

Finance, Performance & Resources Committee

Tue 15 March 2022, 09:30 - 12:30

via MS Teams

Agenda

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

0 min

Rona Laing

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

0 min

Rona Laing

09:30 - 09:30 **3. Minutes of Previous Meeting held on Tuesday 11 January 2022**

0 min

Rona Laing

 Item 3 - Unconfirmed FPR Minutes January 2022 Final.pdf (5 pages)

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

0 min

 Item 4 Action List - FPR.pdf (3 pages)

09:30 - 09:30 **5. GOVERNANCE MATTERS**

0 min

5.1. Annual Review of Committee's Terms of Reference

Gillian MacIntosh

 Item 5.1 - FP&R SBAR Committee ToR.pdf (3 pages)

 Item 5.1 - FP&R Committee ToR.pdf (4 pages)

5.2. Committee Self-Assessment Report

 Item 5.2 SBAR Committee Self-Assessment FPR.pdf (10 pages)

5.3. Annual Finance, Performance & Resources Committee Workplan 2022/23

Margo Mcgurk


 Item 5.3 SBAR FPR Annual Workplan 2022 mm.pdf (2 pages)


 Item 5.3 - Proposed FPR Workplan 2022-23 MM review.pdf (3 pages)

5.4. Board Assurance Framework – Financial Sustainability

Margo Mcgurk

 Item 5.4 BAF Financial Sustainability - SBAR 20220215mm.pdf (4 pages)

 Item 5.4 - 1. NHS Fife Board Assurance Framework (BAF) v34.0 - 150222 - Financial Sustainability.pdf (1 pages)

 Item 5.4 - 1. BAF Risks - Financial sustainability - Linked operational risks as at 140222.pdf (3 pages)

5.5. Board Assurance Framework – Strategic Planning

Margo Mcgurk

- Item 5.5 - SBAR FPR BAF Strategic Planning 150222.pdf (3 pages)
- Item 5.5 - NHS Fife Board Assurance Framework (BAF) v32.0 230921 - Strategic Planning (003)mm.pdf (1 pages)

5.6. Board Assurance Framework – Environmental Sustainability

Neil McCormick

- Item 5.6 -SBAR (BAF) Environmental Sustainability FP&R March 2022.pdf (3 pages)
- Item 5.6 - NHS Fife Board Assurance Framework (BAF) V32.0 120122 - Environmental Sustainability.pdf (1 pages)
- Item 5.6 - 2. BAF Risks - Environmental Sustainability - Linked operational risks as at 120122.pdf (1 pages)

5.7. Digital and Information – Business Case Process

Alistair Graham

- Item 5.7 - Business Case Template Digital FPR March 2022.pdf (5 pages)
- Item 5.7 - Appendix 1a.pdf (1 pages)
- Item 5.7 - Appendix 1b - Initial Agreement.pdf (6 pages)
- Item 5.7 - Appendix 1c - Outline Business Case.pdf (21 pages)
- Item 5.7 - Appendix 1d - Full Business Case.pdf (18 pages)

5.8. Annual Procurement Report 2020/21

Kevin Booth

- Item 5.8 SBAR Annual Procurement Report 20-21 Final.pdf (4 pages)
- Item 5.8 NHS Fife Annual Procurement Report 2020-21 Final.pdf (19 pages)

5.9. NTC – Fife Orthopaedics Financial update

Margo Mcgurk

- Item 5.9 - NTC Fife Orthopaedics Financial update.pdf (12 pages)

09:30 - 09:30
0 min

6. STRATEGY / PLANNING

6.1. Fife Capital Investment Group Report 2021/22

Margo Mcgurk/ Neil McCormick

- Item 6.1 SBAR Cap Prog March Update.pdf (4 pages)

6.2. Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme

Chris McKenna

- Item 6.2 - HEPMA - Finance, Performance and Resources Committee - March 2022.pdf (5 pages)

09:30 - 09:30
0 min

7. QUALITY / PERFORMANCE

7.1. Integrated Performance & Quality Report (inc. Q3 Review of Financial Position)

Margo Mcgurk

- Item 7.1 -SBAR FPR Committee IPQR mm.pdf (3 pages)
- Item 7.1 - 11 Feb 2022 IPQR.pdf (44 pages)


7.2. Integrated Performance & Quality Report (IPQR) Review Process

Margo Mcgurk

 Item 7.2 - SBAR IPQR Review Progress Update Reportmm230222 FP&R.pdf (6 pages)

7.3. Joint Remobilisation Plan 2021/22 - Winter Plan Actions

Janette Owens

 Item 7.3 - SBAR Joint Remobilisation Plan 2021-22 – Winter Plan Actions.pdf (7 pages)

 Item 7.3 - Winter Planning Monthly Report.pdf (6 pages)

7.4. Operational Pressures Escalation Levels

Claire Dobson

 Item 7.4 2022-02-09 OPEL Briefing FP&RC.pdf (8 pages)

09:30 - 09:30
0 min

8. LINKED COMMITTEE / GROUP MINUTES

8.1. Minute of IJB Finance & Performance Committee, dated 10 November 2021

Rona Laing

 Item 8.1 - Confirmed Minutes of F&P Committee 10.11.21 v.0.2.pdf (6 pages)

8.2. Minute of Procurement Governance Board, dated 28 January 2022

Rona Laing

 Item 8.2 Final Procurement Governance Board Minutes January 2022 KBmm.pdf (6 pages)

8.3. Minute of Fife Capital Investment Group, dated 1 February 2022

Rona Laing

 Item 8.3 - FCIG Notes 1 Feb 2022 NM.pdf (6 pages)

8.4. Minute of Primary Medical Services Committee, dated 1 March 2022

Rona Laing

 Item 8.4 PMSSC MINS010322.pdf (3 pages)

09:30 - 09:30
0 min

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

9.1. To the Board in the IPR & Chair's Comments

Rona Laing

09:30 - 09:30
0 min

10. ANY OTHER BUSINESS

Rona Laing

**MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING
HELD ON TUESDAY 11 JANUARY 2022 AT 09:30AM VIA MS TEAMS**

RONA LAING
Chair

Present:

R Laing, Non-Executive Director (Chair)	C McKenna, Medical Director
C Potter, Chief Executive	Dr J Tomlinson, Director of Public Health
M McGurk, Director of Finance & Strategy	J Owens, Director of Nursing
A Grant, Non-Executive Director	M Mahmood, Non-Executive Director
W Brown, Employee Director	A Morris, Non-Executive Director

In Attendance:

C Dobson, Director of Acute Services
N Connor, Director of Health & Social Care
S Garden, Director of Pharmacy & Medicines
N McCormick, Director of Property & Asset Management
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
M Michie, Deputy Director of Finance
K Booth, Head of Financial Services & Procurement
L Stewart, PA to Director of Finance (Minutes)

1. Welcome / Apologies for Absence

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

The Chair advised that this is the first meeting of Finance, Performance & Resources Committee in 2022. However, due to the current pressures faced and the need to free up Executive Directors to deal with operational issues, it is a reduced agenda.

Apologies for the meeting had been received from member A Lawrie, Stakeholder member.

2. Declaration of Members' Interests

No interests were declared.

3. Minute of the last Meeting held on 9 November 2021

The Committee formally **approved** the minute of the last meeting.

4. **Action List / Matters Arising**

The Committee **noted** the updates provided and the closed items on the Action List.

5. **GOVERNANCE**

5.1 **South East Payroll Consortium – Business Case**

M McGurk, Director of Finance & Strategy, introduced the South East Payroll Consortium Business Case to the Committee.

It was noted that the original Business Case was discussed at Governance Committees in January 2021. The response at that time was that the Board acknowledged the resilience that the consortium approach would provide, given the critical recruitment challenges experienced for this service. However, more assurance was sought in terms of the staff TUPE transfer process and, due to the ongoing pandemic, it was highlighted that a phased implementation would be preferred. This response was fed back to the project board, who accepted the feedback and undertook to address these key concerns. The project board also established a separate group to review the original business case and the addendum presented today includes the output from that group. The addendum provides further information which strengthens the original business case.

