infrastructure Board, Scottish Government who has acknowledged this is a priority for 2025/26 for NHS.

Included in our total capital expenditure of £15.830m, was £2.473m spent on upgrading our Mental Health estate and £2.671m on Digital equipment and upgrades. Just over £3.2m was incurred on statutory compliance and backlog maintenance including Ward 6 at VHK, the QMH Gynaecology unit reconfiguration, Roads & Car parks, LED lighting alongside numerous other smaller schemes. Expenditure on capital equipment totalled just over £6m which included significant expenditure on radiology equipment.

The table below reflects a balanced position our capital budget securing delivery of the Capital Resource limit financial target for 2024/25.

Capital Funding Allocations 2024/25		£'000	£'000
<b>Formula Capital</b>	SG		<b>7,764</b>
Additional Allocations			
Medical Education	NES	944	
HEPMA	SG Support	723	
LIMS	National Share	69	
Greenspace Funding	Sustainability	35	
MRI Software Upgrade	SG	192	
Additional Funding tranche 1	SG	4,116	
Additional Funding tranche 2	SG	342	
Additional Funding tranche 3	SG	1,126	
Laundry Equipment Funding	SG	130	
Mental Health Add Funding	SG	140	
Solar & LED Funding	SG	179	
Additional Endoscopy Funding	SG	562	
Cataract Equipment Funding	SG	407	
<b>Subtotal Additional Allocations</b>		<b>8,964</b>	
Capital to Revenue Transfer		(640)	
Equipment funding returned		(258)	
<b>Total Additional Funding</b>			<b>8,066</b>
<b>Total Capital Funding 2024/25</b>			<b>15,830</b>
<b>Capital Spend for 24/25</b>			<b>15,831</b>

## 9 Recommendation

Members are asked to **take moderate assurance on** the content of the report in relation to:

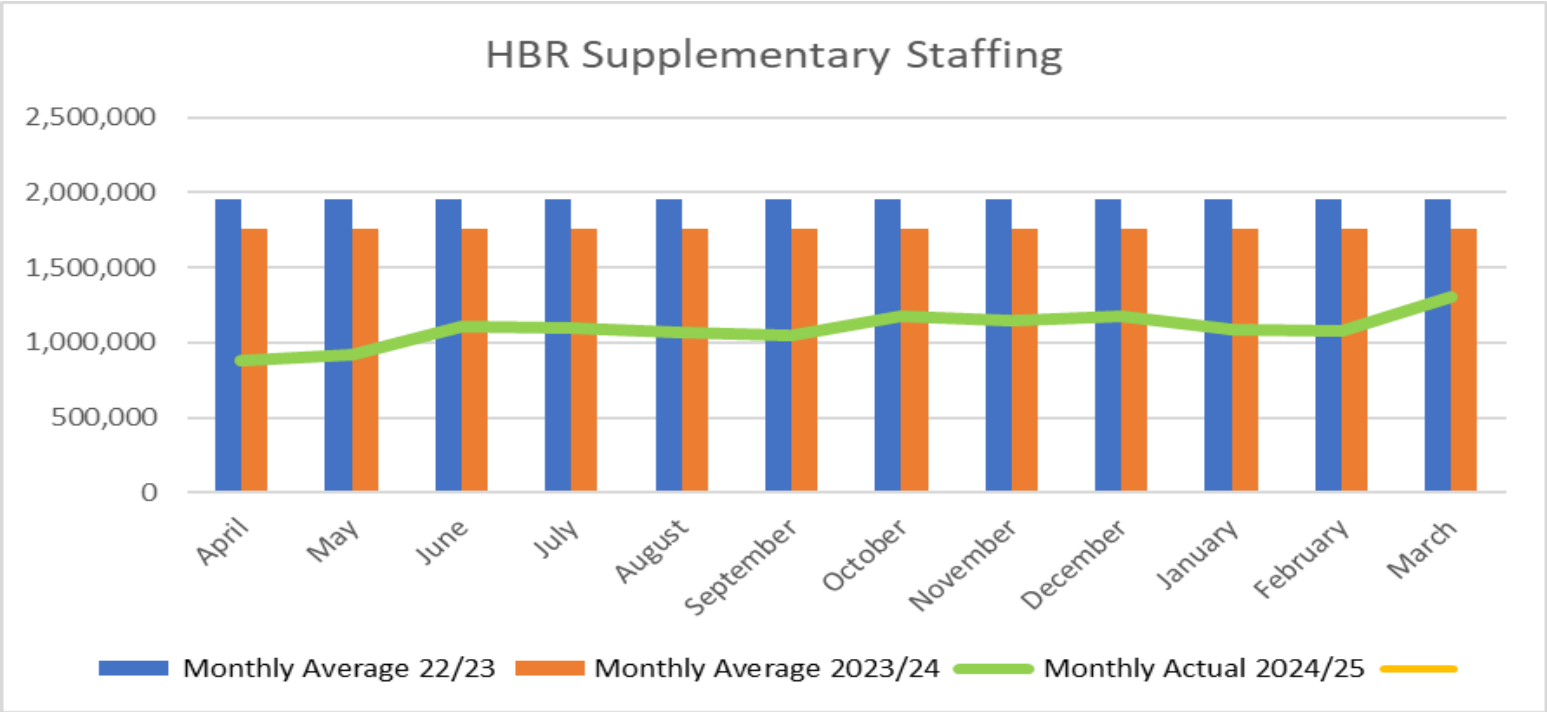
- The reported core revenue resource breakeven position will only be achieved through requesting brokerage of £20.513m from Scottish Government
- Over achievement of delivery against the in-year savings targets and the positive impact of that on the overall consolidated financial position.
- The reported overspend for the Health Delegated Services (IJB) of £16.17m and risk share transfer from Fife Council of £4.728m, total £20.893m.
- Achievement of the Cash Requirement and Capital Resource Limit financial targets.

## 10 List of appendices

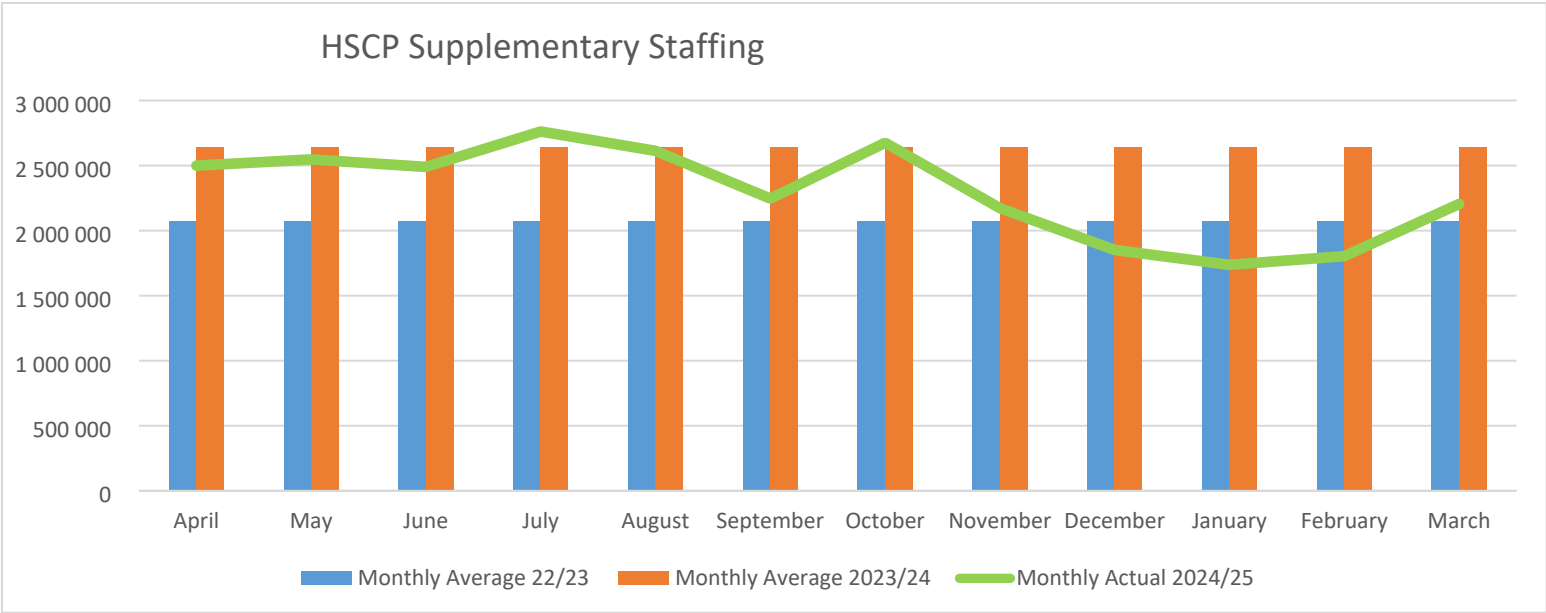
Appendix A – Supplementary Staffing  
Appendix B – Subjective Analysis

Appendix A – Supplementary Staffing

Supplementary Staffing April to March 2025															2024/25	2023/24	2022/23	
			April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total	Average per Month	Average per Month	Average per Month incl C-19
Health Board Retained	Medical NHS Locum		167,687	241,265	272,346	306,962	297,953	290,634	246,298	309,609	238,428	329,108	301,613	263,563	3,265,466	326,547	226,061	209,307
	Medical Agency		250,222	283,273	379,682	261,800	323,327	265,445	270,704	257,563	294,940	249,798	229,301	274,972	3,341,028	334,103	447,248	557,773
	Nurse Agency		163,400	29,917	53,835	13,978	39,763	37,962	51,818	13,230	63,359	58,982	29,313	37,268	592,823	59,282	519,260	632,325
	Nurse Bank		299,121	366,528	402,595	515,209	404,666	449,232	607,823	562,177	576,005	447,361	513,600	723,770	5,868,087	586,809	564,298	558,170
	Sub Total HBR		880,430	920,983	1,108,458	1,097,949	1,065,710	1,043,273	1,176,642	1,142,579	1,172,733	1,085,250	1,073,826	1,299,573	13,067,404	1,306,740	1,756,867	1,957,575
Health Delegated (H&SCP)	Medical NHS Locum		203,432	199,228	181,472	189,705	150,799	120,497	158,361	115,917	119,329	148,160	99,827	105,188	1,791,916	162,901	245,321	208,792
	Medical Agency		921,999	989,750	1,109,614	1,066,421	1,158,034	879,276	1,175,085	769,237	732,683	726,454	764,109	796,831	11,089,494	1,008,136	913,579	452,483
	Nurse Agency		441,085	336,583	220,756	242,605	265,659	224,574	124,256	9,903	38,367	39,879	55,456	26,816	2,025,939	184,176	505,706	602,075
	Nurse Bank		932,889	1,021,584	977,873	1,263,081	1,038,393	1,021,635	1,217,412	1,277,575	960,747	822,358	884,276	1,276,057	12,693,878	1,153,989	979,358	809,198
	Sub Total H&SCP		2,499,405	2,547,145	2,489,714	2,761,812	2,612,885	2,245,982	2,675,114	2,172,632	1,851,127	1,736,851	1,803,668	2,204,892	27,601,227	2,509,202	2,643,964	2,072,547
	Total		3,379,835	3,468,128	3,598,173	3,859,761	3,678,595	3,289,255	3,851,756	3,315,210	3,023,859	2,822,100	2,877,493	3,504,465	40,668,631	3,815,943	4,400,831	4,030,122



Appendix A Supplementary staffing contd.



Bank and Agency Spend to March 2025			
	AGENCY AHP	BANK AHP	Total
	£	£	£
Medical Directorate	0	0	0
Surgical Directorate	4,182	16,694	20,876
Women, Children + Clinical Serv.	616,030	0	616,030
Corporate Services	0	0	0
Health Board retained	620,212	16,694	636,906
Community Care Services	217,101	0	217,101
Complex And Critical Services	0	0	0
Primary Care + Prevention Serv	0	0	0
Professional/business Enabling	0	0	0
H&SCP	217,101	0	217,101
Grand Total	837,313	16,694	854,007

## Appendix B – Subjective Analysis Health Board Retained

March 2025

Cost Type	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000	Staff Est	Ave WTE	Current Month
Admin & Clerical	47,480	47,480	44,946	2,534	970.30	945.88	935.70
Allied Health Professionals	16,079	16,079	14,810	1,269	244.99	239.64	240.07
Budget Reserves -pay	2,665	2,665	7,365	-4,700		0.08	
Healthcare Sciences	11,040	11,040	10,730	310	175.68	172.56	169.63
Medical & Dental	93,140	93,140	94,903	-1,763	628.85	607.04	612.81
Medical Dental Support	3,092	3,092	3,214	-122	56.80	59.05	60.50
Nursing & Midwifery	128,284	128,284	130,595	-2,311	2,192.72	2,270.26	2,255.73
Other Therapeutic	16,060	16,060	15,200	860	283.97	255.80	272.47
Personal Social Care	892	892	1,216	-324	6.94	14.21	14.48
Senior Managers	1,978	1,978	1,935	43	25.00	21.12	21.13
Support Services	34,685	34,685	34,925	-240	889.37	840.83	923.72
<b>Total Pay</b>	<b>355,394</b>	<b>355,394</b>	<b>359,839</b>	<b>-4,445</b>	<b>5,474.62</b>	<b>5,426.48</b>	<b>5,506.24</b>
Budget Reserves Non Pay	1,850	1,850	-46	1,896			
Financial Flexibility	17,704	17,704	-1,979	19,683			
Cssd/diagnostic Supplies	5,832	5,832	6,928	-1,096			
Drugs	38,904	38,904	39,379	-475			
Equipment	8,410	8,410	9,911	-1,501			
Heating Fuel And Power	10,482	10,482	10,602	-121			
Hotel Services	6,392	6,392	7,494	-1,101			
Other Admin Supplies	10,664	10,664	11,455	-790			
Other Supplies	6,675	6,675	6,650	25			
Other Therapeutic Supplies	2,243	2,243	1,832	411			
Property	10,111	10,111	10,840	-730			
Surgical Sundries	20,978	20,978	23,206	-2,228			
<b>Total Non Pay</b>	<b>140,244</b>	<b>140,244</b>	<b>126,272</b>	<b>13,972</b>			
Purchase Of Healthcare	140,819	140,819	149,170	-8,352			
<b>Total Purchase of Healthcare</b>	<b>140,819</b>	<b>140,819</b>	<b>149,170</b>	<b>-8,352</b>			
Board Administration	0	0	0	1			
Family Health Services	6,811	6,811	6,787	24			
<b>Total Family Health Services</b>	<b>6,811</b>	<b>6,811</b>	<b>6,787</b>	<b>25</b>			
Other (inc Depreciation)	24,674	24,674	24,674	0			
Savings	-1,450	-1,450	0	-1,450			
<b>Total Other</b>	<b>23,224</b>	<b>23,224</b>	<b>24,674</b>	<b>-1,450</b>			
Right of use Asset/IFRS16	1,608	1,608	1,738	-130			
<b>Total Expenditure</b>	<b>668,101</b>	<b>668,101</b>	<b>668,481</b>	<b>-379</b>	<b>5,474.62</b>	<b>5,426.48</b>	<b>5,506.24</b>
Income	-45,155	-45,155	-45,915	760			
<b>Total Net Expenditure</b>	<b>622,946</b>	<b>622,946</b>	<b>622,566</b>	<b>380</b>	<b>5,474.62</b>	<b>5,426.48</b>	<b>5,506.24</b>