This addendum was also presented to the Area Partnership Forum, prior to coming back to the Committee. The group were concerned that staffing levels in the local payroll team is a significant risk for NHS Fife, given the criticality of this function. The group agreed that the addendum should be agreed as the way forward to support the payroll function and the payroll team locally.

K Booth, Head of Financial Services & Procurement, highlighted the significant challenge currently faced by the payroll team. It was advised that the team have struggled to attract the right calibre of candidates for payroll officers and, due to having reduced staff numbers, there is also a challenge in recruiting candidates who would require training to gain relevant experience. All local avenues have been explored to improve our success in recruitment campaigns. It was noted that the South East Payroll Consortium would hopefully enable a wider range of candidates to be attracted to payroll and this would ultimately create a more resilient workforce with increased training and development opportunities for its staff.

The Committee agreed that the proposals and conclusion within the business case addendum and recommended this should progress sooner rather than later, given the importance of this service to the organisational overall and the repeated lack of success in recruiting locally.

The Committee **approved** the refreshed Business Case Addendum and **endorsed** the paper for Board approval.

5.2 **Community Asset Transfer Request for Land at Stratheden - Lucky Ewe**

N McCormick, Director of Property & Asset Management, gave background on the Community Asset Transfer Request that has been formally submitted for Land at Stratheden. It was advised that the report is presented to the Committee for awareness at this stage, any decision on the request itself will require further detailed assessment and consideration against defined criteria.

It was advised that the legislation relevant to the request allows for a community body to either buy or lease land from a public body, following a request for asset transfer. A formal proposal request submission is required, which, once validated, triggers a six-month period for consideration (this ends in May 2022 for this particular request). Lucky Ewe has been in communication with the Director of Property and Assets since October 2020. In their proposal, Lucky Ewe are requesting a significant amount of largely agricultural land (26 hectares) at Stratheden to provide people with additional support needs opportunities in farming, agriculture, food production, land management and environmental protection. Their objective is to provide training and to support building skills and experience to those from all backgrounds to enhance career opportunities.

Queries were raised around the amount of land initially requested, the long-term financial implications of the proposal both for Lucky Ewe and the Board, the length of the lease, potential implications on the farmer who currently uses the land for local food production, impact on current patient care on the Stratheden, long-term strategic planning on site development, and the potential sensitivities around the reuse of a mortuary building for animal husbandry.

The Committee noted that the proposal has potential linkages to our population health-focused strategy and work towards establishing the Board as an Anchor Institution, though careful in-depth reflection is required on the detail of the proposal to ensure the Board are fully aware and supportive of the risks and associated with the business case provided by Lucky Ewe and its relevance to all the communities served by NHS Fife. Discussions will take place with the commercial and legal team as part of the criterion-led assessment of the request.

It was agreed that further updates will come back to the Committee before a final decision on the request is made by the Board in May 2022.

Action: Director of Property & Asset Management

The Committee **noted** the formal asset transfer request that has been submitted to the Board.

6. STRATEGY / PLANNING

6.1 Financial Improvement / Sustainability Programme

M McGurk, Director of Finance & Strategy, introduced the report to the Committee on the Financial Improvement / Sustainability Programme.

Throughout the pandemic ongoing discussions have been taking place to lay the ground work to enable this programme to be launched. The Strategic Planning & Resource Allocation (SPRA) process has created a solid foundation to identify areas for cost

improvement and now the challenge is to take this to the next level and ensure plans can be delivered.

NHS Fife are committed to delivering a cost improvement programme which also has the capacity to develop and deliver capacity creation, which over time could deliver cost reduction. The Committee were guided to page 3 of the presentation, which details productive opportunities which could achieve this and improve productivity.

NHS Fife requires to be in a position in the medium term where a number of schemes have been created and implemented to give the Board the opportunity to deliver recurring financial balance.

A Senior Responsible Officer (SRO) will be appointed for each scheme and support the creation of detailed schemes for implementation.

C Potter, Chief Executive, highlighted that in order to encourage staff engagement and support, the language used has a positive focus around recovery and sustainability rather than savings or budget cuts. This hopefully will encourage staff members to buy into Financial Sustainability.

The Chair confirmed that the Portfolio Board which has been established will report into all governance committees routinely to provide an update on the programme. A further update will be provided in March.

The Committee **noted** and fully support the creation of the Financial Improvement/Sustainability Programme, which was presented to the Committee for assurance.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Chair introduced the Integrated Performance & Quality Report (IPQR). It was noted that this iteration reflects the October 2021 position. At the Board Meeting on 25 January, the Chief Executive is expected to provide a full whole system pressures update on the current position.

C Dobson, Director of Acute Services, provided an update on the Acute element of the IPQR report, as follows:

- The performance reflects the high demand and very busy hospital with tight capacity at that time.
- The impact on the front door and TTG performance figures highlight the impact.

N Connor, Director of Health & Social Care, provided an update on the Health & Social Care element of the IPQR report:

- The CAHMS and Psychological Therapy update was provided to the Public Health and Wellbeing committee on Monday 10 January. The October position in relation to delay showed improvement over November and December.
- The full update that will be provided to the Board will detail the improvement work and current capacity challenges faced.

M Michie, Deputy Director of Finance, provided an update on the Capital and Revenue position.

- The October position was a continuation of the position seen in previous months.
- The Board is committed to delivering £8.1m as an in-year savings target, and assurance was provided that this will be delivered by 31 March.
-
- Significant work has been done to identify all Covid related spend.
-

The Committee **noted** and considered NHS Fife performance.

8. LINKED COMMITTEE MINUTES

8.1 Minute of IJB Finance & Performance Committee dated 7 October 2021

The Committee **noted** the Minutes of the Integration Joint Board Finance & Performance Committee, dated 7 October 2021.

8.2 Minute of Primary Medical Services Committee dated 17 December 2021

The Committee **noted** the Minutes of the Primary Medical Services Committee, dated 17 December 2021

8.3 Minute of Pharmacy Practice Committee dates 19 November 2021

The Committee **noted** the Minutes of the Pharmacy Practice Committee, dated 19 November 2021.

9. ITEMS TO BE ESCALATED TO THE BOARD

The Committee was advised of a Community Asset Transfer Request which has been formally submitted for Land at Stratheden. The request was presented to the Committee for awareness at this stage, further assessment and review will be required prior to any recommendation being made to the NHS Fife Board.

The Committee noted full support for the creation of the Financial Improvement/Sustainability Programme as an important enabler for the organisation in working towards delivering recurring financial balance over the medium term. The Committee will play an important role in delivering scrutiny on the progress of this programme.

10. ANY OTHER BUSINESS

G MacIntosh, Head of Corporate Governance and Board Secretary, confirmed that the Committee Self Assessments will take place near the end of January and that members should look out for those emails. This is to allow new members time to experience an additional round of Committees. process is a very valuable one, which provides helpful feedback for the Committee to reflect on as we go into the next year.

Date of Next Meeting: Tuesday 15 March 2022 at 9.30am via MS Teams.

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

FINANCE, PERFORMANCE & RESOURCES COMMITTEE – ACTION LIST
Meeting Date: Tuesday 11 January 2022



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	10/09/19	Kincardine & Lochgelly Health & Wellbeing Centres Initial Agreements	Include in the Outline Business Cases information on how technology and digitisation would be utilised.	JT	TBC – see comments	The OBC will incorporate information on IT and digital elements of the project. The project team are progressing discussions with IT and are seeking clarification on funding streams as well as preparing a full technical brief for the project. The digital initiatives under consideration at this stage are listed below: <ul style="list-style-type: none"> •A patient appointment system •A consultant room with near me facilities •A GP text messaging system • A self check-in facility •Subject to security considerations, public access to IT equipment to combat digital poverty 	In progress
2.	07/09/21	Integrated Performance & Quality Report	A paper on the remits and responsibilities of the new senior management team roles within the Health & Social Care Partnership, for information to be provided to the Chair.	NC	September 2021	November 2021 - Closed	Closed
3.	07/09/21		The Director of Finance & Strategy agreed to report back to the Chair out with the meeting on the point raised in relation to the health delegated budget of £0.332m.	MM	September 2021	November 2021 - Closed	Closed

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
4.	08/09/20	Mental Health Strategy	Present a paper to the Committee at appropriate time around the implementation of the Mental Health Strategy.	NC	November 2021	November 2021 - Closed	Closed
5.	10/11/20	CAMHS	Provide an update to the Committee on which recommendations made by the Scottish Government can be actioned, once agreed by HSCP Senior Leadership.	NC	November 2021	November 2021 - Closed	Closed
6.	07/09/21	NHS Fife Population Health and Wellbeing Strategy Development Progress	A group had been involved in exploring the best approach to engagement with the public and an update will be shared with the Chair once feedback has been received.	MM	Once feedback has been received	RL to check if this should move to H&WB Committee	Closed
7.	07/09/21	Review of Health & Social Care Integration Scheme	It was agreed a further discussion on the Health & Social Care Integration guidance on the use of Directions be brought back to a future meeting, for members' information	NC	A future meeting – still to be agreed	Further directions will come forward to the FPR Committee when available.	Closed
8.	07/09/21	Items to be Escalated to NHS Board	The Chair and Director of Finance & Strategy agreed to discuss items to be escalated to the Board out with this meeting.	MM / Chair	September 2021	20/09/21 – Closed. Items agreed.	Closed
9.	09/11/21	SPRA – Financial Information	The Director of Finance should provide a detailed paper on the financial support received to date and the full financial plan. Alongside the SPRA process.	MM	March 2022		
10.	09/11/21	BAF Environmental Sustainability	It was agreed that the Director of Property and Asset Management will review the typo included in the risk review date for the BAF.	NM	March 2022		
11.	09/11/21	Action Plan for 4 hour access target	The Director of Acute services will provide a paper detailing the actions in place regarding the 4 hour access target following meetings with the unscheduled care team.	CD	March 2022	21/02/22 – Closed. Issue reported routinely through IPQR.	Closed
12.	11/01/22	Community Asset Transfer Request for Land at Stratheden - Lucky Ewe	The Director of Estates and Facilities will provide a paper highlighting key details in the proposal made by Lucky Ewe for consideration by the Committee.	NM	March 2022 and May 2022		

Meeting:	Finance, Performance & Resources Committee
Meeting date:	15 March 2022
Title:	Review of Committee's Terms of Reference
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Gillian MacIntosh, Board Secretary

1 Purpose

This is presented to the Committee for:

- Decision

This report relates to a:

- Local policy

This aligns to the following NHSScotland quality ambition:

- Effective

2 Report summary

2.1 Situation

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

2.2 Background

The current Terms of Reference for the Committee were last reviewed in March 2021, as per the above cycle.

2.3 Assessment

An updated draft of the Committee's Terms of Reference is attached for members' consideration, with suggested changes tracked for ease. Proposed amendments largely relate to minor changes of a typographical nature, rather than any of substance. A clause has been added to indicate the Committee's role in relation to the developing Strategy, a version of this wording is being suggested as an addition to other standing committees.

The Committee should note that it is likely that further updates to the section on risk management (see Section 7) will be required, after the Board has considered the

forthcoming changes to risk reporting and the BAFs, which will be captured in a future update.

Following review and approval by each Committee, an amended draft will be considered by the Audit & Risk Committee as part of a wider review of all Terms of Reference by each standing Committee and other aspects of the Code. Thereafter, the final version of the Code of Corporate Governance will be presented to the NHS Board for approval.

2.3.1 Quality / Patient Care

N/A

2.3.2 Workforce

N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

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

2.4 Recommendation

This paper is provided for

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

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – FP&R Committee's Terms of Reference

Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

gillian.macintosh@nhs.scot

FINANCE, PERFORMANCE AND RESOURCES COMMITTEE CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: ***

1. PURPOSE

- 1.1 The purpose of the Committee is to keep under review the financial position and performance against key non-financial targets of the Board, and to ensure that suitable arrangements are in place to secure economy, efficiency and effectiveness in the use of all resources, and that the arrangements are working effectively.
- 1.2 To evaluate agreed plans relevant to financial improvement and sustainability in the development and implementation of the Population Health & Wellbeing Strategy.

2. COMPOSITION

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

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

3. QUORUM

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

4. MEETINGS

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

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

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

5. REMIT

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

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

Arrangements for ~~Securing Value for Money~~ Best Value and Cost Effectiveness

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

effective manner. In particular, the Committee will review action (proposed or underway) to ensure that the Board achieves financial balance in line with statutory requirements.

Allocation and Use of Resources

5.3 The Committee has key responsibilities for:

- reviewing the development of the Board's Financial Strategy in support of the [organisational strategy and the Annual Operating Plan](#) ~~and the Remobilisation Plan~~, and recommending approval to the Board;
- reviewing all resource allocation proposals outwith authority delegated by the Board and make recommendations to the Board thereon;
- monitoring the use of all resources available to the Board; and
- reviewing all matters relating to Best Value.

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

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

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

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

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

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

6. AUTHORITY

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

7. REPORTING ARRANGEMENTS

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

Meeting:	Finance, Performance & Resources Committee
Meeting date:	10 March 2022
Title:	Committee Self-Assessment Report 2021-22
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Gillian MacIntosh, Board Secretary

1 Purpose

This is presented to the Committee for:

- Discussion

This report relates to a:

- Local policy

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

- Effective

2 Report summary

2.1 Situation

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

2.2 Background

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

Following the comprehensive review undertaken in 2019 of the format and range of self-assessment questions previously used, a more light-touch review of the question set was undertaken this year, taking account of members' feedback on the length and clarity of the previous iteration of the questionnaire. Board Committee Chairs each approved the set of questions for their respective committee.

To conform with the requirement for an annual review of their effectiveness, all Board Committees were invited to complete a self-assessment questionnaire in early February 2021. The survey was undertaken online, following overwhelmingly positive feedback on the move to a non-paper system of completion, and took the form of a Chair's Checklist (which sought to verify that the Committee is operating correctly as per its Terms of Reference) and a second questionnaire (to be completed by members and regular attendees) comprising a series of effectiveness-related questions, where a scaled 'Agree/Disagree' response to each question were sought. Textual comments were also encouraged, for respondents to provide direct feedback on their views of the Committee's effectiveness. Given the events of the past year, an additional question was added to capture any comments related to the Committee's operation during the pandemic period.

2.3 Assessment

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

Chairs' Checklist (completed by Chair only)

It was agreed that the Committee was currently operating as per its Terms of Reference. It was noted that the regularity of attendance of the Executive Directors, and their input, was particularly strong, given the ongoing challenges of managing the Covid pandemic. The Chair commented on the positive feedback she had received directly on the induction process for new members and commended the enhancements made to the Committee's Annual Report, which gives strengthened assurance to the Board on the Committee's activities over the financial year.

Self-Assessment questionnaire (completed by members and attendees)

In total, 6 members (excluding the Chair) and 3 regular attendees completed the questionnaire. In general, the Committee's current mode of operation received a positive assessment from its members and attendees who participated. In particular, the competence of the Chair was highlighted in encouraging inclusivity of debate; the general administration of the Committee and timeliness of issue of papers was noted; and general satisfaction was expressed in relation to the Committee's operation during the pandemic period.

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

- enhancements to performance reporting (this is already underway through the current IPQR review), to include more of a forward look and trend analysis, ensuring that the Committee is reviewing as current a set of data as possible;
- ensuring clarity about mental health performance reporting, given the recent establishment of the new Public Health & Wellbeing Committee;
- improving the presentation and reporting of risks at Committee-level, to enhance scrutiny in this area (again, work to address this is presently underway); and
- ensuring an ongoing review of the amount of information and papers provided to members, to ensure reports are succinct and focused on the key issues at hand, with clear recommendations within the accompanying SBARs.

In relation to the issue of training and allowing new members to develop appropriate knowledge of the areas under its remit, it is suggested that the Committee adopt the practice of the Audit & Risk Committee, at which (at least twice a year) briefing sessions are held on matters specifically relevant to the Committee's remit. This should take the form of a briefing being delivered ideally at stand-alone sessions (given comments made from members about the existing pressure of heavy agendas at scheduled meetings) and may make use of external advisors. It is therefore suggested that the Chair and Lead Director agree a briefing programme for the forthcoming year, after seeking the Committee's input on relevant topics, and these are formally factored into the Committee's agenda planning.