## Appendix B contd– Subjective Analysis Health Board Delegated

March 2025

Cost Type	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000	Staff Est	Ave WTE	Current Month
Admin & Clerical	19,788	19,788	19,501	287	432.00	438.03	411.64
Allied Health Professionals	31,408	31,408	29,088	2,320	553.59	482.03	484.71
Budget Reserves -pay	115	115	0	115			
Healthcare Sciences	257	257	265	-8	5.39	5.11	4.48
Medical & Dental	27,109	27,109	32,013	-4,904	151.34	123.57	124.65
Medical Dental Support	2,864	2,864	2,664	200	69.37	57.96	60.02
Nursing & Midwifery	121,695	121,695	121,323	372	2,149.70	2,157.93	2,174.93
Other Therapeutic	11,193	11,193	11,366	-173	132.84	150.27	132.11
Personal Social Care	2,320	2,320	1,961	359	41.18	34.60	34.37
Senior Managers	170	170	119	51	1.00	0.73	1.00
Support Services	678	678	1,178	-500	1.81	17.36	15.74
<b>Total Pay</b>	<b>217,598</b>	<b>217,598</b>	<b>219,478</b>	<b>-1,880</b>	<b>3,538.22</b>	<b>3,467.58</b>	<b>3,443.65</b>
Allocations Awaiting Distribution	5,289	5,289	0	5,289			
Cssd/diagnostic Supplies	249	249	421	-172			
Drugs	12,259	12,259	13,540	-1,281			
Equipment	1,562	1,562	2,455	-893			
Heating Fuel And Power	85	85	-11	96			
Hotel Services	349	349	790	-442			
Other Admin Supplies	5,241	5,241	5,469	-229			
Other Supplies	507	507	325	182			
Other Therapeutic Supplies	372	372	178	194			
Property	380	380	660	-279			
Surgical Sundries	4,207	4,207	4,248	-41			
<b>Total Non Pay</b>	<b>30,499</b>	<b>30,499</b>	<b>28,075</b>	<b>2,424</b>			
Purchase Of Healthcare	51,969	51,969	60,261	-8,292			
Resource Transfer	21,459	21,459	21,444	15			
<b>Total Purchase of Healthcare</b>	<b>73,428</b>	<b>73,428</b>	<b>81,705</b>	<b>-8,276</b>			
Gds	29,510	29,510	29,510	0			
Gms	66,182	66,182	64,374	1,808			
Gos	8,911	8,911	8,911	0			
Gps	102,937	102,937	108,461	-5,524			
<b>Total Family Health Services</b>	<b>207,541</b>	<b>207,541</b>	<b>211,257</b>	<b>-3,716</b>			
Other (inc Depreciation)	49	49	49	0			
Savings	-9,443	-9,443	0	-9,443			
<b>Total Other</b>	<b>-9,394</b>	<b>-9,394</b>	<b>49</b>	<b>-9,443</b>			
Social Work Healthcare	7	7	8	-1			
<b>Social Work Healthcare</b>	<b>7</b>	<b>7</b>	<b>8</b>	<b>-1</b>			
<b>Total Expenditure</b>	<b>519,679</b>	<b>519,679</b>	<b>540,571</b>	<b>-20,893</b>	<b>3,538.22</b>	<b>3,467.58</b>	<b>3,443.65</b>
Income	-70,657	-70,657	-70,656	-1			
<b>Total Net Expenditure</b>	<b>449,022</b>	<b>449,022</b>	<b>469,915</b>	<b>-20,893</b>	<b>3,538.22</b>	<b>3,467.58</b>	<b>3,443.65</b>

**Meeting:** Finance, Performance & Resources Committee  
**Meeting date:** 8 May 2025  
**Title:** Procurement Key Performance Indicators  
**Responsible Executive:** Susan Dunsmuir, Director of Finance  
**Report Author:** Kevin Booth, Head of Financial Services & Procurement

## Executive Summary

- This paper presents the 2024/25 procurement KPIs to provide the FP&R committee with oversight and assurance of the Procurement Departments performance in line with the NHS Fife Procurement Strategy.
- The KPI's were reviewed at length at the Procurement Governance Board and the general trend for the majority of KPIs presents a positive and consistent position. Attention is drawn to the following specific KPIs which have markedly changed in the year:
  - Efficiency Savings – £1.5m comprising £1.06m direct cash releasing and £465k cost avoidance. However, this is offset by a significant cost pressure of **-£157k** resulting in a net cost saving of £1.3m. These efficiencies are reconciled to the Acute Directorate projected full 12 months savings for 2024/25 and all applicable schemes have been dually recorded.
  - Tender Waivers – five waivers of competitive tender were applied in the last quarter, taking the total to eight for FY 2024/25 at a value of £1.4m.
  - Customer Satisfaction – 90% Excellent rating with no formal complaints.
- This report provides a significant level of assurance on the positive performance of the Procurement function, with a continued focus on quality and service improvement.

## 1 Purpose

**This report is presented for:**

- Assurance

**This report relates to:**

- Annual Delivery Plan
- NHS Board Strategic Priority, To Deliver Value & Sustainability

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

- Effective

## **2 Report summary**

### **2.1 Situation**

As per the Procurement Governance Board workplan, the suite of Procurement Department Key Performance Indicators (KPI's) for financial year 2024/25 are presented to the FP&R committee for assurance.

### **2.2 Background**

To ensure that the Procurement departments performance is visible to stakeholders across NHS Fife, a comprehensive set of KPI's were agreed as part of the Procurement Strategy. The KPI's are an integral component of the oversight of management information and will be presented quarterly to the Procurement Governance Board in advance of being provided to the Finance Performance & Resource committee.

### **2.3 Assessment**

A general summary for each of the KPIs is detailed below, with further detailed breakdown shown in appendix 1.

#### Purchase Order Spend

The average monthly purchase order spend via Pecos is £11.3m, with a total spend of £136m. This is an increase of £1.7m on the monthly average and £21m on total spend in comparison with last financial year (average monthly £9.6m, total £115m).

#### High Value Orders

Pecos purchase orders with a value greater than or equal to £50k are identified as high value. The average monthly value of these orders is £7m. There have been 203 high value orders with a total value of £84m. £43.5m of which relates to PFI provider spend. This is an increase in comparison with last financial year (135 orders, at £65m).

#### Low Value Orders

Pecos purchase orders with a value less than or equal to £50 are identified as low value. The average monthly number of these orders is 2,180 with a value of £51k. For FY 2024/25

there have been 26,155 low value orders with a total value of £615k. This is a decrease in comparison with last financial year (30,035 orders, totalling £639k).

### Efficiency Savings

The overall validated procurement saving for FY 2024/25 is £1.5m and comprises:

- £1.06m for direct cash releasing cost savings, £532k of which relates to Direct Engagement (£126k Acute & £406k HSCP), £157k for Theatre Equipment & Consumables (including Ureteroscopes, Staplers, Reloaders, NTC Equipping, and Annual Da Vinci Robot Maintenance), £152k for Digital & Information Cost Improvement Projects (including contract terminations and Voice Technologies price reduction), £68k for Medical Consumables, £46k for Urology Consumables, £44k for Wound Management Products, and £22k for Lift Maintenance. The remaining circa £39k, comprises implementation of various National and Local contracts and projects.
- £465k for cost avoidance, which relates to £307k through procurement intervention resulting in discounts for Capital equipment purchases, £126k for FOC Theatre equipment purchased via NP688 Orthopaedic Hips & Knees 'Value Vouchers', as well as £31k for the discount applied April to July 2024 for the contract extension.

However, these savings are being offset by the significant cost pressures being experienced across the marketplace. The cost pressure for FY 2024/25 is **-£157k** resulting in a net cost saving of £1.3m.

The main contract areas contributing to these cost pressures are:

- Catering Products £84k
- Endoscopy Equipment £29k
- Medical Consumables £25k
- Waste Management £16k

These 2024/25 procurement savings have been reconciled to the Acute Directorate projected full 12 months savings for 2024/25 and all applicable schemes have been dually recorded.

### Quick Quotes Published

The number of Quick Quotes awarded (Orders between £15,000 and £49,999) in Public Contracts Scotland (PCS) for FY 2024/25 is 29, including additional physiotherapy services,

generator pump and printing services for clinical documentation. This is comparative to the 28 recorded in 2023/24.

Contract Awards Published

The number of Contracts (£50k and above) awarded in PCS for FY 2024/25 is 3, at a value of £2.4m, £162k for Oncotype DX Breast Recurrence Score Testing, £692k for GMS Services and £1.6m for Urgent Care Out of Hours Transport Requirements.

Tender Waivers

During the period January 2025 – March 2025 there were five contracts subject to a waiver of competitive tender: for Operating Tables at a value of £600k, Laundry Equipment at a value of £99k, consumable agreement to purchase Urology Thulium Fiber Laser at a value of £78k, plus support and maintenance for the Opera Theatre System at £73k and the Datix Risk Management System at £60k. There has been a total of eight waivers for FY 2024/25 at a value of £1.4m.

Payment Performance

The cumulative supplier payment performance for FY 2024/25 is:

Invoice Payment	Previous FY Report	Current FY Report
Within 10 days by Value	89%	88% ↓ 1%
Within 10 days by Volume	95%	94% ↓ 1%
Within 30 days by Value	81%	78% ↓ 3%
Within 30 days by Volume	92%	92% ↔ same

Catalogue Lines

The percentage of Pecos purchase order lines process, via preloaded catalogues, averages at 91% per month a 1% increase on last FY.

Contract Lines and Value

The percentage of lines processed via Pecos purchase orders, which have been contracted:

	Average Monthly %	Average Monthly Value	Cumulative Value
Previous FY	62%	£1.3m	£15.8m
Current FY	79%	£1.3m	£16.4m
	↑ 17%	↔ same	↑ £0.6m





National Distributed Services (NDS) Spend

The average monthly purchase order spend via the NDS is £867k, and a total spend of £10.4m for 2024/25. This is a slight decrease with last financial year (£894k monthly average and £10.7m total spend).

Complaints/Customer Feedback

There have been no formal complaints raised in relation to Procurement services.

The Procurement Helpdesk, Customer Satisfaction report shows the following results based on feedback comments since the last report:

Feedback	Previous FY Report	Current FY Report
Excellent	79%	90%  11%
Good	13%	8%  5%
Satisfactory	5%	2%  3%
Poor	3%	0%  3%

The information above only relates to satisfaction rates and comments received, the poor responses relate to 2 tickets (0.03%) from a total of 6763 helpdesk tickets completed for 2024/25.

There were no poor responses received since the last report. The information below provides details of the themes and reasons for all poor responses received this financial year to date:

Theme	Detail	Comments
Incorrect/Insufficient Details/Support	<ul style="list-style-type: none"><li>Pecos is not user friendly, and Procurement need to support more by doing the changes for the services.</li></ul>	There has been 1 poor response during 2024/25.
System Usability	<ul style="list-style-type: none"><li>Not able to ask further questions once ticket is closed.</li></ul>	There has been 1 poor response during 2024/25.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level	X			
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant	No assurance can be taken from the information that has been provided. There remains a significant

	deliver. There may be an insignificant amount of residual risk or none at all.	and effectively applied. There remains a moderate amount of residual risk.	amount of residual risk, which requires further action to be taken.	amount of residual risk
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**2.3.1 Quality, Patient and Value-Based Health & Care**

Failure to effectively monitor and improve service provision could impact the ability to deliver quality patient care.

**2.3.2 Workforce**

The Procurement departments KPI's are shared with the team, any arising circumstances that may lead to significant improvements are fed back through the Business Assurance group.

**2.3.3 Financial**

The Procurement Department KPI's support the Finance Directorate in the oversight of Financial Control.

**2.3.4 Risk Assessment / Management**

The monitoring of the Procurement Department KPI's is a key component of Management assurance and assists in the mitigation of risk.

**2.3.5 Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions**

The monitoring of the Payment Performance KPI aligns with the Boards ambitions of being an Anchor Institute ensuring the improved flow of funds to the local economy where possible. Relevant procurements relating to service provision also include reference to the United Nations Convention on the Rights of Children (UNCRC) (Scotland) Act 2024 in the Equality Impact Assessments (EQIAs).

**2.3.6 Climate Emergency & Sustainability Impact**

The Climate Emergency and Sustainability are a key consideration for NHS Fife and the consequences from any Procurement activity are evaluated during the procurement process.

### 2.3.7 Communication, Involvement, Engagement and Consultation

The suite of KPI's is reviewed by the senior Procurement Management Team to ensure they remain fit for purpose and best provide assurance across key aspects of the department.

### 2.3.8 Route to the Meeting

The 2024/25 Procurement department KPI's were presented to the Procurement Governance Board on 23 April 2025 and were scrutinised and approved for presentation to the FP&R committee.

## 2.4 Recommendation

- **Assurance** – This report provides a significant level of assurance for the FP&R committee on the performance of the Procurement function.