2.3.1 Quality/ Patient Care

N/A

2.3.2 Workforce

N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

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

2.4 Recommendation

This paper is provided for:

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

3 List of appendices

The following appendices are included with this report:

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

Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

gillian.macintosh@nhs.scot

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Comments
A. Committee membership and dynamics							
A1.	The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently.	3 (33%)	5 (56%)	1 (11%)	-	-	<p>The inclusion of Executive Directors as members of the Committee does not align with the scrutiny/independence required of the Committee.</p> <p>This Committee works well with all of the members having some experience of the way that the Committee works and what is expected of them and it.</p> <p>Committee has a wide membership and clear authority from the Board.</p> <p>I am a relatively new member of the Committee so marking slightly lower as I am still gaining experience of the way it works.</p>
A2.	The Committee's membership includes appropriate representatives from the organisation's key stakeholders.	4 (44%)	5 (56%)	-	-	-	I agree that the membership does, but like other meetings, I sometimes think that there are people attending who could perhaps be better deployed elsewhere and catch up on decisions through reading the minutes as opposed to listening to the meeting.
A3.	Committee members are clear about their role and how their participation can best contribute to the Committee's overall effectiveness.	2 (22%)	7 (78%)	-	-	-	<p>The inclusion of Executive Directors as members of the Committee does not align with the scrutiny/independence required of the Committee.</p> <p>Committee benefits from clear and consistent chairing and this helps greatly with quality of discussion.</p>
A4.	Committee members are able to express their opinions openly and constructively.	5 (56%)	4 (44%)	-	-	-	<p>Committee discussions are always very open and constructive.</p> <p>There is a good level of debate and a range of opinions given openly and constructively.</p> <p>The Chair is excellent in her role!</p>
A5.	There is effective scrutiny and challenge of the Executive from all Committee members, including on matters that are critical or sensitive.	1 (11%)	7 (78%)	1 (11%)	-	-	<p>Relations between members are strong allowing open and constructive discussion.</p> <p>I don't think I have been involved for sufficiently long to make this assessment, however members do engage fully in scrutinising papers.</p>

A6.	The Committee has received appropriate training / briefings in relation to the areas applicable to the Committee's areas of business.	-	8 (89%)	1 (11%)	-	-	Not aware of any specific training given to the Committee other than active governance. Where there are more complex areas of discussion, time is given on the agenda but I cannot comment on the training aspects as I have not been involved in this.
A7.	Members have a sufficient understanding and knowledge of the issues within its particular remit to identify any areas of concern.	-	8 (89%)	-	1 (11%)	-	The inclusion of members with financial/commercial experience will be helpful. The Executive provides a lot of assurance, but they are also open to discussion and queries. Answers are given positively. I am referring to myself here. I am not comfortable with numbers and have been like this during my school days. I am taking training courses on Turas to help with this issue. New Board members may need time to develop sufficient understanding and knowledge. My understanding is based on contributions made by members but this is a difficult thing to assess given I have only recently joined the Committee.
B. Committee meetings, support and information							
B1.	The Committee receives timely information on performance concerns as appropriate.	-	8 (89%)	1 (11%)	-	-	In general, I agree but the IPQR needs improvement (this is underway) as it is backward looking, with no or little trend analysis and is often out of date. In January we discussed the October performance for example. Papers are circulated in a timely fashion. Sometimes there is inevitable lag in the production of data and that can mean we are talking about older information than we would like.
B2.	The Committee receives timely exception reports about the work of external regulatory and inspection bodies, where appropriate.	1 (11%)	8 (89%)	-	-	-	Audit reports are discussed fully.
B3.	The Committee receives adequate information and provides appropriate oversight of the implementation of relevant NHS Scotland strategies, policy directions or instructions.	2 (22%)	7 (78%)	-	-	-	A fair amount of time is spent on oversight of implementation of NHS Scotland strategies.

B4.	Information and data included within the papers is sufficient and not too excessive, so as to allow members to reach an appropriate conclusion.	-	5 (56%)	4 (44%)	-	-	<p>The IPQR review process should further improve this.</p> <p>The IPQR review process is needed.</p> <p>Work is ongoing to improve the IPQR.</p> <p>At times there have been very detailed papers brought.</p> <p>Shorter papers would be of benefit as sometimes it is difficult to pull out the key points.</p>
B5.	Papers are provided in sufficient time prior to the meeting to allow members to effectively scrutinise and challenge the assurances given.	2 (22%)	6 (67%)	1 (11%)	-	-	<p>Perhaps the meetings take place too early in the month preventing the team from utilising the figures from the immediately preceding month.</p> <p>I would prefer if we had more time to read through them so that they can be read over a longer time in smaller amounts.</p>
B6.	Committee meetings allow sufficient time for the discussion of substantive matters.	3 (33%)	5 (56%)	1 (11%)	-	-	<p>Agendas can be long, but there is often a lot to get through!</p> <p>Meetings are chaired effectively to support this.</p>
B7.	Minutes are clear and accurate and are circulated promptly to the appropriate people, including all members of the Board.	3 (33%)	6 (67%)	-	-	-	-
B8.	Action points clearly indicate who is to perform what and by when, and all outstanding actions are appropriately followed up in a timely manner until satisfactorily complete.	2 (22%)	7 (78%)	-	-	-	<p>The Chair is very good at that.</p> <p>There is rigour around this.</p>
B9.	The Committee is able to provide appropriate assurance to the Board that NHS Fife's policies and procedures (relevant to the Committee's own Terms of Reference) are robust.	4 (44%)	5 (56%)	-	-	-	-
B10.	Committee members have confidence that the delegation of powers from the Board (and, where applicable, the Committee to any of its sub-groups) is operating effectively as part of the overall governance framework.	5 (56%)	3 (33%)	1 (11%)	-	-	<p>Delegation system works well and the main board have trust in the work of the Committee.</p> <p>Further work required to ensure there is common understanding among all members and attendees, of the role of FP&RC vs Public Health & Wellbeing Committee in respect of mental health performance.</p>

C. The Role and Work of the Committee							
C1.	The Committee reports regularly to the Board verbally and through minutes, can escalate matters of significance directly and makes clear recommendations on areas under its remit when necessary.	5 (56%)	4 (44%)	-	-	-	The Chair of the Committee performs this role very clearly. Yes, Committee does report regularly to Board and any matters requiring escalation are raised.
C2.	In discharging its governance role, the focus of the Committee is at the correct level.	2 (22%)	7 (78%)	-	-	-	A lot of time is spent on governance and assurance. This could be enhanced with improvements to the IPQR.
C3.	The Committee's agenda is well managed and ensures all topics within the Committee's Terms of Reference are appropriately covered.	3 (33%)	6 (67%)	-	-	-	The Chair is very good at managing the agenda and the meetings run very effectively and efficiently.
C4.	Key decisions are made in a structured manner and can be publicly evidenced.	4 (44%)	5 (56%)	-	-	-	-
C5.	What actions could be taken, and in what areas, to further improve the effectiveness of the Committee in respect of discharging its remit?	<p>Additional financial/commercial experience.</p> <p>Improved IPQR and more clarity in the information, e.g., salient points. At times we can drown in detail. Also, SBARs are sometime woolly in function and I would welcome the inclusion of more recommendations from the Executive team.</p> <p>More concise and less board papers with summaries.</p> <p>Perhaps meeting in person could add to the effectiveness of the Committees work.</p> <p>More clarity of what should be taken to either open or private sessions.</p> <p>More recent finance / performance information.</p> <p>Reporting format - Improving the IPQR.</p> <p>Main challenge is ensuring there is sufficient time to digest longer papers.</p>					