## 3 List of appendices

The following appendices are included with this report:

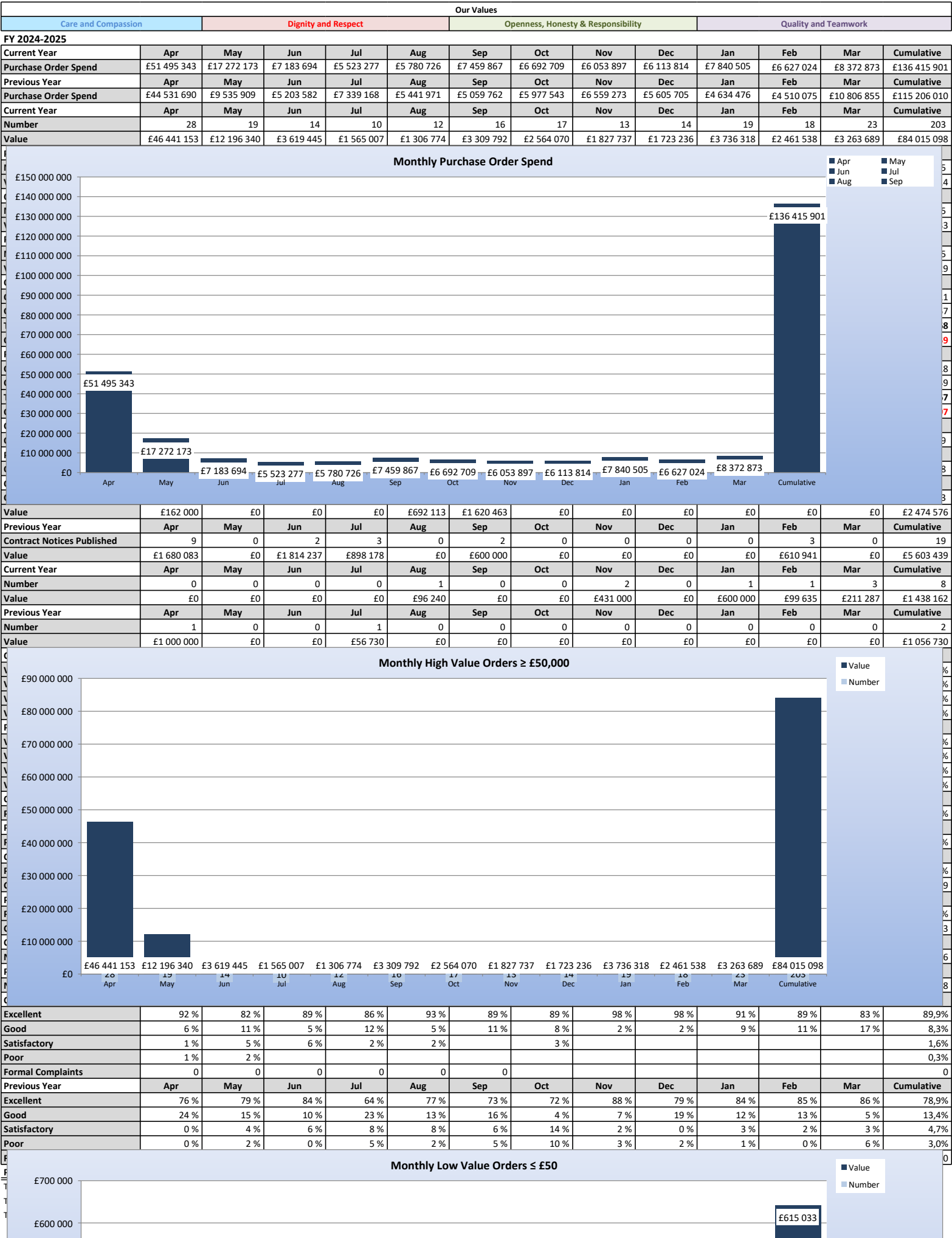
- Appendix 1 – PGB Monthly KPIs 2024/2025 (Mar 2025)

### Report Contact

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**Meeting:** Finance, Performance & Resources  
Committee

**Meeting date:** 8 May 2025

**Title:** Re-form, Transform, Perform Q4 Performance Report

**Responsible Executive:** Ben Hannan, Director of Re-form and Transformation

**Report Author:** Fiona McLaren, Head of Corporate PMO

## Executive Summary:

- This paper provides an update covering performance for the financial year 2024/2025 for the 13 complimentary schemes of work which have been put in place to produce the required improvement in performance.
- At the end of March 2025, the schemes have delivered a total saving of £26,592,860 which has exceeded the target by £1,592,860. Additionally, £18,405,866 is recurrent savings.
- The 3% scheme reporting is now complete.

## 1 Purpose

**This report is presented for:**

- Assurance

**This report relates to:**

- NHS Board Strategic Priorities

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

Delivery of the Re-form Transform Perform (RTP) Framework is critical to the sustainability and strategic development of NHS Fife, particularly in meeting the current fiscal challenges.

This paper provides an update covering performance of the 13 complimentary schemes to end of the financial year 2024/2025.

### 2.2 Background

The Re-form Transform Perform (RTP) Framework was discussed and agreed at the NHS Fife Board in March 2024 and this signalled the establishment of a formal portfolio of work through 13 initial schemes, with interdependence through delivery across the Executive Team.

Our planning approach for 2024/25 is described through a suite of interconnected and interdependent documents:

- Re-form, Transform, Perform Framework

This provides an outward facing document for staff and stakeholders, which describes our approach to empower change and to deliver a sustainable and viable future.

- Medium Term Financial Plan

This is a key element of the Board's overall responsibility for financial governance and sets out the proposed budget in line with the Scottish Government's expectations of NHS Boards, and within the context of the Board's statutory requirement to make the best use of public funds and to deliver services within the set annual resource limits.

- Annual Delivery Plan

In parallel with the MTFP, this sets out the Board’s specific plans for the coming year in relation to the delivery of key service priorities from a local, regional and national perspective. It is also a key element of the Board’s governance and accountability to Scottish Government.

### 2.3 Assessment

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		X		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

Performance management arrangements which monitor the delivery of the RTP framework are in place through the attached performance report. This provides the committee with an update on progress within the 13 currently identified schemes. The report provides background and leadership on each scheme, deliverables, progress to date and risks to delivery. An assurance rating system is also in place to aid focus of discussion and review.

As at the end of March 2025, the 13 schemes have delivered over £25m. 6 of the schemes (Medicines Optimisation, Estates Rationalisation, Supplementary Staffing, Procurement, Business Transformation & Surge) will continue into the 2025/2026 financial year and will be delivered through the transformation portfolio. The 7 other schemes are either completed or will continued to be monitored through business-as-usual processes.

#### 2.3.1 Quality, Patient and Value-Based Health & Care

Maintaining the quality of care is a consistent principle for delivery and detail of any impact on quality of care from schemes will be reported by exception through committees. Quality, safety, and patient experience aspects of the 13 schemes will continue as part of business-as-usual activities. Any impacts from these schemes will be reported through the Integrated Performance & Quality Report, which will evolve with the ongoing transformational changes.

### **2.3.2 Workforce**

Priority has been placed on a partnership approach to planning with robust engagement with Area Partnership Forum and staff side colleagues in place. Acknowledging the inevitable impact of the Re-form, Transform, Perform (RTP) programme on staff, the importance of constructive discussions regarding the effects and corresponding mitigations is continually reiterated. Robust engagement with the Area Partnership Forum and Staff Side colleagues has been fundamental in implementing the programmes of change.

Regarding staff participation, there have been high levels of staff engagement through regular RTP staff briefings and staff can contribute suggestions through the RTP mailbox and suggestion form.

Extensive discussion with committees has further highlighted the need to continue the conversation with staff regarding the transformative impact RTP will have on all employees, and that these impacts will be kept under continuous review. This will be incorporated into the change management model developed for the organisation.

A number of the workstreams in progress are directly related to the size and shape of the workforce in the Board, particularly around non-compliant rotas, legacy COVID costs, and supplementary staffing. The importance of engagement and partnership working in these areas is at the forefront of planning.

### **2.3.3 Financial**

At the end of March 2025, the schemes have delivered a total saving of £26,592,860 which has exceeded the target by £1,592,860. Additionally, £18,405,866 is recurrent savings.

Financial reporting is incorporated into the monthly performance reports by finance colleagues upon finalisation of monthly positions, to provide appropriate forecasting of delivery, and associated assurances.

Through established mechanisms, financial contingency for the Board is being sought at present, as presented in the financial performance report. Corporate flexibility is also being given close consideration and planning.

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

The Board will be regularly informed, consulted, and appraised, and support will be sought to balance the key pillars of governance of quality, performance, finance and workforce, in the context of the Board's risk appetite.

A risk register for each workstream and scheme is in place, with risk profiles continually

reviewed via the Corporate Programme Management Office, these are incorporated into the monthly performance report for information.

The attached report summarises the level of assurance currently in place regarding delivery of RTP workstreams.

### **2.3.5 Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions**

The Fairer Scotland Duty requires that NHS Fife carry out assessments of what we can do to reduce inequalities of outcomes caused by socio-economic disadvantage when strategic decisions are made. However, given the scale of the challenge, it is recognised that proposals must move at pace to ensure effectiveness. Under the advice of the NHS Fife Equality it has been recommended as minimum for decision-makers to undertake 'high level' EQIAs for RTP proposals as they progress, with the intention to complete a full and thorough EQIA when most appropriate. Full detail of this proposal was shared with the Public Health and Wellbeing Committee in May 2024.

To date, an EQIA has been completed for our infrastructure work, noting the impact of changes to configuration of services through changes to our infrastructure. Further EQIAs will be completed in line with the position as described above, at the earliest opportunities where appropriate.

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

There is acknowledgement that our responsibilities and priorities to manage the impact of our actions on climate and sustainability Infrastructure has been identified as a key theme within the RTP.

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

The overarching communications approach ensures that staff are consulted and kept well informed, thereby upholding our commitment to meeting staff governance standards. A bespoke communications and engagement plan (both internal and external) has been developed for RTP, this will be continually refreshed as a live document in response to the ongoing approach.

Part of this is a regular newsletter shared with all staff – this is primarily aimed at driving ongoing engagement with the ethos of the programme, and the need for all staff to support identification and delivery of savings at all levels. The team have received over 260 ideas from staff and each of these is reviewed and considered – they fit broadly into five themes: improving process; reducing cost; using resources better; enhancing patient care; and being more sustainable.

In addition, it is acknowledged engagement with the public is of key significance. An operational engagement plan was presented to the Board in July 2024.

### **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.

RTP Leadership Group – Thursday 1 May 2025.

## **2.4 Recommendation**

This paper is provided to members for assurance – the 3% schemes reporting is now complete.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix One - RTP Performance Report – March 2025.

### **Report Contact**

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# RTP Performance Report

**March 2025**

**Ben Hannan**

**Director of Planning and Transformation**

23 April 2025

[nhsfife.org](https://nhsfife.org)

# Introduction

The purpose of this pack is to provide an update on the position of 3% savings schemes identified by NHS Fife. This will be the final report provided on the performance of the 3% schemes.

Each slide will contain a summary of next steps:

Scheme	Executive Lead(s)
1. Medicines Optimisation	Dr Joy Tomlinson/ Dr Chris McKenna/ Fiona Forrest
2. Unscheduled Care Bundle	Claire Dobson
3. PFI Contract	Neil McCormick
4. Estates Rationalisation	Neil McCormick
5. Non-Compliant Rotas	Dr Chris McKenna
6. Legacy Covid Costs	Claire Dobson/Alistair Graham/David Miller
7. Supplementary Staffing	Janette Keenan/David Miller
8. Procurement	Claire Dobson
9. Corporate Directorates	Margo McGurk
10. Business Transformation	Alistair Graham
11. Surge Reduction	Claire Dobson
12. Planned Care	Claire Dobson
13. SLA & External Activity	Margo McGurk

Scheme	Target Saving	March 2025 Planned	March 2025 Delivery	Forecast Saving	Recurring Saving	Target Saving (FY): £25,000,000
1. Medicines Optimisation	£2,000,000	£2,000,000	£2,194,892	£2,144,172	£1,567,420	Planned Saving (YTD): £25,000,000
2. Unscheduled Care Bundle	£700,000	£700,000	£653,924	£670,174	£600,000	
3. PFI Contract	£400,000	£600,000	£600,000	£600,000	£0	
4. Estates Rationalisation	£2,000,000	£2,000,000	£2,408,000	£2,000,000	£500,000	
5. Non-Compliant Rotas	£1,000,000	£1,000,000	£1,597,000	£1,739,000	£1,982,000	Linear target (YTD): £25,000,000 (for 3% schemes only)
6. Legacy Covid Costs	£1,000,000	£1,000,000	£818,196	£821,644	£537,894	
7. Supplementary Staffing	£5,000,000	£5,000,000	£6,381,745	£5,900,000	£6,381,745	
8. Procurement	£500,000	£500,000	£461,951	£456,299	£530,205	
9. Corporate Directorates	£1,500,000	£1,500,000	£1,500,000	£1,500,000	£1,500,000	24/25 Saving: £26,592,860
10. Business Transformation	£2,400,000	£2,400,000	£1,728,171	£1,650,258	£168,245	
11. Surge Reduction	£1,850,000	£1,850,000	£438,357	£450,000	£438,357	Total Gap: £NIL
12. Planned Care	£1,200,000	£1,200,000	£2,709,000	£2,709,000	£2,200,000	
13. SLA & External Activity	£5,000,000	£5,000,000	£2,000,000	£2,000,000	£2,000,000	
14. Bal. Sheet			£3,101,624	£3,170,624	£0	Key
3/26 Total YTD – for 3% savings schemes		£25,000,000	£26,592,860	£25,811,172	£18,405,866	Significant shortfall on Target of plan
						Delivering target but 179/233

# Assurance Levels

Assurance Level	Definition
Significant assurance	<p>The Board or Committee can take reasonable assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver.</p> <p>There may be an insignificant amount of residual risk or none at all.</p>
Moderate assurance	<p>The Board or Committee can take reasonable assurance that controls upon which the organisation relies to manage the risk(s) are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.</p>
Limited assurance	<p>The Board or Committee can take some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk which requires action to be taken.</p>
No assurance	<p>The Board or Committee cannot take any assurance from the information that has been provided.</p> <p>There remains a significant amount of residual risk.</p>

The table explains how we report on the status of projects within the RTP programme. This allows leaders to focus on successes and challenges at a glance.

# Summary of assurance levels

Scheme	Leads	Assurance Level	Change from baseline (Apr 24)	Target Saving	March Delivery
1. Medicines Optimisation	Dr Joy Tomlinson / Dr Chris McKenna/Fiona Forrest	Significant	-	£2,000,000	£2,194,892
2. Unscheduled Care Bundle	Claire Dobson	Significant	-	£700,000	£653,924
3. PFI Contract	Neil McCormick	Significant	-	£400,000	£600,000
4. Estates Rationalisation	Neil McCormick	Moderate	-	£2,000,000	£2,408,000
5. Non-Compliant Rotas	Dr Chris McKenna	Significant	Improvement	£1,000,000	£1,597,000
6. Legacy Covid Costs	Claire Dobson/Alistair Graham/David Miller	Limited	-	£1,000,000	£818,196
7. Supplementary Staffing	Janette Keenan/David Miller	Significant	Improvement	£5,000,000	£6,381,745
8. Procurement	Claire Dobson	Moderate		£500,000	£461,951
9. Corporate Directorates	Margo McGurk	Significant	-	£1,500,000	£1,500,000
10. Business Transformation	Alistair Graham	Limited	-	£2,400,000	£1,728,171
11. Surge Reduction	Claire Dobson	Limited	-	£1,850,000	£438,357
12. Planned Care	Claire Dobson	Significant	Improvement	£1,200,000	£2,709,000
13. SLA & External Activity	Margo McGurk	Limited	-	£5,000,000	£2,000,000

# RTP – March 2025 (End Year Summary)

At the end of March 2025, the schemes have delivered a total saving of £26,592,860 which has exceeded the target by £1,592,860. Additionally, £18,405,866 is recurrent savings.

6 of the schemes (Medicines Optimisation, Estates Rationalisation, Supplementary Staffing, Procurement, Business Transformation & Surge) will continue into the 2025/2026 financial year and will be delivered through the transformation portfolio. 7 of the schemes are either completed or will continued to be monitored through business-as-usual processes.