C6.	Particularly in reference to the challenges faced during the ongoing Covid pandemic, are you content with the Committee's input and oversight of areas of NHS Fife's response relevant to the Committee's particular remit? Please provide comments.	<p>Yes, although understandably meetings and input are currently curtailed and whilst MS Teams is good, we would function better if we were able to meet.</p> <p>Recent member of committee and unable to comment.</p> <p>Committees have done well online by meeting and discussing issues.</p> <p>The Committee has continued to operate to its full mandate during the pandemic.</p> <p>Yes, the Committee has provided scrutiny an oversight at an appropriate level.</p> <p>There have been significant pressures on all Board Members throughout the pandemic and this has stretched capacity to contribute. This should settle over the coming year but it has certainly stretched all Board Committees and could not have been otherwise.</p>
-----	--	---

D. Finance, Performance & Resources Committee specific questions

D1.	The Committee is provided with appropriate assurance that the corporate risks related to the specific governance areas under its remit (i.e., those related to either Clinical, Finance and Performance, Remuneration, or Staff) are being managed to a tolerable level.	2 (22%)	6 (67%)	1 (11%)	-	-	<p>The improvement activity planned for risk will support this.</p> <p>There are good levels of assurance.</p> <p>More up-to-date financial information would improve the Committee's ability to carry out this role.</p> <p>Further development of BAF and risk management approach.</p> <p>Work is ongoing to revise and refresh corporate risk management.</p>
D2.	The performance information and data presented to the Committee allows for easy identification of deviations from acceptable performance (both negative and positive).	1 (11%)	6 (67%)	1 (11%)	1 (11%)	-	<p>The IPQR review process will bring further improvement and link to the recs from the active governance session.</p> <p>Improved IPQR and more clarity in the information, e.g., salient points. At times we can drown in detail. Also, SBARs are sometime woolly in function and I would welcome the inclusion of more recommendations from the Executive team.</p> <p>The same information is presented multiple times over, IPQR needs streamlined</p>

D3.	Where there is a negative deviation from acceptable performance, the Committee receives adequate information to provide assurance that appropriate action is being taken to address the issues.						Good open discussions and proactive management by the Executive.
-----	---	--	--	--	--	--	--

Meeting:	Finance, Performance & Resources Committee
Meeting date:	15 March 2022
Title:	Revised Committee Annual Workplan 2022-23
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Margo McGurk, Director of Finance

1. Purpose

This is presented to the Committee for:

- Assurance

This report relates to a:

- Local policy

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

- Effective

2. Report Summary

2.1 Situation

The NHS Fife Code of Corporate Governance states that all Committees “*will draw up and approve, before the start of each year, an annual work plan for the Committee’s planned work during the forthcoming year*”. The Annual Workplan for 2022/23 is therefore to be presented to the Finance, Performance and Resources Committee.

2.2 Background

The Finance, Performance & Resources Committee normally sets out the planned work for the financial year in its annual workplan, which is used to inform the content of individual meeting agendas. The NHS Fife *Code of Corporate Governance* states that all Committees “*will draw up and approve, before the start of each year, an annual workplan for the Committee’s planned work during the forthcoming year*”.

2.3 Assessment

The Workplan attached sets out the key plans, reports, business cases and proposals which the Committee will receive, consider and be asked to consider and endorse during 2022/23.

2.3.1 Quality/ Patient Care

Delivering robust governance across the organisation supports sustaining and improving patient care and quality standards.

2.3.2 Workforce

Workforce considerations as included as appropriate in proposals considered by the Committee.

2.3.3 Financial

Ensuring appropriate scrutiny of NHS Fife's organisation and financial planning and performance is a core part of the Committee's remit.

2.3.4 Risk Assessment/Management

The identification and management of risk is an important factor in the Committee providing appropriate assurance to the NHS Board.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

N/A.

2.3.8 Route to the Meeting

This paper has been considered in draft by the Committee Chair and Director of Finance & Strategy and takes account of any initial comments thus received.

2.4 Recommendation

The paper is provided for:

- **Approval** – subject to members' comments regarding any amendments necessary

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Revised Annual Workplan 2022-23

Report Contact

Margo McGurk
Director of Finance and Strategy
Margo.McGurk@nhs.scot

FINANCE, PERFORMANCE AND RESOURCES COMMITTEE

PROPOSED ANNUAL WORKPLAN 2022/23

Governance - General							
	Lead	10/05/22	12/07/22	13/09/22	15/11/22	17/01/23	14/03/23
Minutes of Previous Meeting	Chair	✓	✓	✓	✓	✓	✓
Action List	Chair	✓	✓	✓	✓	✓	✓
Escalation of Issues to NHS Board	Chair	✓	✓	✓	✓	✓	✓
Governance Matters							
	Lead	10/05/22	12/07/22	13/09/22	15/11/22	17/01/23	14/03/23
Committee Self-Assessment	Board Secretary						✓
Corporate Calendar / Committee Dates	Board Secretary			✓			
Review of Annual Workplan	Board Secretary	✓	✓	✓	✓	✓	✓ Approval
Review of Terms of Reference	Board Secretary						✓ Approval
Annual Assurance Statement 2021/22	Board Secretary	✓ Draft	✓				
Internal Audit Annual Report 2021/22	Director of Finance & Strategy		✓				
Board Assurance Framework (BAF)	Director of Finance & Strategy	✓	✓	✓	✓	✓	✓
Review of General Policies & Procedures	Board Secretary	✓			✓		
PPP Performance Monitoring Report	Director of Property & Asset Management					Private Session	
Internal Audit Review of Property Transaction Report 2021/22	Internal Audit	As required					
Strategy / Planning							
	Lead	10/05/22	12/07/22	13/09/22	15/11/22	17/01/23	14/03/23
Strategic Planning Resource Allocation 2022/23	Director of Finance & Strategy	✓		✓			

Strategy / Planning (cont.)							
	Lead	10/05/22	12/07/22	13/09/22	15/11/22	17/01/23	14/03/23
Annual Budget Setting Process 2022/23	Director of Finance & Strategy	✓					
Property & Asset Management Strategy (PAMS)	Director of Property & Asset Management		✓				
Fife Capital Investment Group Reports 2022/23	Director of Finance & Strategy / Director of Property & Asset Management	✓	✓	✓	✓	✓	✓
Orthopaedic Elective Project	Director of Nursing	✓		✓		✓	✓
Quality / Performance							
	Lead	10/05/22	12/07/22	13/09/22	15/11/22	17/01/23	14/03/23
Integrated Performance & Quality Report	Exec. Leads	✓	✓	✓	✓	✓	✓
RMP4 / Winter Performance Report	Director of Finance	✓		✓ Review	✓ Plan 2022-23	✓	✓
Labs Managed Service Contract (MSC) Performance Report	Director of Acute Services		✓				
Linked Committee Minutes							
	Lead	10/05/22	12/07/22	13/09/22	15/11/22	17/01/23	14/03/23
Fife Capital Investment Group	Chair	09/03/22	20/04/22	09/06/22 & 27/07/22	14/09/22	28/10/22 & 07/12/22	TBC
Procurement Governance Board	Chair	TBC	TBC	TBC	TBC	TBC	TBC
IJB Finance & Performance Committee	Chair	11/03/22	29/04/22	08/07/22	16/09/22	11/11/22	TBC
Primary Medical Services Committee	Chair	01/03/22	N/A	07/06/22	06/09/22	N/A	06/12/22
Pharmacy Practice Committee	Chair	18/03/22	TBC	TBC	TBC	TBC	TBC
Other / Adhoc							
	Lead	10/05/22	12/07/22	13/09/22	15/11/22	17/01/23	14/03/23

Receipt of Business Cases	As required						
Other / Adhoc (cont.)							
	Lead	10/05/22	12/07/22	13/09/22	15/11/22	17/01/23	14/03/23
Consideration of awards of tenders	As required						
Asset Disposals							
Additional Agenda Items (Not on the Workplan e.g. Actions from Committee)							
	Lead	10/05/22	12/07/22	13/09/22	15/11/22	17/01/23	14/03/23

Draft

Meeting:	Finance, Performance and Resources Committee
Meeting date:	15 March 2022
Title:	BAF – Financial Sustainability
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Rose Robertson, Assistant Director of Finance

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to a:

- Annual Operational Plan
- Emerging Issue
- Government policy/directive

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The purpose of this paper is to update the Committee on the BAF for Financial Sustainability and the associated risks.