# RTP – An Organisational Portfolio of Change

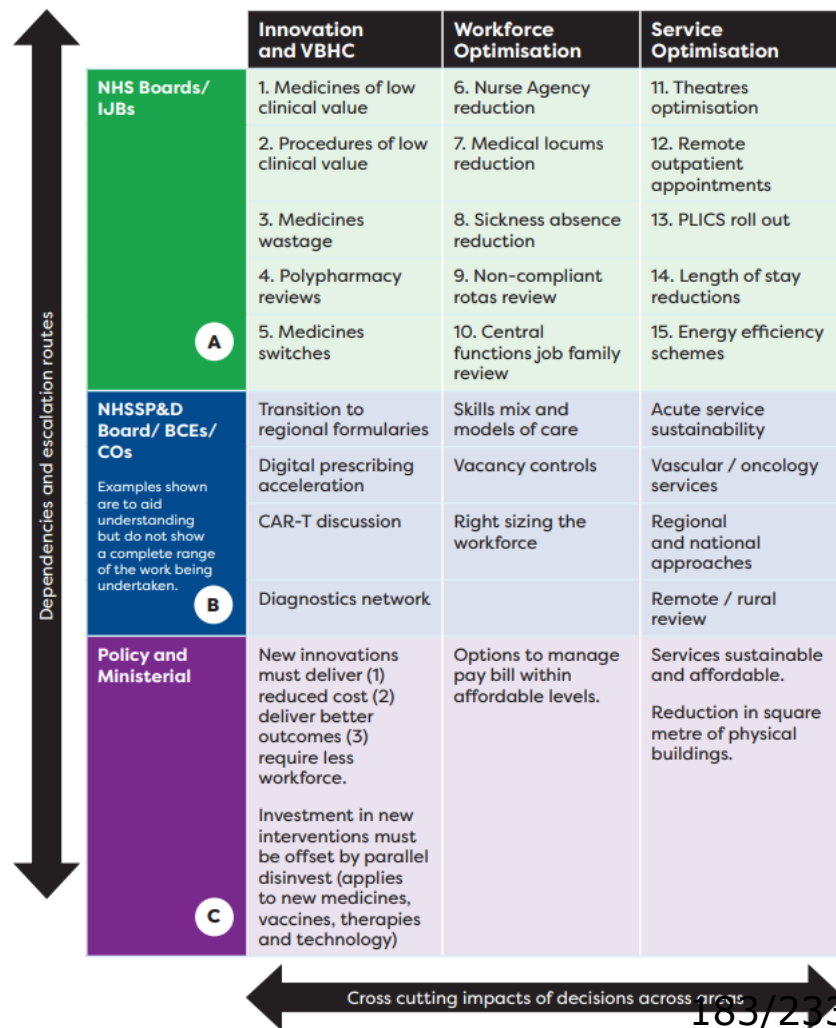
The Board has provided Scottish Government with a required return considering additional options for cash releasing savings. The return ran to 24 items, graded into difficulty of delivery.

We are expecting feedback from Scottish Government imminently, some of which can be progressed locally, others will require regional and national engagement, and potentially ministerial approval.

All actions within the 15-box grid at 'level A' are being pursued, at pace, where possible.

The return included several further property proposals, remodelling of clinical pathways and re-imagining the Victoria Hospital, challenging decisions on medicines optimisation, and approaches to reduce the scale of the workforce.

Linked to this, is work reviewing independent improvement suggestions provided by KPMG, which will form an additional check on local planning.



<b>2. Unscheduled Care Bundle</b>  <b>Executive Lead – Claire Dobson</b>	Assurance Rating	Significant
	Target Saving	£670,174
	Savings YTD	£653,924
<b>3. PFI Contract</b>  <b>Executive Lead – Neil McCormick</b>	Assurance Rating	Significant
	Target Saving	£600,000
	Savings YTD	£600,000
<b>9. Corporate Directorates</b>  <b>Executive Lead – Margo McGurk</b>	Assurance Rating	Significant
	Target Saving	£1,500,000
	Savings YTD	£1,500,000
<b>12. Planned Care</b>  <b>Executive Lead – Claire Dobson</b>	Assurance Rating	Significant
	Target Saving	£2,709,000
	Savings YTD	£2,709,000

#### Status Update

- These schemes are on track to deliver, Corporate Directorates and Planned Care are projected to deliver beyond the savings forecast.
- There is significant assurance on delivery.

#### Planned Activity:

8/26 Ongoing monitoring monthly and maintenance of delivery.

## 1. Medicines Optimisation

**Executive Leads – Joy  
Tomlinson/Dr Chris  
McKenna/Fiona Forrest**

Assurance Level

Significant

Target Saving FY

£2,000,000

Forecast Saving FY

£2,144,172

Savings YTD

£2,194,892

### Status Update:

- The target saving has been achieved, medicines optimisation will continue to be reviewed and reported through RTP for 2025/2026.

### Progress to date:

- Revised Acute Medicines Optimisation Plan delivered target
- Reporting structure reviewed and updated to show scheme finance position accurately

### Planned Activity:

- Begin implementation of medicines optimisation projects for 25/26
- Draw up CIPs for all medicines optimisation projects
- Continue to review with specialties to identify extra opportunities
- Review projects from the perspective of cultural change not just efficiency

### Challenges / Opportunities:

- Launch of aflibercept 8mg with 25% reduction in contract price; confirmation of addition to ERF
- Approximately £140K cost pressure arising due to IV fluid contract extension, reviewing mitigating factors to limit potential cost pressure
- Immunoglobulin, new national contract very complex framework, group being formed to review implementation and cost savings
- Monitoring the international situation to see what effect the tariffs being levied from US have on medicines costs.

## 4. Estates Rationalisation

### Executive Leads – Neil McCormick

Assurance Rating

Significant

Target Saving FY

£2,000,000

Forecast Saving FY

£2,000,000

Savings YTD

£2,408,000

#### Status Update:

- Savings target of £2m achieved. Estates Rationalisation will now form part of the Infrastructure & Change programme.

#### Progress to date:

- Closure of underutilised administration buildings complete with all staff relocated within existing estate/Fife Council sites. Office accommodation optimised within existing estate.
- Bed modelling works complete, planning around next steps and governance. Additional exercise around Women & Children's Service to be completed by FY end. Final modelling report expected mid April.
- Site appraisal works initiated and updated property valuations received.
- Cameron planning review statement for potential future uses complete.
- Mental Health Estate Steering Group established.
- Infrastructure saving targets confirmed for 25/26 (£3m).

#### Planned Activity:

- Complete Cameron site consolidation (alternate space for Addictions team). Costs being developed prior to implementation later this year. Public Dental scheduled to move to Bankhead (Fife Council) late April.
- Mental health service and estate plan being finalised.
- Energy saving plans for 25/26 being finalised.

#### Opportunities/Threats

- Potential lease/sale opportunities arising for key sites – to be explored further.
- Site opportunities may be constrained by ongoing clinical commitments and pace of change.
- Ongoing capital investment required to support site consolidation and rationalisation.
- As we move into 25/26 much of our work will involve service transformation. This will require communications and engagement with staff and service users which may affect pace of delivery.

## 4. Estates Rationalisation

Executive Lead – Neil McCormick

### Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk that site opportunities may be constrained by ongoing clinical requirements resulting in the inability to achieve desired savings targets.	<p>Closely managing expenditure through Senior MT and aiming to identify any additional savings.</p> <p>Work closely with mental health service to improve their model of care whilst reducing estate risk and footprint.</p>	3	3	9 – Moderate Risk
There is a risk that other SG policy drivers could impact our budget position (e.g. sustainability team and vehicle electrification all funded from existing budget position).	Find other saving opportunities within existing budget allocation to help off-set.	3	3	9 – Moderate Risk

## 5. Non-Compliant Rotas

Executive Lead – Dr Chris McKenna

Assurance Rating

Significant

Target Saving FY

£1,000,000

Forecast Saving FY

£1,739,000

Savings YTD

£1,597,000

### Status Update:

- Savings target exceeded for the year.
- Clinical Management to continue with existing processes to sustain compliance and online resources available to be updated by individual services and directorates for new cohorts.

### Progress to date:

- Second stage of monitoring complete.

### Planned Activity:

- Final savings to be reported once all results received and any re-monitoring completed and reviewed.

### Opportunities/Threats:

- None identified.

## 5. Non-compliant Rotas

Executive Lead – Dr Chris McKenna

### Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk that the redesigned rotas will not pass monitoring and result in sustaining the overspend.	The current communication and management of monitoring expectations by Service Managers and Senior Clinical Staff has been effective and resulted in sufficient returns and all monitoring passed. The risk remains moderate due to the requirement to sustain this.	3	4	12 – Moderate risk
There is a risk that lack of engagement from DDiT could result in insufficient returns and rotas will return to band 3.	Rotas have passed first stage of monitoring which proves they can be fit for purpose. Some returns were challenged by Senior Staff within the Medical Directorate due to refusal to take breaks and claiming non-compliance. This has been addressed however risk remains the same as it is required to be sustained messaging and ongoing review as returns are being submitted.	3	4	12 -Moderate risk

## 6. Legacy Covid Costs

**Executive Leads – Claire  
Dobson/David Miller/Alistair  
Graham**

Assurance Rating

Limited

Target Saving FY

£1,000,000

Forecast Saving FY

£821,644

Savings YTD

£818,196

### Status Update:

- Limited assurance at this time as full savings identified not delivered, although there has been improvement in performance due to NRAC monies being used to remove cost pressures in Workforce and D&I.

### Progress to date:

- A paper outlining plans to reduce the workforce covid costs approved by Board.
- Viability of an exit plan for D&I Items being assessed.

### Planned Activity:

- NRAC funds to be used to remove the cost pressure.

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk due to impact on workforce that delivery may not be feasible at the pace required for the organisation.	Any changes to workforce because of mainstreaming COVID costs will be managed in partnership and supported by staff side colleagues, offset through our vacancy management processes.	4	4	16 - High Risk

## 7. Supplementary Staffing

**Executive Leads –  
Janette Keenan/David Miller**

Assurance Rating

Significant

Target Saving FY

£5,000,000

Forecast Saving FY

£5,900,000

Savings YTD

£6,381,745

### **Status Update:**

- Savings of £5m have been achieved. Supplementary staffing will continue to be monitored and reported through the People & Change programme for 2025/2026.

### **Progress to date:**

- Direct engagement model introduced on 5th August and to end March has generated £715k in savings. Compliance rate currently around 92% (4% increase from February).
- Review of existing rosters on eRostering system undertaken to ensure staffing levels are appropriate.
- Assurance that measures are in place to adhere to Scottish Government guidance for AHP reductions.

### **Planned Activity:**

- NQP recruitment cycle underway.
- Haematology service review completed; recommendations may require review should award of investment from Scottish Government for additional posts be confirmed. SBAR outlining current position in progress.
- SBAR for decision on ceasing overtime rates for bank staff to Executive Leadership Team for decision on 17th April.

### **Opportunities/Threats:**

- Anticipated impact of further reduction in working week on requirement for backfill through supplementary staffing will require careful planning.

## 7. Supplementary Staffing

**Executive Leads – Janette Keenan/David Miller**

### Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk of continued use of agency staff within certain known areas due to national skill shortage will result in continued reliance on supplementary staff to support core service functions.	Additional NQPs recruited, although less than anticipated now joining. Focussed work on key areas of difficulty is under way in mental health and haematology.	4	4	16 – High Risk
There is a risk that the external drivers such as reduction in working week and RTP WTE reduction may impact on our ability to reduce usage of supplementary staffing.	Service redesign to be considered as part of WTE reduction and RWW. Limited funding available for backfill of posts for RWW on a non-recurring basis.	4	4	16 – High Risk

## 8. Procurement

**Executive Lead – Claire Dobson**

Assurance Rating

Moderate

Target Saving FY

£500,000

Forecast Saving FY

£522,500

Savings YTD

£461,951

### Status Update

- Recurring target achieved, secured 93.4% of in-year target within Acute Division, with some unquantified Board wide impact\*. This work will continue into 2025/2026.

### Progress to date:

- Theatres procurement efficiencies project secured 50% of the acute target
- 14 further procurement improvement projects delivered
  - 2 Board wide (gloves and medicine pots)\*
  - 9 across different services
  - 3 service specific

### Planned Activity:

- Idea generation and scheme development continues, 10 schemes underway for 2025/26 (6 with Board wide potential)
- Several schemes being scoped for next financial year
- Bariatric Equipment standard operating procedure being developed to support optimal deployment of equipment within VHK.

### Challenges / Opportunities:

- Some concern that price increases could erode savings achieved.

\* A number of schemes have been implemented across NHS Fife however impact has only been quantified within Acute Division for consistency in reporting.

## 8. Procurement

Executive Lead – Claire Dobson

### Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
Cultural change for staff and potential new ways of working or using different equipment.	Staff will be consulted on any proposed changes and will have the opportunity to voice any concerns and develop the schemes through the adoption of test of change approaches to confirm scheme feasibility.	4	3	12
Time is invested in exploring opportunities which yield little or no savings with the consequence that staff engagement is diminished.	Realistic review of ideas before resources are expended working up schemes. Development of financial data reporting to minimise time extracting information.	4	3	12

## 10. Business Transformation

Executive Lead – Alistair Graham

Assurance Rating

Limited

Target Saving FY

£2,400,000

Forecast Saving FY

£1,650,258

Savings YTD

£1,728,171

### Status Update:

- Assurance level remains as limited. However, through the effect of direct impact digital projects as well as the bridging actions to date around vacancy management, around £1.5M of savings have been verified to date.

### Progress to date:

- Senior Leader engagement on consolidation of corporate functions work commenced.
- Engagement with Workforce/HR on transaction activity.
- More focused reviews in the areas of Management Support and Digital Dictation progressing to understand current systems and ways of working.
- VMF process automation pilot test expanded, one system issue live to resolve.
- Bridging action related to exit strategy for fixed-term posts nearing completion with reports drafted for all relevant Directorates. New process for recording and managing fixed term roles proposed, agreed with stakeholders and being tested using eESS.
- PID refreshed as part of committee governance.

### Planned Activity:

- Agree and progress an initial phase of work around consolidation of staff within corporate functions. Decision required on consolidation priority order
- Completion of the fixed-term post bridging action.
- HR/Workforce transactions identified that are suitable for a shared desk model, with indicative data on volumes/most common requests (manual recording exercise required).

### Challenges / Opportunities:

- Organisational appetite for change of this scale appears limited.
- Different approach required than originally intended due to pre-requisites identified in PID not being in place.

19/26 Immature management information set-up means discovery phases later in starting thereby delaying projects, as data and evidence base needs to be built and established by programme.