The Committee has a vital role in scrutinising the risk and where indicated, Committee chairs will seek further information from risk owners. This report provides the Committee with an update on NHS Fife BAF specifically in relation to Financial Sustainability as at 14 February 2022.

2.2 Background

As previously reported, the BAF brings together pertinent information on the above risk integrating objectives, risks, controls, assurances and additional mitigating actions.

- Identifies and describes the key controls and actions in place to reduce or manage the risk
- Provides assurances based on relevant, reliable and sufficient evidence that controls are in place and are having the desired effect
- Links to performance reporting to the Board and associated risks, legislation & standing orders or opportunities

The Committee is invited to consider the following:

- Does the risk score feel right?
- Do the current controls match the stated risk?
- Will the mitigating actions bring the risk down to its target level?
- If the mitigating actions are fully implemented would the outcome be achieved?
- Does the assurance provided describe how the controls are performing?
- Do the assurances come from more than one source including independent sources?
- Are limited resources being allocated appropriately i.e. on uncontrolled high risks or in otherwise well controlled areas of risk?

2.3 Assessment

The Committee can be assured that systems and processes are in place to monitor the financial performance and sustainability of NHS Fife, including the potential impact of the financial position of the Integration Joint Board.

The high-level risks are set out in the BAF, together with the current risk assessment given the mitigating actions already taken. These are detailed in the attached papers. In addition, further detail is provided on the linked operational risks on the corporate risk register. Each risk has an owner who is responsible for the regular review and update of the mitigations in place to manage the risk to financial sustainability and strategic planning.

Through the Code of Corporate Governance, the Board has delegated executive responsibility to the Chief Executive and Director of Finance to ensure the appropriate systems and processes operate effectively to manage and mitigate financial risk on behalf of NHS Fife. The Finance, Performance & Resources Committee is tasked on behalf of the Board to provide appropriate oversight and scrutiny of the associated financial performance. The accountability and governance framework associated with the financial performance of the organisation are key aspects of both internal and external audit review. Individual Directors and managers, through the formal delegation of budgets, are accountable for financial management in their respective areas of responsibility, including the management of financial risks.

The attached schedule reflects the position at 14 February 2022. Since the last update (at 31 August 2021) the BAF current score has been reviewed and has been reduced from High to Moderate.

The update reflects the current position where, following our Quarter 3 reporting submission, and follow up meeting with Scottish Government, confirmation of non repayable funding support to allow the Board to break even this financial year will be forthcoming. In addition

full funding of Covid-19 costs is anticipated in full for this financial year. To that end, Scottish Government support for our financial gap is much more certain (we await our January funding allocation letter) and our BAF risk moves from high risk rating level to a moderate risk rating level.

In relation to financial sustainability, the organisation has launched a Financial Improvement/Sustainability (FIS) Programme. This programme will report through the Portfolio Board and aligns firmly with one the strategic priorities to “Drive Value and Sustainability”. This is a key enabling programme to support the delivery of our 2022/23 corporate objectives and longer-term strategy development.

Further detail on the financial position is set out in the Integrated Performance & Quality Report.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

Please refer to the full report at Annex 1.

2.3.4 Risk Assessment/Management

Please refer to the full report at Annex 1.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

Appropriate communication, involvement, engagement and consultation within the organisation and with key external stakeholders is integral to the NHS Fife financial planning, allocation of resources and in-year management of costs processes.

2.3.8 Route to the Meeting

This paper is presented to Committee in advance of discussion at other groups.

2.4 Recommendation

The Committee is invited to:

- **Consider** the questions set out above; and
- **Approve** the updated financial sustainability element of the Board Assurance Framework

3 List of appendices

The following appendices are included with this report:

- BAF – Financial Sustainability
- BAF Risks – Financial Sustainability Linked Operational Risks

Report Contact

Margo McGurk
Director of Finance
Email margo.mcgurk@nhs.scot

NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score			Current Score			Rationale for Current Score	Owner (Executive Director) Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score				Rationale for Target Score
					Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)										Rating (Current)	Level (Current)	Likelihood (Target)	Consequence (Target)	

Board Assurance Framework (BAF) - Financial Sustainability

1671	Sustainable	14/02/2022	31 March 2022	<p>There is a risk that the funding required to deliver the current and anticipated future service models, particularly in the context of the COVID 19 pandemic, will not match costs incurred.</p> <p>There is a risk that the organisation may not fully identify the level of savings required to achieve recurring financial balance. Thereafter there is a risk that failure to implement, monitor and review an effective financial planning, management and performance framework would result in the Board being unable to deliver on its required financial targets.</p>	LIKELY	MAJOR	16	HIGH RISK	POSSIBLE	MODERATE	9	MODERATE RISK	<p>SG have confirmed they will provide funding support to Breakeven in 2021/22 however a number of actions must be completed by the board including minimising the requirement for support as much as possible.</p>	<p>Margo McGurk Director of Finance Finance, Performance & Resources (F,P&R) Rona Laing</p>	<p><i>Ongoing actions designed to mitigate the risk including:</i></p> <p>14 Feb 2022 We have submitted our Quarter 3 reporting to SG indicating our 21/22 Covid-19 funding requirements across HB retained and HSCP; and have signposted the level of financial support to deliver a break even RRL position for 21/22. Whilst formal funding notification has yet to be received, indications at our Q3 review meeting with SG suggest funding support, following our significant efforts reported each month, will be forthcoming. Hence the risk level is updated to moderate risk.</p>	Nil	<p>1. Produce monthly reports capturing and monitoring progress against financial targets and efficiency savings for scrutiny by all responsible managers and those charged with governance and delivery.</p> <p>2. Undertake regular monitoring of expenditure levels through managers, Executive Directors' Group (EDG), Finance, Performance & Resources (F,P&R) Committee and Board. As this will be done in parallel with the wider Integrated Performance Reporting approach, this will take cognisance of activity and operational performance against the financial performance..</p> <p>Responsible Person: Director of Finance Timescale: Ongoing</p>	<p>1. Forecast position is delivering in line with key financial planning assumptions.</p>	<p>1. Internal audit reviews on controls and process; including Departmental reviews.</p> <p>2. External audit review of year end accounts and governance framework.</p>	<p>1. Enhanced reporting on various metrics in relation to supplementary staffing.</p> <p>2. Confirmation via the Director of Health & Social Care on the social care forecasts and the likely outturn at year end.</p>	<p>The level of risk to the delivery of the in-year financial position has reduced to moderate given greater certainty on cost levels and funding available to support effective management of the in-year position.</p> <p>In relation to financial sustainability, the organisation has launched a Financial Improvement/Sustainability (FIS) Programme. This programme will report through the Portfolio Board and aligns firmly with one the strategic priorities to "Drive Value and Sustainability". This is a key enabling programme to support the delivery of our 2022/23 corporate objectives and longer-term strategy development.</p>	POSSIBLE	MODERATE	9	MODERATE RISK	<p>Increasing certainty on funding levels and forecast year-end position allows the risk level to be reduced.</p>
------	-------------	------------	---------------	---	--------	-------	----	-----------	----------	----------	---	---------------	---	---	---	-----	---	--	--	---	---	----------	----------	---	---------------	---

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
522	Prescribing and Medicines Management - Prescribing Budget	Active Risk	High Risk	15	McKenna, Christopher

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
1357	Financial Planning, Management and Performance	Active Risk	Moderate	12	McGurk, Margo
1363	Health and Social Care Integration	Active Risk	Moderate	9	McGurk, Margo
1513	Financial and Economic impact of Brexit	Active Risk	Moderate	9	McCormick, Neil
1846	Test and Protect/Covid Vaccination	Active Risk	Moderate	12	Connor, Nicky
1364	Efficiency Savings	Closed Risk	High Risk	16	McGurk, Margo
1784	Finance (Short Term/Immediate)	Closed Risk	Moderate	8	Connor, Nicky

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)
522	CORPORATE RISK REGISTER, NHSFBD - Finance Directorate Risk Register, NHSFBD - Prescribing & Medicines Management Risk Register	30/03/2006	Prescribing and Medicines Management - Prescribing Budget	Prescribing and Medicines Management - Prescribing Budget: There is a risk that NHS Fife will be unable to control the prescribing budget.	3 - Possible - May occur occasionally - reasonable chance	3 - Moderate	Moderate Risk	9

Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)
<p>13/10/21 - GP Prescribing is £879 underspent at August, on an annual budget of £74.6m; forecast year-end position of breakeven.</p> <p>Hospital prescribing is £1.3m overspent at August, on an annual budget of £32.8m. Current year efficiency savings in Acute is £136k with a recurring benefit of £77k at August. Further savings have been identified in Emergency Care in September, £531k in year and £652k full year recurring. A further £335k credits have also been received.</p> <p>The New Medicines Fund totals £5,024,257 for 21/22. £1.238m has been claimed for expenditure at M2. No further requests for funding are being made until a review has been completed.</p> <p>Four specialties have attended the Fife Prescribing Forum. Meetings have highlighted the good governance in place with prescribing guidance and formulary systems and are helping to build a clear understanding of factors driving expenditure.</p>	5 - Almost Certain - Expected to occur frequently - more likely than not	3 - Moderate	High Risk	15	3 - Possible - May occur occasionally - reasonable chance	3 - Moderate

Moderate Risk	Risk level (Target)
9	Rating (Target)
Mckenna, Christopher	Risk Owner
Reid, Euan	Handler
26/11/2021	Previous Review Date
28/02/2022	Next Review

Meeting:	Finance, Performance and Resources Committee
Meeting date:	15 March 2022
Title:	NHS Fife Board Assurance Framework (BAF) Strategic Planning
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Bryan Archibald, Planning and Performance Manager

1 Purpose

This is presented to the Committee for:

- Awareness

This report relates to a:

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Board Assurance Framework (BAF) is intended to provide accurate and timely assurances to the Committee and ultimately to the Board that the organisation is delivering on its strategic objectives in line with the following:

- NHS Fife Strategic Framework
- NHS Fife Clinical Strategy
- Fife Health & Social Care Integration Strategic Plan

The Committee has a vital role in scrutinising the risk and where indicated, the Committee will seek further information from risk owners.

This report provides the Committee with the next version of the NHS Fife BAF 5 on 23.09.21.

2.2 Background

This BAF brings together pertinent information on the above risk, integrating objectives, risks, controls, assurances and additional mitigating actions.

- Identifies and describes the key controls and actions in place to reduce or manage the risk
- Provides assurances based on relevant, reliable and sufficient evidence that controls are in place and are having the desired effect
- Links to performance reporting to the Board and associated risks, legislation & standing orders or opportunities
- Provides a brief assessment of current performance. In due course, the BAF will provide detail on the progress of the risk over time - improving, moving towards or away from its target.

2.3 Assessment

There has been a revision of this BAF to reflect the changes that have happened over the COVID period and the strategic planning for the new Population Health and Wellbeing Strategy for NHS Fife.

Following discussion at previous Committees, previous risks have remained on the BAF until the new Strategy is produced. The BAF and risk also describes how

- Work will continue on the development of the Population Health and Wellbeing Strategy in respect of revised timescales.
- The results from public and staff survey have been received.
- The process for SPRA for 2022/23 has commenced with a view to finalising Corporate Objectives for 2022/23 by end of March 21.

2.3.1 Quality/ Patient Care

Quality of Patient Care is part of the work of the Strategic Planning and Resource Allocation (SPRA) process.

2.3.2 Workforce

No change.

2.3.3 Financial

Financial implications are part of the work of the Strategic Planning and Resource Allocation (SPRA) process.

2.3.4 Risk Assessment/Management

Risk Assessment is part of the work of the Strategic Planning and Resource Allocation (SPRA) process.

2.3.5 Equality and Diversity, including health inequalities

Equality and Diversity is part of the work of the Strategic Planning and Resource Allocation (SPRA) process.

2.3.6 Other impact

n/a

2.3.7 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.

2.4 Recommendation

The Committee is invited to:

- **Discuss** the current position in relation to the Strategic Planning risk level of Moderate.

Report Contact

Bryan Archibald
Planning and Performance Manager

NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score				Current Score				Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score				Rationale for Target Score
					Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)											Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	

Board Assurance Framework (BAF) - Strategic Planning

1675	Clinically Excellent, Exemplar Employer, Person Centred, Sustainable	15/02/2022	15/03/2022	<p>There is a risk that the development and the delivery of the new NHS Fife Population Health and Wellbeing strategy is not adequately supported by the required planning and programme management capacity, capability and governance arrangements.</p> <p>Key Risks from previous BAFs will remain until committees are content they are covered in renewed PHW Strategy.</p> <p>1. Community/Mental Health redesign is the responsibility of the H&SCP/IJB which hold the operational plans, delivery measures and timescales</p> <p>2. Governance of the transformation programmes remains between IJB and NHS Fife.</p> <p>3. Regional Planning - risks around alignment with regional plans are currently reduced as regional work is focussed on specific workstreams</p> <p>4. Clinical Strategy does not reflect that the strategic direction of the organisation following the COVID-19 pandemic.</p>	4 – Likely – Strong possibility this could occur	4 – Major	16	High Risk	4 – Likely – Strong possibility this could occur	4 – Major	16	Moderate Risk	<p>Following period of COVID-19, portfolio management is being put in place.</p> <p>Programme management approach being refreshed through Strategic Planning Resource Allocation (SPRA) process.</p>	<p>Margo McGurk Director of Finance</p> <p>Clinical Governance.</p> <p>Christina Cooper.</p>	<p><i>Ongoing actions designed to mitigate the risk including:</i></p> <p>1. PHW Portfolio Board established</p> <p>2. Public and Staff Survey, developed in relation to PHW Strategy, released in November 21 with results received in February 22.</p> <p>3. SPRA 22/23 returns analysed, to inform Corporate Objectives for 22/23, to be finalised</p>	<p>EDG Strategy meetings will provide the required leadership and executive support to enable strategy development.</p>	<p>PHW Portfolio Board is established and will meet monthly. TOR signed off. Governance route will be Public Health and Wellbeing Committee</p> <p>Time period for Strategy has been amended to start from 23/24 rather than 22/23. Operational Delivery Plan for 22/23 providing interim strategic direction. Work will continue during 2022 to ensure delivery of Strategy for 23/24.</p> <p>Responsible Person: Director of Finance</p> <p>Timescale: 31/03/2022</p>	<p>1. Minutes of meetings record attendance, agenda and outcomes.</p> <p>2. Reporting of key priorities to governance groups from the SPRA process.</p>	<p>1. Internal Audit Report on Strategic Planning (no. B10/17)</p> <p>2. Governance committee scrutiny and reporting.</p>	<p>Governance of new arrangements will be agreed to deliver the required assurance.</p>	<p>Corporate Objectives agreed for 21/22.</p> <p>SPRA process 22/23 commenced in October 21, results analysed and will inform the Operational Delivery Plan and corporate objectives for 22/23.</p> <p>RMP4 submitted on 30 September 21 with Q3 update on deliverables on 9 February 22.</p>	3 – Possible – May occur occasionally – reasonable chance	4 – Major	12	Moderate Risk	<p>Once governance and monitoring is in place and transformation programmes are being realised, the risk level should reduce.</p>
------	--	------------	------------	--	--	-----------	----	-----------	--	-----------	----	---------------	--	--	--	---	---	---	---	---	---	---	-----------	----	---------------	---

Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
	Nil currently identified				

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
	Nil applicable				

Meeting:	Finance, Performance and Resources Committee
Meeting date:	15 March 2022
Title:	Board Assurance Framework – Environmental Sustainability
Responsible Executive:	Neil McCormick, Director of Property & Asset Management
Report Author:	Jimmy Ramsay, Estates Manager - Compliance

1 Purpose

This is presented to FP&R for:

- Awareness
- Discussion

This report relates to a:

- Board Governance & Strategic Objectives

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

- Safe
- Effective

2 Report Summary

2.1 Situation

The Board Assurance Framework (BAF) is intended to provide assurances to this Committee and to the Board, that the organisation is delivering on its strategic objectives as they relate to environmental sustainability.