## 10. Business Transformation

Executive Lead – Alistair Graham

### Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk of double/multiple counting of benefits associated with administrative staff aspects, because of Directorates/Services counting a reduction in these roles within their own proposals/reductions being counted in proposals related to RTP Corporate Directorates, which may result in savings not being delivered to desired target values.	Direct impact digital opportunities feeding into Finance.  Savings accredited to programme related to workforce reductions for Admin.Serv. Job Family have been done so after removing other prior approved savings detailed in CIP schemes/formalised Service proposals.	3	4	12 – Moderate Risk
There is a risk that the savings opportunities are not as large in scale or as achievable as first imagined, because of the reliance on staff savings through consensual means, which may result in savings not being delivered to desired target values.	Programme undertaking a midyear review with Finance colleagues. The rationale and validation of original programme targets is being reviewed as part of that process, along with any underpinning assumptions.	3	4	12 – Moderate Risk
There is a risk savings cannot be realised aligned to desired timescales, because of the complex change work to enable them having to occur and embed first, which may result in failing to deliver savings targets within optimum timescales.	As directly above.	3	4	12 – Moderate Risk
There is a risk business change enablement is not given adequate time to complete prior to savings being released, because of an emphasis/focus on achieving financial savings targets, which may result in poorly delivered change and additional operational service pressures.	Staff engagement, operational staff collaboration and a stage boundary approach to project plans will be undertaken. Work also to be undertaken aligned with Unison Charter for change principles.	2	4	8 – Moderate Risk

## 11. Surge Reduction

Executive Lead – Claire Dobson

Assurance Rating

Limited

Target Saving FY

£1,850,000

Forecast Saving FY

£450,000

Savings YTD

£438,357

### Status Update:

Assurance levels remain limited as surge reduction savings have been impacted by high continuing levels of emergency admissions across winter period, with Acute services operating at pressures higher than the preceding 2 winters. Plans are progressing around improved system flow and discharge planning, supporting Fife's National below average LOS. However average occupancy has been consistently above 95%. Engagement underway to explore surge medical staffing model options. This work will continue to be monitored and reviewed in line with new national objectives for discharge without delay reported through the Integrated Unscheduled Care Programme Board.

### Progress to date:

- Ward 6 & 9 - creation of supported discharge units with new dedicated Gateway Doctor's staffing model from August.
- Implementation of ward access targets.
- Training delivered to additional 18 discharge co-ordinators.
- Maintenance of reduction of 11 beds across surge footprint.
- Reduction of AVG. 30 patients boarding into surgical.
- Development of Supported Discharge Improvement Group for operational improvements.

### Planned Activity:

- End project report will be produced for this project.

### Challenges & Opportunities:

- High levels of emergency admissions continue – (mean 208 daily), are operating at winter-level pressures continuously.
- If investment is not available to recruit to substantive nursing and consultant posts to manage surge beds, then this scheme will not achieve the savings outlined.

## 11. Surge Reduction

Executive Lead – Claire Dobson

Assurance Rating

Limited

Target Saving FY

£1,850,000

Forecast Saving FY

£450,000

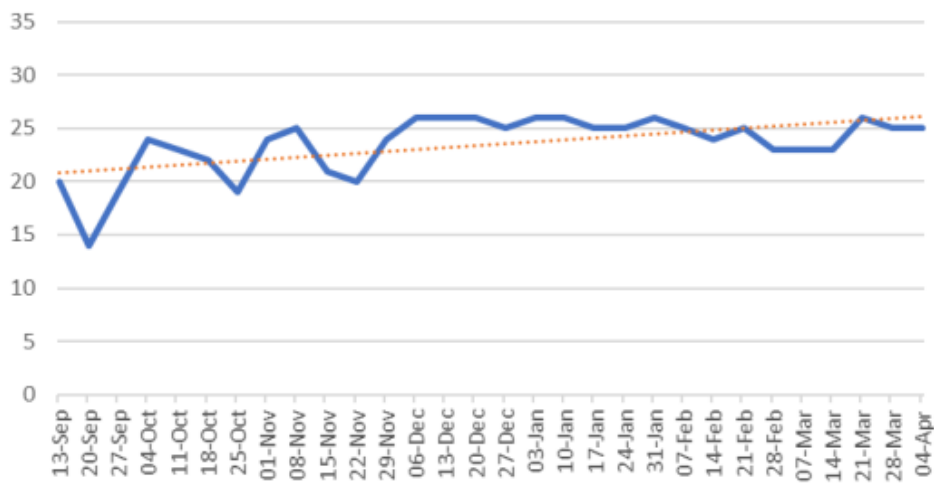
Savings YTD

£438,357

### Data Informatics:

- Acute are experiencing continuous high-levels of emergency admissions and operating at winter-level pressures throughout the year.
- Year on year reduction in number of patients boarded into surgical wards - December average of 23 patients.
- Within Ward 6 the current 18-week average bed occupancy is 25.

Ward 6 Average Weekly Bed Occupancy



## 11. Surge Reduction

Executive Lead – Claire Dobson

Assurance Rating

Limited

Target Saving FY

£1,850,000

Forecast Saving FY

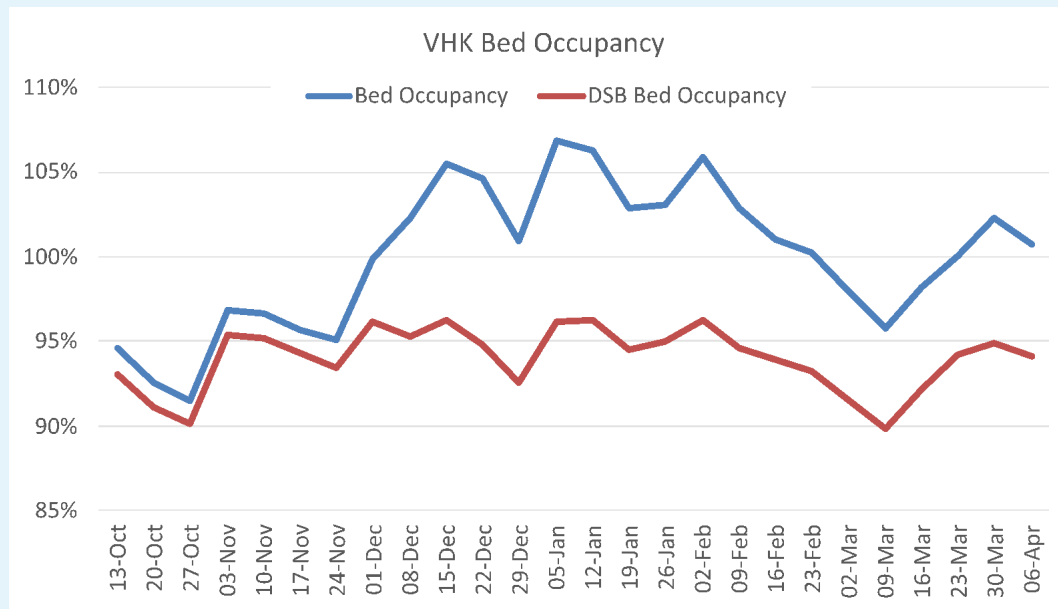
£450,000

Savings YTD

£438,357

### Balancing Measures

- Number of patients awaiting a transfer of care on the Discharge Hub waiting list is an average of 30 patients daily.
- Median Daily Hospital Occupancy is 100.5%.
- Median VHK Back Door Ward Occupancy is 94.4%, which provides challenges in moving patients on to their next area for care.
- Median Community Hospital Occupancy is 103.2%.



## 11. Surge Reduction

Executive Lead – Claire Dobson

### Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk that occupancy cannot be reduced by 10 beds resulting on boarding patients into PCD which could lead to cancellations.	The risks above have been mitigated by establishment of 4pm Daily Huddles with MDT to raise awareness of demands and link to capacity planning to escalate concerns in timely manner. MDT approach taken to ensure clinical buy in to support timely progress of work.	5	3	15 – High Risk
There is a risk that unscheduled care demand cannot be managed resulting on an increase in need for beds.		5	3	15 – High Risk
There is a risk that there are not enough available community beds and patients to have to remain in VHK.		5	3	15 – High Risk
There is a risk that if we do not invest in recruitment of substantive nursing and consultant posts within this financial year then we will not reach the savings outlined within this scheme.	Workforce tools run to understand nursing requirement for discharge unit beds. Ongoing discussions and scoping of AHP Consultant model to understand role and governance within Fife and financial proposals.	3	3	9 – Moderate Risk

### 13. SLA and External Activity

Executive Lead – Margo McGurk

Assurance Rating

Limited

Target Saving

£5,000,000

Forecast Saving

£2,000,000

Savings YTD

£2,000,000

**Status Update:** Assurance remains limited as discussions with external partners continue. This work will now be managed by the Finance team as business-as-usual work, the outstanding risk remains an issue and will continue to be reviewed by Finance colleagues.

#### **Progress to date:**

- Closing report completed and approved.
- An interactive dashboard has been developed to support Performance Management discussions between NHS Fife and NHS Lothian as the project moves to BAU.
- Discussions relating to decontamination services are ongoing with NHS Tayside and Steris.

#### **Planned Activity:**

- RTP/SLA Moving towards a business-as-usual model in 2025/26.

#### **Opportunities & Threats:**

- The 3% Cash Release Efficiency Saving (CRES) to SLAs, will not be delivered following the national settlement on uplift.

### 13. SLA and External Activity

Executive Lead – Margo McGurk

#### Risk Log

Risk	Mitigation	Likelihood Score	Impact Score	Overall Score
There is a risk that NHS Lothian and NHS Tayside will not accept the financial planning assumptions and/or that a national challenge will ensue.	Cost pressure has been reduced from £5M to £2M due to ScotGov uplift for 2024/25. Discussions are ongoing with external partners as financial planning assumptions have not been accepted. Performance Management group planned for 2025/26 period to reduce the risks associated with current and future challenges	5	4	20 - High Risk

Fife Capital Investment Group

**FIFE CAPITAL INVESTMENT GROUP**

**(Meeting on 23 April 2025)**

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

## MINUTE OF FIFE CAPITAL INVESTMENT GROUP MEETING

**Wednesday 23 April 2025 at 1pm  
via MS Teams**

**Present:** Neil McCormick, Director of Property & Asset Management (NMCC) (**Chair**)  
 Susan Dunsmuir, Director of Finance (SD)  
 Jim Rotheram, Head of Facilities (JRo)  
 Tracy Gardiner, Capital Accountant (TG)  
 Ben Johnston, Head of Capital Planning / Project Director (BJ)  
 Alistair Graham, Associate Director of Digital & Information (AG)  
 Rose Robertson, Assistant Director of Finance (RR)  
 Maxine Michie, Deputy Director of Finance (MM)  
 Claire Dobson, Director of Acute Services (CD)  
 David Millar, Director of Workforce (DM)  
 Paul Bishop, Associate Director of Estates (PB)

**In Attendance:** Fiona McLaren, Head of PMO (*for BH*)  
 Kerrie Donald, Executive Assistant (*minutes*)

**Apologies:** Janette Keenan, Director of Nursing (JK)  
 Dr Chris McKenna, Medical Director (CM)  
 Ben Hannan, Director of Planning and Transformation (BH)  
 Lisa Cooper, Head of Primary and Preventative Care Services (LC)

<b>1.0</b>	<b>WELCOME AND APOLOGIES</b>  NMCC welcomed members to the meeting, and welcomed SD noting this is her first attendance at FCIG since taking up the role of Director of Finance.  Apologies were received and noted as above.	
<b>2.0</b>	<b>MINUTES OF PREVIOUS MEETING</b>  Members approved the minutes of the previous meeting held on 5 February 2025 and 3 March 2025 as an accurate record.	
<b>3.0</b>	<b>ROLLING ACTION LIST / MATTERS ARISING</b>  The action log was updated accordingly.	
<b>4.0</b>	<b>MINUTES OF OTHER COMMITTEES</b>  <b>4.1 Clinical Contingency Group</b> The minutes of the meetings held on 13 February 2025 and 13 March 2025 were noted by the group. PB highlighted the group have been reviewing applications for funding and approving them following any funding becoming available.	

	<p><b>4.2 Capital Equipment Management Group</b> The minute of the meetings held on 6 February 2025 and 6 March 2025 were noted by the group. RR advised the April 2025 was stood down as prioritised equipment plans had not been received by all services at that time.</p>	
<b>5.0</b>	<p><b>PERFORMANCE</b></p> <p><b>5.1 2024/25 Capital Draft Outturn</b> RR provided an in-depth review of the paper and thanked all teams involved to ensure the deadline was met.</p> <p><b>5.2 Capital Expenditure Report</b> TG provided an overview of the capital expenditure report noting all targets had been met across all sectors and all equipment, with the exception of hoists and a fridge, were received before the deadline. TG thanked the Procurement team for their significant efforts during the last quarter to ensure all orders were completed correctly.</p>	
<b>6.0</b>	<p><b>PLANNING</b></p> <p><b>6.1 2025/26 Capital Plan</b> NMCC presented the 2025/26 capital plan noting the plan was approved at the FCIG additional meeting held on 3 March 2025. It was noted a call with M. Conroy from National Infrastructure Board is scheduled for 23 April and is hopeful to receive extra capital funding to assist with the 2025/26 capital plan.</p> <p><b>6.2 Five Year Capital Equipment Replacement Plan</b> RR provided an in-depth review of the paper highlighting the 2025/26 capital prioritised plan, as approved by respective senior leadership teams, reflects a total of £7.071m against the FCIG allocated budget to CEMG of £0.700m. It was highlighted the capital plan would be shared with Medical Physics, and teams will work alongside Medical Physics to seek expertise, and comply with relevant regulation, legislation and guidance.</p> <p>Following discussion regarding the risks aligned to capital funding, it was agreed a paper should be presented to FCIG and ELT updating the current risks, indicating a moderate level of assurance on prioritising limited funding of capital, and limited assurance on the sufficiency of capital funding.</p> <p><b>6.3 Business Continuity &amp; Essential Investment Infrastructure Plan</b> BJ advised Scottish Government are willing to endorse, in principle, the mental health request and the replacement of windows within phase 2 of VHK, as presented within the submitted Business Continuity &amp; Essential Investment Infrastructure Plan. A full business case must be submitted to SG in order to receive the funds and is expected to be submitted before meeting with SG on 6 May. It was noted, if funding is received for mental health, the formula currently reserved for mental health can be returned and utilised in other services.</p> <p><b>6.4 Project Hydra</b> NMCC advised the replacement of the medium temperature hot water pipe work is progressing well and thanked CD and her team for their ongoing support and cooperation as the works take place.</p> <p><b>6.5 Reducing Commuter Emissions Through an EV Salary Sacrifice Scheme</b> NMCC noted the final policy was approved at ELT on 17 April 2025 and will commence operation as soon as possible. It was highlighted the scheme will be an incentive to attract new members of staff to NHS Fife as well as retaining current staff, while meeting climate change targets.</p>	<b>NMCC / SD</b>

	<p><b>6.6 Medical Devices Group Feedback</b>  NMCC advised CMcK is now the Chair of the group, and recently reviewed the terms of reference along with other governance papers to ensure all governance routes are correct. It was noted the next meeting will review the policies, procedures and infrastructures in place to ensure the new legislation coming into place in 2026 will be met.</p> <p><b>6.7 Medical Education Update</b>  BJ noted works at the teaching hub in Cameron have been complete and the creation of additional student accommodation at Whyteman's Brae is almost complete. It was advised medical education have moved into the previous Ward 10 within the tower block, and are seeking additional funding to improve the environment and workspace.</p> <p><b>6.8 RTP Infrastructure Update</b>  It was highlighted savings for 2024/25 were achieved, and a paper outlining the savings plan for 2025/26 was presented to ELT on 17 April 2025. It was emphasised the importance of prioritising and understanding where the greatest opportunity for savings are within the organisation. It was noted an updated would be provided at the June meeting.</p>	
<b>7.0</b>	<p><b>GOVERNANCE</b></p> <p><b>7.1 Issues to be Escalated to ELT</b>  No issues were raised.</p> <p><b>7.2 Review Terms of Reference</b>  Members approved the updated terms of reference.</p> <p>Following discussion, it was agreed the business case template for FCIG would be updated and re-circulated, along with the scheme of delegation for the June meeting.</p>	<b>MM / BJ / PB</b>
<b>8.0</b>	<p><b>AOCB</b>  JRo advised NHS Fife have placed a bid to Transport Scotland for creating a solar panel car park at the top of Whyteman's Brae noting this would assist with NHS Fife meeting the 2030 climate targets. Updates on the progression of work will be brought to FCIG as available.</p>	
<b>9.0</b>	<p><b>DATE OF NEXT MEETING</b>  Wednesday 11 June 2025, 9am – 10:30am, via MS Teams</p>	

**Procurement Governance Board****PROCUREMENT GOVERNANCE BOARD****(Meeting on 23 April 2025)**

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

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

**Wednesday 23 April 2025, 9am**  
**Via MS Teams**

**Present:** Susan Dunsmuir (SD) (**Chair**), Director of Finance  
Paul Bishop (PB), Associate Director of Estates  
Kevin Booth (KB), Head of Financial Services & Procurement  
Michael Cambridge (MC), Associate Director of Procurement (NHSL & NHST)  
Alistair Graham (AG), Associate Director of Digital & Information  
Paula Lee (PL), Head of Procurement  
Maxine Michie (MM), Deputy Director of Finance  
Shirley-Anne Savage (SAS), Associate Director for Risk & Professional Standards  
Audrey Valente (AV), HSCP Chief Finance Officer

**In Attendance:** Kerrie Donald (KD), Executive Assistant (*minutes*)

<b>1.0</b>	<b>WELCOME AND APOLOGIES</b>  Apologies were received from: <ul style="list-style-type: none"> <li>• Janette Kennan, Director of Nursing</li> <li>• Claire Dobson, Director of Acute Services</li> <li>• Rose Robertson, Assistant Director of Finance</li> <li>• Fiona Forrest, Interim Director of Pharmacy &amp; Medicines</li> <li>• Ben Hannan, Director of Reform and Transformation</li> <li>• Chris McKenna, Medical Director</li> <li>• David Miller, Director of Workforce</li> <li>• Lynne Parsons, Employee Director</li> <li>• Jo-Anne Valentine, Public Health Manager</li> </ul>	
<b>2.0</b>	<b>NOTES OF PREVIOUS MEETING</b>  The note of the meeting held on 29 January 2025 was agreed as an accurate record.	
<b>3.0</b>	<b>ACTION LOG</b>  Open actions were updated.	
<b>4.0</b>	<b>TERMS OF REFERENCE</b>  AG queried if the terms of reference should be linked to specific NHS Fife policies and agreed to discuss with G. MacIntosh (Associate Director of Corporate Governance & Board Secretary), providing an update at the next meeting.  Procurement Governance Board members approved the updated terms of reference noting the only change was to the Director of Finance title (was Director of Finance & Strategy).	<b>AG</b>

5.0	<p><b>CAPACITY AND CAPABILITY ACROSS THE ORGANISATION</b></p> <p><b>5.1 PROCUREMENT RISK REPORT</b></p> <p>KB provided an overview of the paper noting there are currently 3 ongoing Procurement risks; 2 high and 1 moderate.</p> <p>Risk 2189 in relation to the current economic climate resulting in significant cost pressures and an increased inability to achieve efficiencies remains high due to current financial outlook, significantly reducing the likelihood of delivering the desired savings targets of the board through contract cost efficiencies. The procurement team continue to monitor the marketplace and are engaging with service leads and suppliers to progress all opportunities and minimise cost pressure wherever possible.</p> <p>Following a query from SD, it was noted the Acute Services Procurement Improvement Group reviews the demand and management of products being used. Following discussion, AV agreed it would be beneficial for PL to attend the HSCP SLT to discuss best practice and demand management of products.</p> <p>Following discussions between AG and KB on the potential implications of the proposed US and Chinese trade tariffs it was agreed to monitor this situation to consider whether the current risk sufficiently covers this or whether a separate risk needs to be raised.</p> <p>Risk 2945 in relation to the decrease in the number of national procurement frameworks resulting in an additional resource burden on NHS Fife's local procurement team remains high. This risk remains high level and will be reviewed in line with the publication of the 2025/26 draft National Workplan, expected in April 2025.</p> <p>It was advised Boards collaborate through a number of groups, while working with National Procurement to discuss common issues and ensure any framework delays are covered by extensions to existing arrangements.</p> <p>Risk 3076 in regard to the unsuitable Ward Produce Management (WPM) workspace at the service yard, VHK remains moderate risk noting the NHS Fife Procurement and Facilities team have already implemented several practical alterations. A potential location has been identified in the hot desking area of the Estates/Facilities corridor which is being explored with the current occupants and Procurement to determine feasibility.</p> <p>The Procurement Governance Board took a moderate level of assurance from the update.</p> <p><b>5.2 WAVIER OF COMPETITIVE TENDERS – QUARTER 4</b></p> <p>PL provided an overview of the paper noting during quarter 4 of 2024/25 there were 5 wavier of competitive tenders (3 for equipment and 2 for systems) totalling £911k. A total of 8 wavier of competitive tenders were approved in 2024/25 for NHS Fife, totalling £1.4m, which have all been applied in line with NHS Fife's Standing Financial Instructions.</p> <p>The Procurement Governance Board took a significant level of assurance from the update and approved the paper for onward submission to the Audit and Risk Committee.</p> <p><b>5.3 PROCUREMENT KEY PERFORMANCE INDICATORS</b></p> <p>PL provided an in-depth analysis of the Key Performance Indicators presented within the paper for 2024/25. It was highlighted the average monthly purchase order spend via Pecos</p>	AV
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	<p>was £11.3m, with a total spend of £136m. Following discussion, it was agreed for PL to provide a high level breakdown of the purchase order spend to SD.</p> <p>Following a query from AG regarding supported business opportunities, it was highlighted the team continue to encourage local suppliers to work alongside NHS Fife. KB highlighted the Board’s Anchor Institute Group monitors a number of key metrics around local and supported suppliers and would circulate the groups next update paper round members for information.</p> <p>The Procurement Governance Board took a significant level of assurance from the update and approved the paper for onward submission to Finance, Performance &amp; Resources Committee.</p>	<p><b>PL</b></p> <p><b>KB</b></p>																												
6.0	<p><b>SPEND PROFILING AND EFFICIENCY OPPORTUNITIES</b></p> <p><b>6.1 NATIONAL PROCURMENT GAP REPORT</b></p> <p>PL presented the paper noting figures are as reported by National Procurement. It was highlighted there are 2 outstanding frameworks with a potential savings opportunity of £77k identified for NHS Fife:</p> <table><tr><th>Category (Commodity Type)</th><th>Number of Frameworks</th><th>Reported Gap</th><th>Comment</th></tr><tr><td>Estates &amp; Facilities</td><td>1</td><td>£37,567</td><td>Remaining £37,567 • NP65524 Waste Bags</td></tr><tr><td>Medical Equipment</td><td>0</td><td>£0</td><td></td></tr><tr><td>Medical Surgical</td><td>1</td><td>£39,086</td><td>Remaining £39,086 • NP61323 Enteral Syringes, Tubing and Accessories</td></tr><tr><td>Non-Medical</td><td>0</td><td>£0</td><td></td></tr><tr><td>Paramedical</td><td>0</td><td>£0</td><td></td></tr><tr><td><b>Total</b></td><td><b>2</b></td><td><b>£76,653</b></td><td><b>Previous Report £176,980</b></td></tr></table> <p>A further 14 published frameworks are utilised by NHS Fife, and results in a substantial cost pressure of -£250k, equating to a net cost pressure of -£183k.</p> <p>The Procurement Governance Board took a moderate level of assurance from the update.</p> <p><b>6.2 REFORM, TRANSFORM PERFORM UPDATE</b></p> <p>MM highlighted while the procurement team report savings, this is on a different timeline for finance reporting to RTP as reports from procurement show the real time procurement savings. It was further noted joint working continues within Finance and Procurement to ensure there is no double counting within any reporting and that all benefits are captured.</p>	Category (Commodity Type)	Number of Frameworks	Reported Gap	Comment	Estates & Facilities	1	£37,567	Remaining £37,567 • NP65524 Waste Bags	Medical Equipment	0	£0		Medical Surgical	1	£39,086	Remaining £39,086 • NP61323 Enteral Syringes, Tubing and Accessories	Non-Medical	0	£0		Paramedical	0	£0		<b>Total</b>	<b>2</b>	<b>£76,653</b>	<b>Previous Report £176,980</b>	
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7.0	<p><b>AOCB</b></p> <p><b>7.1 US TRADE TARRIFS – NP CATEGORY LEVEL OVERVIEW</b></p> <p>PL provided an overview of the paper noting National Procurement have highlighted the potential impact in the coming months due to the newly imposed US tariffs. It was noted categorises that may be impacted by the tariffs include medicines, medical equipment and medical devices.</p> <p><b>7.2 NHS FIFE APPROVED STATIONARY LIST</b></p> <p>Following a query from MM regarding the proposed list of approved stationary for purchasing, PL noted the team are currently comparing the proposed NHS Fife list across other Boards</p>																													

	<p>and expect to have the data validated by the end of May 2025. Following discussion, members agreed communication would be circulated to all NHS staff, via the RTP update, once wording has been approved by ELT.</p> <p><b>7.3 CAPITAL FUNDING</b></p> <p>MM, on behalf of FCIG, thanked the procurement team for their significant efforts in ensuring delivery of the capital programme in full during the last quarter noting additional funding became available and required significant procurement input to ensure all orders were completed correctly.</p>	<b>PL/BH</b>
<b>8.0</b>	<p><b>DATE OF NEXT MEETING</b></p> <p>Wednesday 30 July 2025, 9am – 10:30am, via MS Teams</p>	

Finance, Performance & Scrutiny Committee

<p><b>Finance, Performance &amp; Scrutiny Committee</b></p> <p><b>(Meeting on 12 March 2025)</b></p>
<p>No issues were raised for escalation to the Finance, Performance &amp; Resources Committee.</p>



# Fife Health & Social Care Partnership

Supporting the people of Fife together

## UNCONFIRMED MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE WEDNESDAY 12<sup>TH</sup> MARCH 2025 AT 10.00 AM VIA MICROSOFT TEAMS

**Present:** Alastair Grant, NHS Non-Executive Board Member (Chair)  
John Kemp, NHS Non-Executive Board Member  
Colin Grieve NHS Non-Executive Board Member  
Cllr David Alexander

**Attending:** Lynne Garvey, Director of Health & Social Care  
Audrey Valente, Chief Finance Officer  
Lisa Cooper, Head of Primary & Preventative Care  
Jillian Torrens, Head of Complex & Critical Care  
Chris Conroy, Head of Community Care  
Vanessa Salmond, Head of Corporate Services

*In attendance:*

Tracy Hogg, Finance Manager HSCP  
Avril Sweeney, Manager Risk Compliance  
Alan Adamson, Service Manager, Quality Assurance  
William Penrice, Service Manager, Performance Management & Quality Assurance  
Rachel Heagney, Head of Improvement, Transformation & PMO  
Clare Gibb  
Gillian Muir, Management Support Officer (Minutes)

**Apologies for** Cllr Dave Dempsey  
**Absence:** Lynn Barker, Director of Nursing  
Helen Hellewell, Associate Medical Director

No.	Item	ACTION
1.	<p><b>WELCOME AND APOLOGIES</b></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>	

<b>2.</b>	<b>DECLARATIONS OF INTEREST</b> No declarations of interest were noted.	
<b>3.</b>	<b>MINUTE OF PREVIOUS MEETING – 15<sup>TH</sup> JANUARY 2025</b> The minutes of the last meeting were agreed as an accurate record of discussion.	
<b>4.</b>	<b>MATTERS ARISING / ACTION LOG</b> The action log was reviewed. All actions noted have been actioned and are either complete or in progress.  An additional action was noted with regards to Item 6.1 - Performance Report - Officers to make contact with Dave Dempsey to follow up on his queries regarding the Performance Report. An update was provided - Officers have been in contact to arrange a mutually convenient date and time to meet. Action is now noted as complete.	
<b>5.</b>	<b>FINANCE</b>	
<b>5.1</b>	<b>Finance Update</b> The Committee considered a report presented by Tracy Hogg, Finance Manager detailing the current financial position (actuals to January 2025) highlighting a projected year end outturn of £36.9m and noting an adverse movement of £2.1m from the reported November position.  Tracy Hogg provided Committee with further detail on the main areas of overspend contributing to the adverse movement noting these to be GP Prescribing, Mental Health & Psychology, Adult Social Care, Homecare Services and Older People Nursing and Residential.  Committee noted in relation to the savings position the Partnership was now reporting at January to deliver 56% of savings, a value of £21.7m against the £39m approved in March 2024.  Tracy Hogg stated the financial position remained challenging and drew Committee's attention to the escalation tool provided at appendix 4 which will continue to be used by the Senior Leadership Team to closely monitor the financial position going forward.  The discussion was opened to Committee members and considerable discussion was had around the projected position and the areas contributing to the adverse movement. Members provided their thoughts and comments. Questions raised included are we now looking at a slowing down of the negativity, costs aren't going to go down but are things going to get worse, in relation to GP Prescribing do we know if there are any underlying causes of the increase, is there anything we can do about GP prescribing or is that in the hands of the GP's?	

	<p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Noted the content of the report including the overall projected financial position for delegated services for 2024-25 financial year as at 31<sup>st</sup> January 2025 as outlined in Appendices 1-4 of the report.</li> <li>2. Noted steps continue to be taken by Officers to consider options and opportunities to improve the financial position during the remainder of 2024-25 as part of the Financial Recovery Plan process, as outlined in section 8 of the Finance Update Appendix1.</li> <li>3. Noted the onward submission to the IJB of the financial monitoring position as at January 2025.</li> </ol>	
5.2	<p><b>Financial Plan / Revenue Budget &amp; Medium-Term Financial Tracker</b></p> <p>Audrey Valente advised Committee that an Extraordinary Finance, Performance &amp; Scrutiny Committee had been arranged for 17<sup>th</sup> March at 10.30 am to discuss and scrutinise the 2025-26 budget as per request from the IJB Development Session on 26<sup>th</sup> February.</p> <p>Committee noted the invitation had also been extended to all IJB members.</p>	
5.3	<p><b>FP&amp;S Risk Register – Deep Dive – Information Governance &amp; Digital Transformation</b></p> <p>The Committee considered a report from Avril Sweeney, Compliance Manager for discussion and assurance that risks are being effectively managed within the IJB’s agreed risk appetite and at the appropriate tolerance levels as well as noting as part of the IJB’s risk reporting framework the risk was assigned to both Governance Committees.</p> <p>Avril Sweeney drew Committee’s attention to appendix 1 highlighting this sets out the risk description, risk scoring and highlights internal and external factors that may impact on the risk as well as providing relevant assurances, performance measures, benefits, and linked risks as appropriate.</p> <p>Committee noted key mitigations for the risk included the Records Management Plan for the IJB and also the Digital Strategy and Programme which are aligned to the Strategic Plan, Medium-Term Financial Strategy and Workforce Strategy.</p> <p>Avril Sweeney provided an up-date with regards to the Records Management Plan noting all elements had been agreed by the Keeper of the National Records for Scotland and with regards to the Digital Strategy, Committee noted regular monitoring and review of this takes place through the Programme Management Office Oversight Board, Senior Leadership Strategic Meeting as well as the Digital Oversight Board.</p>	

	<p>Committee noted there was confidence that there was a reasonable level of assurance that work was ongoing to support management on the risk and close scrutiny was being applied to delivery actions and monitoring of performance.</p> <p>Committee also noted that it is acknowledged that there are a number of external factors out with the Partnership's sphere of influence and control, but that it was trying to keep these closely monitored.</p> <p>Avril Sweeney advised that the Digital Strategy extends to 2027 therefore the risk would require to be reviewed as part of the Strategic Plan refresh for 2026-2029 in the coming year.</p> <p>The discussion was opened to Committee members who provided their comments and feedback on the report. Questions raised included are we being ambitious / transformational enough on digital?</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Discussed the deep dive review and provided comments and suggestions for improvement.</li> <li>2. Noted the level of assurance provided on this risk.</li> </ol>	
<b>5.4</b>	<p><b>Grants to Voluntary Organisations</b></p> <p>The Committee considered a report presented by Alan Adamson, Service Manager Quality Assurance detailing recommendations for the level of support by the Health &amp; Social Care Partnership to Voluntary Organisations within Fife for the period of 2025-26.</p> <p>Committee noted the grant schedules appended to the report provided details of the recommendations for a total grant contribution to the Voluntary Sector of £13,973,950, a 2% uplift to the grant award received in 2024/25.</p> <p>Committee also noted that all organisations are subject to the Monitoring and Evaluation Framework, and the services being provided were linked to the Partnerships strategic priorities and themes.</p> <p>Alan Adamson confirmed that all organisations had been subject to the annual monitoring within the framework, and this had been completed over the last few months. No issues or concerns had been raised, though one organisation had still to complete their annual monitoring, which was being actively progressed.</p> <p>Committee also noted that all organisations are required to have a reserves policy and work has commenced throughout 2024/25 to review reserves policies and reserves held by organisations. This exercise will continue to carry forward into the next financial year.</p>	

	<p>The discussion was opened to Committee members who provided their comments and feedback on the report. Items raised for discussion included eNIC, progress of the reimagining the voluntary sector project, how dependant are these organisations on our funding, do organisations have the opportunity to indicate what kind of increase they would require?</p> <p>Audrey Valente provided reassurance to members that the proposed 2% budget uplift had been reflected in setting the 2025/26 budget and would be included in the upcoming budget papers.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Considered and reviewed the recommended funding awards equivalent to those made during financial year 2024/25 with an uplift of 2%.</li> </ol>	
<b>6.</b>	<b>PERFORMANCE</b>	
<b>6.1</b>	<p><b>Strategic Plan 2023-2026 – Year Two Delivery Plan – Annual Report (2024) and Year Three Delivery Plan (2026)</b></p> <p>The Committee considered a report presented by William Penrice, Service Manager, Performance Management &amp; Quality Assurance for assurance and discussion.</p> <p>Committee noted this was the second Annual Report of the Strategic Plan 2023-2026 which provides an update on progress and performance on key strategic actions completed during 2024.</p> <p>Committee noted 35% of planned actions had been completed, 60% partially completed and the remaining 5% either not started/delayed or cancelled.</p> <p>William Penrice outlined the report also included the Year Three Delivery Plan with 61 planned actions noted for 2025.</p> <p>William Penrice also highlighted the report indicated good progress with the Partnership on track to deliver the actions that had been planned during the three-year strategic planning cycle.</p> <p>The discussion was opened to Committee members who thanked officers for their comprehensive report. No further questions were raised, with some members noting good discussion had been had at Quality &amp; Communities Committee on 6<sup>th</sup> March 2025.</p> <p><u>Decision</u></p> <p>The Committee</p> <ol style="list-style-type: none"> <li>1. Took assurance that the Partnership is progressing implementation of the Strategic Plan 2023 to 2026 and effectively monitoring performance of the actions in the Year Two Delivery Plan (2024).</li> </ol>	

	<p>2. Reviewed the report and advised on changes required.</p> <p>3. Agreed that the report should progress to the Integration Joint Board for final review and approval.</p>	
<b>7.</b>	<p><b>ITEMS FOR HIGHLIGHTING</b></p> <p>Alastair Grant confirmed with the Committee that there were no issues requiring to be highlighted at the Integration Joint Board on 26<sup>th</sup> March 2025.</p>	
<b>8.</b>	<p><b>AOCB</b></p> <p>No issues were raised under AOCB.</p>	
<b>9.</b>	<p><b>DATE OF NEXT MEETING</b></p> <ul style="list-style-type: none"> <li>• Extraordinary Finance, Performance &amp; Scrutiny Committee Monday 17<sup>th</sup> March 2025 at 10.00 am via MS Teams – budget discussion.</li> <li>• Tuesday 13<sup>th</sup> May 2025 at 10.00 am via MS Teams</li> </ul>	

Primary Medical Services Sub-Committee (PMSSC)

**PRIMARY MEDICAL SERVICES SUB-COMMITTEE (PMSSC)**  
**(Meeting on 4 March 2025)**

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

**UNCONFIRMED Minutes of the Primary Medical Services Sub-Committee  
(PMSSC)**

**held on Tuesday, 4<sup>th</sup> March 2025, 1:00 - 2:00pm, via MS Teams**

<b>Members Present:</b>	<b>Dr Christopher McKenna</b>	Medical Director <b>[Chair]</b>
	<b>Dr Fiona Henderson</b>	LMC Representative
	<b>Dr Susie Mitchell</b>	LMC Representative
	<b>Dr Sarah Lim</b>	LMC Representative
	<b>Neil McCormick</b>	Director of Property and Asset Management
	<b>Nicola Taylor</b>	Primary Care Manager
<b>In Attendance:</b>	<b>Christopher Sharkey</b>	Finance Business Partner
	<b>Linda Neave</b>	Head of Primary Care Administration
	<b>Lisa Cooper</b>	Head of Primary and Preventative Care Services
	<b>Glaiza Martin</b>	Primary Care Administrator [Minutes]
<b>Apologies:</b>	<b>Lynne Garvey</b>	Director of Fife Health and Social Care Partnership
	<b>Margo McGurk</b>	Director of Finance and Strategy/Deputy Chief Executive
	<b>Rose Robertson</b>	Assistant Director of Finance

ITEM		ACTION TRACKER #
<b>1.</b>	<b>WELCOME, INTRODUCTIONS AND APOLOGIES</b>	
	<p>C McKenna welcomed everyone. Apologies were noted as above.</p> <p>S Mitchell expressed concern about recording the meeting, as she had not consulted with the GP Sub-committee on the matters she would raise on behalf of the practices.</p> <p><b>C McKenna suggested investigating the meeting recording practices of other groups. This enquiry will clarify established protocols for managing meeting recordings and the deletion policy following transcription for minutes preparation. [Action]</b></p> <p><b>S Mitchell also offered to consult with the GP Sub-committee regarding future meetings. [Action]</b></p>	PMSSC 11/25
<b>2.</b>	<b>DECLARATION OF MEMBERS' INTERESTS</b>	
	<p>S Mitchell identified a potential conflict of interest with regards to the GP Sustainability Loans discussion item.</p> <p>S Lim is unsure if the improvement grant application for the Lochgelly Centre presents a conflict of interest, due to a lack of clarity regarding the matter.</p>	
<b>3.</b>	<b>UNCONFIRMED MINUTES OF THE PREVIOUS MEETING (03/12/2024)</b>	
	The minutes were recorded as an accurate record of the meeting.	
<b>4.</b>	<b>ACTION TRACKER REVIEW</b>	

C McKenna reviewed the action tracker during the meeting.

- Improvement grants policy/procedure to be reviewed and to include prioritisation method – the Primary Care team's Improvement Grant Scheme Procedure was included in the meeting papers for the Committee's review. L Neave summarised the process during the meeting, confirming its consistent and accurate implementation. Understanding the grant's funding source and allocation percentages is beneficial. The Primary Care team ensures adherence to all established procedures, and each application undergoes thorough, individualised review. The team maintains effective collaboration with Estates and Facilities colleagues to identify and explore supplemental support options exceeding current standard maintenance fees for practices located on health board property. Applications affecting health board property are submitted to Estates and Facilities team for review and potential action. Since implementation, a significant decrease in applications has been noted.

C McKenna noted that the current proportion originates from the 1978 Act, raising a question on its continued relevance.

F Henderson indicated that practices owned by the health board receive 100% funding, unlike privately-owned practices. This discrepancy is not addressed in the current procedure. This observed disparity is noteworthy.

N Taylor noted that while historically 100% funding was provided, a significant portion covered maintenance. This has shifted, resulting in fewer applications. The remaining applications primarily involve privately-owned premises, each assessed individually.

F Henderson explained that some practices cannot afford the 33.33% cost share, and therefore are not requesting funding. She asked how the Committee can address this disparity in the future. N Taylor noted the difficulty in assessing needs without advance planning and notification from the practices regarding their future work.

F Henderson enquired regarding disseminating information to practices regarding the availability of fully funded support, exclusively for health board-owned practices, and the appropriate communication strategy to inform ineligible practices. N Taylor stated she will need to consider this further, as a more robust process is needed to ensure fairness for all practices.

C McKenna enquired on further actions. The analysis hinges on the 1978 Act, which governs the equity discrepancy between practices receiving 100% versus 66.67% allocations. The inconsistency must be reviewed; if one practice receives 66.67% funding, all should receive consistent funding. C McKenna added that 66.67% allocation should originate from improvement grant funding with the remaining 33.33% from estates funding.

S Mitchell further noted that routine practice visits have revealed numerous outstanding tasks. The improvement grant scheme previously offered assistance, however, current budgetary constraints preclude any such work. The upcoming national insurance and

	<p>minimum wage increases will exacerbate this financial hardship, making it highly unlikely that practices will be able to fund the necessary 33.33%. Practices are currently financially unsustainable; therefore, 100% funding is the only viable solution to ensure the completion of any work.</p> <p>S Lim suggested whether an argument can be made that, given the property is built and owned by the health board, and the government provides a sustainability loan, a portion of the practice will be government-owned, and whether this would constitute 100% funding for the practices. She questioned the possibility of providing 100% funding and whether this could be used as an argument for practices not owned by the health board.</p> <p>N McCormick cautioned that careful consideration is required, differentiating between sustainability loans and outright ownership. Complete ownership is only achieved upon loan repayment reaching 100%. Currently, the practice retains ownership, with the loan remaining the responsibility of the health board and other lenders. S Mitchell noted this unique situation, contrasting it with other lenders' practices, and expressed growing lender dissatisfaction. She suggested pursuing a test case, recommending against engagement unless proceeding without loans is impossible.</p> <p><b>C McKenna recommended a review to determine how the health board can best support the practices. N Taylor has indicated her willingness to conduct a thorough review of support processes for non-health board-owned facilities. [Action]</b></p> <ul style="list-style-type: none"> <li>• <u>Office Bearer's Laptops and New Security</u> – C McKenna reported a conversation disclosing a planned action. S Mitchell informed of a pending response.</li> </ul> <p><b>C McKenna has agreed to follow up. [Action]</b></p> <p>C McKenna proposed a potential solution: either resolving the current issue or providing the office bearers with an additional laptop for remote use.</p> <p>C McKenna informed the Committee that Margo McGurk will be retiring soon, and that Susan Dunsmuir will assume her duties and attend future meetings upon commencing her new role.</p>	<p><b>PMSSC 01/24</b></p> <p><b>PMSSC 07/24</b></p>
<b>5. PMS EXPENDITURE BUDGET</b>		
	<p>C Sharkey provided a summary of the PMS expenditure budget report during the meeting.</p> <p>The Board has received a revised Primary Medical Services (PMS) allocation reflecting the agreed General Medical Services (GMS) uplifts, per Doctors' and Dentists' Review Body (DDRB) recommendations, and the additional £13.6 million (nationally) announced in November. National discussions are underway to determine the payment method for the £4 million of the £13.6 million designated for enhanced services given that there is insufficient time this financial year for the uplift to be utilised for enhanced service uplifts. Representatives from NHS Primary Care Finance Teams are meeting with SG representatives to finalise these payment arrangements.</p>	

	<p>Following an enquiry from F Henderson concerning the payment timeline, C Sharkey reported that a March payment date being required was discussed at the National Primary Care Finance meeting. This requirement has been relayed to Michael Taylor at SG as part of the ongoing discussions.</p> <p>The total expected budget for 2024/25 financial year is £77.245 million, although this will be slightly reduced due to a reduction to the Branch Lines allocation received in February resulting from a branch surgery closure.</p> <p>The position by the end of January 2025 is a £220,000 overspend with a projected yearend overspend of £660,000. The January 2025 in-year position reflects a £434,000 overspend on 2C practices, partially offset by a £214,000 core underspend. Funding has now been received from SG in relation to the new patient weighting payments made by NHS Fife in 2023/2024. This will offset the New Patient Weighting payments due to Park Road but also improve the yearend position.</p> <p>As of the close of the 2023/2024 financial year, £47.5k in Improvement Grants were carried over to 2024/2025. An additional £20.2k in grants have been approved this year, with expenditure totalling £36k as of January. £4.5k in grants were paid in February 2025, and a further £7.8k are currently due to be paid in March 2025. Current year grant applications in progress will be carried forward. The Primary Care team has contacted the relevant GP practices regarding the status of outstanding applications; two or three applications remain in this status.</p>	
<b>6.</b>	<b>GP SUSTAINABILITY LOANS</b>	
	<p>N Taylor provided an update noting significant recent progress. Three practices are likely to receive their loan funding from SG in the financial year 2024/2025. It is anticipated that the remaining three practices will receive their loan funding from SG in the financial year 2025/2026.</p> <p>C McKenna expressed concern regarding the impact on GP contractors, emphasising the significance of this issue and its considerable financial implications for the entire NHS in Scotland. He highlighted the tendency to overlook such matters in business and acknowledged the difficulties faced by some practices, expressing satisfaction with the progress being made.</p> <p>S Mitchell expressed gratitude to N Taylor and the team for their diligent efforts. Their contributions have proven invaluable to all practices encountering similar challenges, and S Mitchell's practice specifically appreciates the assistance received.</p> <p>N McCormick added that it is excellent news that Fife has three practices at the top of the list. The Primary Care and Estates teams have worked diligently. He offered his full support to the Primary Care team and asked to be informed if anything is needed, as this is crucial for NHS Fife.</p> <p>Each initiative is a critical component of the business continuity plan, encompassing mental health support and the new Kincardine and Lochgelly facilities. The team have secured funding for six projects, and they anticipate the completion this year. Further funding for three additional projects is expected next year, indicating a continued workload for the coming year.</p> <p>F Henderson expressed gratitude to the team and conveyed her satisfaction that the sustainability loans will proceed. She acknowledged the substantial</p>	

	<p>costs incurred by numerous practices, noting the varied financial decisions necessitated by these costs. Although pleased by the loan approval, she also voiced considerable disappointment regarding several other challenges facing the practices. She requested the board emphasise the ongoing dissatisfaction with general practices issues.</p> <p>C McKenna confirmed his commitment to reiterating this concern.</p> <p>L Cooper confirmed the team's dedication to transparent communication, highlighting the necessity of resolving past conflicts. The overriding concern remains the potential long-term impact of the pause on the Fife initiative's viability. The Primary Care team plans to maintain this dialogue throughout 2025-2026.</p> <p>S Mitchell acknowledged the continued support and noted the challenges practices face in reviewing past events. Considerable damage and stress have resulted, and the government's role in the general practitioner's shortage should not be underestimated.</p> <p>C McKenna observed that the strategic letter concerning primary care omitted mention of specific practices, a positive point. However, S Mitchell noted that improvements will not occur without further provision of resources.</p>	
<b>7.</b>	<b>IMPROVEMENT GRANT APPLICATION – LOCHGELLY HEALTH CENTRE</b>	
	<p>N Taylor reported that reconfiguring the Health Centre's reception area requires funding in excess of £5,000 (approx £10k), works required are over an above regular maintenance. As a result of these works the GP Practice in Lochgelly Health Centre would have increased space for the Pharmacist and free up the consulting room the Pharmacist currently uses.</p> <p>N Taylor notified the Estates colleagues that the Committee will review this matter, given that the cost exceeds £5,000 and in relation to works within a Health Centre premises.</p> <p>An enquiry has been raised regarding the lack of estates coverage under the capital project. N McCormick has indicated that funding for new construction in Lochgelly and Kincardine is pending. They have actively engaged Fife's government and political representatives to secure this funding; however, securing sufficient resources to significantly enhance service delivery remains a challenge. The shared reception area, while not a priority for building modifications, has undergone substantial improvements. This matter is complex and relates to prior projects. Allocating a small portion of capital across the entire estate would be insufficient to address this specific need.</p> <p>S Mitchell identified several key concerns. The contractor's existing 1/3 (33.33%) payment obligation, coupled with limited access to improvement grants, presents a significant upfront financial burden. These funds will be subsequently reimbursed by the practices to the board. While those operating from their own buildings could utilise their entire annual budget, this is not feasible in this instance, and the independent contractor's financial statement indicates an inability to utilise their own funds. An explicit written assurance that this situation will not recur is required.</p>	

	<p>F Henderson enquired whether the consulting room in Lochgelly Health Centre is unsuitable for its intended purpose, if the relocation of the pharmacy to the reception area is appropriate, and what the room's intended purpose is.</p> <p><b>C McKenna suggested that this matter should be documented. Having observed the practice and being familiar with the room in question, he expressed a need for written clarification to fully understand the situation. He recommended against the current proposal, requesting written documentation for a thorough review. N Taylor agreed to take action on this request. [Action]</b></p>	<b>PMSSC 12/25</b>
<b>8.</b>	<b>ANY OTHER COMPETENT BUSINESS (AOCB)</b>	
	None.	
<b>9.</b>	<b>NEXT MEETING DATE</b>	
	Tuesday, 3 <sup>rd</sup> June 2025, 1-2pm, via MS Teams	



E: [alan.gray2@gov.scot](mailto:alan.gray2@gov.scot)  
31/03/2025

Carol Potter  
Chief Executive  
NHS Fife

Cc:  
Chair, NHS Fife  
Margo McGurk, Director of Finance &  
Performance

Dear Carol,

### **NHS Fife – Three-Year Financial Plan**

Thank you for the submission of the NHS Fife Three-Year Financial Plan, covering 2025-28, which confirms that the Board is forecasting a net deficit of £9.2 million in 2025-26.

In achieving this position, the Board has set a savings target of £28.6 million, all of which is recurring and above historic delivery of recurring savings by the Board. While this does meet the 3% recurring savings target set by Scottish Government I note a number of areas are high risk and we are keen to work closely with you on delivery of this target.

I recognise and appreciate the significant work required to reduce the forecast deficit in 2024-25 and the commitment given by the Board to delivering a challenging savings target in 2025-26, alongside your focus on the operational delivery requirements for next financial year. I will ensure my team continues to work with you on delivery of your plan given the importance of establishing a strong financial foundation for future years.

I can confirm approval of the financial plan on the basis of NHS Fife delivering an end of year out-turn within 1% of Core RRL and continuing to work towards a balanced three year plan.

### **Financial Plan – Next Steps**

In line with the ongoing financial monitoring arrangements we will use the next scheduled meeting at the end of Quarter One to:

1. Review progress on delivery of the Board's savings plan,
2. Discuss any emerging risks and mitigating actions being taken by the Board,

3. Discuss progress with the areas of focus set out in the revised 15 Box Grid and any further support we can provide,
4. Engage with you and seek your proactive involvement in enabling national programmes as they develop in 2025-26, and
5. Work collaboratively with you to identify any further measures to reduce the Board's residual recurring financial gap.

We will also work with you and colleagues in the Directorate of the Chief Operating Officer in relation to the 2025-28 Delivery Plan. Should there be any material changes to your finance plan as a result of feedback on the Delivery Plan we will review this with you.

### **Senior Finance Team engagement**

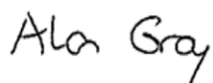
I would also seek the continued representation of members of the Board's senior finance team at key forums such as: Directors of Finance meetings, Corporate Finance Group, Financial Improvement Network, Technical Accounting Group and Financial Accounting Network. This input is important to ensure we have a collective understanding of any emerging pressures, can continually review the assumptions underpinning the finance plans and access relevant knowledge and expertise. In addition, we expect NHS Boards to continue to use these groups to share learning, savings schemes, and opportunities for improvements.

### **Financial Allocations**

We recognise the importance of providing certainty over funding and allowing NHS Boards to focus on delivering key outcomes. The Scottish Government's Health and Social Care Directorates are currently reviewing all allocations to identify which can be baselined, bundled, or issued early in 2025-26. We are also working to rationalise in-year allocations and will provide an update in due course.

I appreciate the significant work you have undertaken to set out a breakeven plan in 2025-26. Additionally, I want to thank you again for your ongoing support and continued engagement moving into the new financial year.

Yours sincerely,



Alan Gray  
Director of Health and Social Care Finance

**Meeting:** Finance, Performance & Resources Committee

**Meeting date:** 8 May 2025

**Title:** 'Finance for Non-Finance Colleagues' Training Sessions Update

**Responsible Executive:** Susan Dunsmuir, Director of Finance

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

## Executive Summary:

- This paper provides an update on our 'finance for non-finance colleagues' training sessions.
- The Financial Management Team (FMT) delivered 12 in-person training sessions from November 2024 to February 2025 to 161 colleagues, 64.7% of budget managers. Training was delivered by a range of staff from the FMT at both the Queen Margaret and Victoria Hospital sites.
- There was a good representation from all areas of NHS Fife. Of the 161 attendees: 39% were from Acute Services Division; 20% from Corporate areas; 14% from Estates & Facilities; and 27% from Heath & Social Care Partnership. Both clinical and non-clinical staff attended with staff at all levels of the organisation attending.
- The training sessions shared an overview of the financial cycle, focusing on devolved revenue budgets and how to interpret budget statements. The session further docked the board's 2024/25 financial gap, the overarching financial savings targets, and stakeholders' roles in bridging this gap given 'finance is everyone's business'. Additionally, the session highlighted budget forecasting and the key role this plays in our collective financial planning arrangements. The session then highlighted the Board's capital budget with emphasis on the difference between revenue and capital funding. The session continued with good financial governance and briefly highlighted: financial services; procurement; accounts payable; and payroll services; along with the standardised Financial Grip and Control self-assessment checklist; and Annual Verification of Staffing Establishment exercises completed annually. The session concluded with a review of tools to allow stakeholders to 'self service' and cost both core and supplementary staffing to inform budget scenarios and cost savings plans; along with a note of key finance colleague contacts; closing with

the opportunity for candidate questions, and feedback to inform future training content.

- Delegate feedback received was very positive and the wider finance directorate team is currently planning a future procurement/PECOS training programme in response to delegate feedback and demand.
- Members are invited to note the development and successful delivery of finance training across the organisation in support of our corporate goals.

## 1 Purpose

**This is presented for:**

- Assurance

**This report relates to:**

- Annual Delivery Plan
- Financial Sustainability
- NHS Board Strategic Priority to Deliver Value & Sustainability

**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 our finance training sessions which took place over November 2024 to February 2025.

### 2.2 Background

The Financial Management Team hosted 12 finance training sessions over a 4 month period. These sessions were held in-person at the Victoria Hospital and Queen Margaret Hospital sites and each session was 2 hours in duration.

The purpose of the sessions was to engage budget holders and relevant staff, sharing an overview of the financial cycle, focusing on devolved revenue budgets and how to interpret budget statements. The session further docked the board's 2024/25 financial gap, the overarching financial savings targets, and stakeholders' roles in bridging this gap given 'finance is everyone's business'. Additionally, the session highlighted budget forecasting and the key role this plays in our collective

financial planning arrangements, and any need for mitigating actions. The session then highlighted the Board’s capital budget with emphasis on the difference between revenue and capital funding and our respective roles in planning for the correct funding stream.

The session further championed financial governance and briefly highlighted: financial services; procurement; accounts payable; and payroll services; along with the standardised Financial Grip and Control self-assessment checklist; and Annual Verification of Staffing Establishment exercises completed annually.

The session concluded with a review of tools to allow stakeholders to ‘self service’ and cost both core and supplementary staffing to inform budget scenarios and cost savings plans; along with a note of key finance colleague contacts; closing with the opportunity to ask questions, and inform future training content.

2.3    **Assessment**

The presentation and complementary ‘NHSF Understanding Finance Handbook’ was shared with delegates both in-person and subsequently by e-mail post in-person training.

Outcomes

The invitation to the training session was circulated to stakeholders who had previously completed the ‘grip and control’ checklist by email from the Director of Finance and Strategy on 30 October 2024; and was encouraged to be cascaded across colleagues as appropriate.

There was a high demand for the finance training and, as such, session sizes were increased, and additional sessions were scheduled per the table below:

Session No:	Session Date:	Session Location:	Lead Presenter		Support Presenter	
			Name:	Post:	Name:	Post:
1	21 November 2024	VHK	R Robertson	ADOF	J Chambers	Head of Finance
2	29 November 2024	QMH	R Robertson	ADOF	R Lambie	Finance Business Partner
3	06 December 2024	VHK	J Chambers	Head of Finance	G Stenhouse	Finance Business Partner
4	13 December 2024	QMH	R Robertson	ADOF	T Gardiner	Capital Projects Accountant
5	17 December 2024	QMH	R Robertson	ADOF	A Hobbin/ A Doran	Head of Finance/ Asst Mgt Acc
6	23 December 2024	VHK	R Robertson	ADOF	M Combes	Management Accountant
7	08 January 2025	VHK	R Robertson	ADOF	R Fyffe	Management Accountant
8	16 January 2025	QMH	R Robertson	ADOF	C Sharkey	Finance Business Partner
9	20 January 2025	VHK	J Chambers	Head of Finance	K Goodsir-Maguire	Finance Business Partner
10	27 January 2025	QMH	R Robertson	ADOF	G McDonald	Finance Business Partner
11	04 February 2025	VHK	R Robertson	ADOF	R Lambie	Finance Business Partner
12	10 February 2025	QMH	R Robertson	ADOF	R Fyffe	Management Accountant

The training delivery was shared amongst volunteers within the Financial Management Team who found delivering the sessions both rewarding and fulfilling.

There were 204 delegates who signed up to attend a training session of which 43 apologies were received depending on staffing status within their host areas. Of the 161 delegates who did attend, the area split is per the table below:

Area	No	%
ASD	63	39.13
Corporate	32	19.88
E&F	22	13.66
HSCP	44	27.33
<b>Total Attendees</b>	<b>161</b>	<b>100.00</b>

The sessions were well received with colleagues' feedback, received through an evaluation form, which was very positive.

The Financial Management Team would like to thank colleagues for their keen interest and participation in the sessions. In addition to the key learning outcomes for colleagues, the following actions will be undertaken and shared by the Financial Management Team:

- List of available financial account codes to populate PECOS orders
- Further capital and revenue funding guidance
- Share Grip and Control standard form
- Share staffing ready reckoner tools
- Further training session on Procurement/ PECOS

In response to demand, we are keen to offer procurement/PECOS training to colleagues and had invited colleagues to shape the future session. The format and frequency of the training has not yet been decided (it could be a recorded session; tailored guidance; some training sessions (format to be decided) and initial planning is underway within the Financial Services Team.

Given this report provides an update on the finance training provided over a 4 month period across the organisation, the level of assurance at this stage is deemed "moderate".

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		X		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant	No assurance can be taken from the information that has been provided. There remains a significant

	deliver. There may be an insignificant amount of residual risk or none at all.	designed and effectively applied. There remains a moderate amount of residual risk.	amount of residual risk, which requires further action to be taken.	amount of residual risk
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### **2.3.1 Quality, Patient and Value-Based Health & Care**

The dedicated financial management training sets the context and background for effective financial planning, allocation of resources and in-year management of costs which in turn 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**

The finance training aims to help colleagues prioritise the importance of the best use of our health and care resources.

### **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 corporate risk register. An assessment of the major financial risks is contained in the Medium-Term Financial Plan. The target level of “moderate” for the in-year position has now been increased to “high.” Accordingly the financial management training offered is to engage budget holders given ‘finance is everyone’s business’ and will help mitigate and manage some of the higher risks.

### **2.3.5 Equality and Human Rights, including children’s rights, health inequalities and Anchor Institution ambitions**

An impact assessment has not been carried out as it is not relevant to the content of this paper. The financial management training was offered across the organisation.

### **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 finance training and the receipt of training evaluation forms offered to all delegates.

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

This is the first time this paper is presented.

## **2.4 Recommendation**

This paper is provided to members for:

- **Assurance** – This report provides a moderate Level of Assurance on the finance training offered and delivered to colleagues across NHS Fife.

### **Report Contact**

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