This report provides the committee with an update in relation to BAF risks.

2.2 Background

Property & Asset Management receive capital funding from Scottish Government via NHS Fife's Capital Investment Group to address high risk statutory compliance or backlog maintenance issues. Prioritisation of this limited resource is carried out using a risk assessment methodology.

2.3 Assessment

Property & Asset Management continue to mitigate the identified risks.

Both PFI providers at St Andrews and the VHK have started the replacement programme for flexible hoses and these risks will be removed once these projects have been completed.

The Fire Evacuation Phase 2 linked risk remains at 15 following a review of the extensive mitigations undertaken last month.

The Theatre Phase 2 Remedial Works have been carried out as far as possible and this risk and the Fire Evacuation Phase 2 linked risk will remain as a residual risk until the commissioning of the new Fife Orthopaedic Elective Centre towards the end of 2022. Good progress is being made on site with respect to the new build.

2.3.1 Quality/ Patient Care

There is no negative impact to patient care as the risks are being managed.

2.3.2 Workforce

N/A.

2.3.3 Financial

Projects are managed as and when funding becomes available through the capital planning process.

2.3.4 Risk Assessment/Management

Please see attached risks and BAF.

2.3.5 Equality and Diversity, including health inequalities

N/A.

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

External stakeholders are consulted where appropriate.

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.

- EDG 17 February 2022

2.4 Recommendation

The Committee is invited to:

- **Consider** the position set out above
- **Approve** the updated environmental sustainability element of the Board Assurance Framework

3 List of Appendices

The following appendices are included with this report:

- BAF Environmental Sustainability
- BAF Environmental Sustainability linked operational risks

Report Contact

Neil McCormick

Director of Property & Asset Management

neil.mccormick@nhs.scot

NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score			Current Score			Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score				Rationale for Target Score
					Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)											Rating (Current)	Level (Current)	Likelihood (Target)	Consequence (Target)	

Board Assurance Framework (BAF) - Environmental Sustainability

1672	Clinically Excellent, Sustainable	23/12/2021	31 January 2022	There is a risk that Environmental & Sustainability legislation is breached which impacts negatively on the safety and health of patients, staff and the public and the organisation's reputation.	4 – Likely – Strong possibility this could occur	5 - Extreme	20	High Risk	4 – Likely – Strong possibility this could occur	5 - Extreme	20	High Risk	Estates currently have significant high risks on the E&F risk register; until these have been eradicated this risk will remain. Action plans have been prepared and assuming capital is available these will be reduced in the near future.	Neil McCormick Director of Property & Asset Management Finance, Performance & Resources (F,P&R). Rona Laing.	<p><i>Ongoing actions designed to mitigate the risk including:</i></p> <ol style="list-style-type: none"> Operational Planned Preventative Maintenance (PPM) systems in place Systems in place to comply with NHS Estates Action plans have been prepared for the risks on the estates & facilities risk register. These are reviewed and updated at the monthly risk management meetings. The highest risks are prioritised and allocated the appropriate capital funding. The SCART (Statutory Compliance Audit & Risk Tool) and EAMS (Estates Asset Management System) systems record and track estates & facilities compliance. Sustainability Group manages environmental issues and Carbon Reduction Commitment(CRC) process is audited annually. Externally appointed Authorising Engineers carry out audits for all of the major services i.e. water safety, electrical systems, pressure systems, decontamination and so on. 	Nil	<ol style="list-style-type: none"> Capital funding is allocated depending on the E&F risks rating Responsible person: Director of Estates, Facilities & Capital Services Timescale: Ongoing as limited funding available Increase number of site audits Responsible person: Estates Compliance Manager Timescale: Ongoing 	<ol style="list-style-type: none"> Capital Investment delivered in line with budgets Sustainability Group minutes. Estates & Facilities risk registers. SCART & EAMS. Adverse Event reports.. 	1. Internal audits	2. External audits by Authorising Engineers	3. Peer reviews.	None.	High risks still exist until remedial works have been undertaken, but action plans and processes are in place to mitigate these risks.	1 – Remote – Can't believe this event would happen	5 - Extreme	5	Low Risk	All estates & facilities risk can be eradicated with the appropriate resources but there will always be a potential for failure i.e. component failure or human error hence the target figure of 5..
------	-----------------------------------	------------	-----------------	--	--	-------------	----	-----------	--	-------------	----	-----------	---	---	---	-----	---	--	--------------------	---	------------------	-------	--	--	-------------	---	----------	--

Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
1007	Theatre Phase 2 Remedial work	Active Risk	High Risk	15	Cross, Murray
1252	Flexible PEX hoses in PHASE 3 VHK	Active Risk	High Risk	15	McCormick, Neil
1296	Emergency Evacuation, VHK Phase 2 Tower Block	Active Risk	High Risk	15	McCormick, Neil

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
1207	Water system Contamination STACH	Active Risk	Moderate Risk	10	McCormick, Neil
1275	South Labs Plantroom	Active Risk	Moderate Risk	8	Lowe, David
1306	Risk of pigeon guano on VHK Ph2 Tower Windows	Active Risk	Moderate Risk	12	Lowe, David
1316	Inadequate Compartmentation VHK Phase 1, Phase 2 floors B-1st	Active Risk	Moderate Risk	8	McCormick, Neil
1341	Oil Storage - Fuel Tanks - Central/NEF	Active Risk	Moderate Risk	10	Keatings, Gordon
1342	Oil Storage - Fuel Tanks - QMH/DWF	Active Risk	Moderate Risk	10	Wishart, James
735	Medical Equipment Register	Closed Risk	Moderate Risk	10	Lowe, David
749	836 - VHK Ph.2 Main Foul Drainage Tower Block	Closed Risk	High Risk	15	Lowe, David
1083	VHK CLO2 Generator (Legionella Control)	Closed Risk	High Risk	15	GRB
1312	Vertical Evacuation - VHK Phase 2 Tower Block	Closed Risk	Moderate Risk	10	Fairgrieve, Andrew
1314	Inadequate Compartmentation of Escape Stairs and Lift Enclosures	Closed Risk	Low Risk	6	Fairgrieve, Andrew
1315	Vertical Evacuation - VHK Phases 1 and 2 (excluding Tower Block)	Closed Risk	Moderate Risk	8	BAN
1335	FCON Fire alarm potential failure	Closed Risk	High Risk	15	GRB
1352	Pinpoint malfunction	Closed Risk	High Risk	16	Pirie, Margaret
1384	Microbiologist Vacancy	Closed Risk	High Risk	20	JGARDN
1473	Stratheden Hospital Fire Alarm System	Closed Risk	High Risk	20	Keatings, Gordon

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
1007	Acute Services - Planned Care - Theatres/Anaesthetics Risk Register	11/02/2015	Theatre Phase 2 Remedial work	Risk of increased loss of service due to deteriorating fabric of building resulting in reduced ability to reach TTG targets.	3 - Possible - May occur occasionally - reasonable chance	5 - Extreme	High Risk	15	13/4/20 Risk remains unchanged and plans are being taken forward as outlined on 30/4/2019 M.C 30/04/2019 funding has been agreed and plans are well underway for a new Orthopaedic Building which will accommodate theatres, ward are and out-patient area. This will not be complete until 2022 Executive team reviewing options of undertaking surgery in alternative theatres.	3 - Possible - May occur occasionally - reasonable chance	5 - Extreme	High Risk	15	1 - Remote - Can't believe this event would happen	5 - Extreme	Low Risk	5	Cross, Murray	Lowe, David	09/04/2021	10/01/2022
1252	Corporate Directorate - Estates Risk Register	02/06/2016	Flexible PEX hoses in PHASE 3 VHK	AF 2/8/16 There is a risk to patient safety due to a legionella risk in phase 3 building. EFA DH (2010)03 stated that flexible hoses when used for the supply of potable water may have an enhanced risk of harboring Legionella bacteria and other harmful microorganisms.	3 - Possible - May occur occasionally - reasonable chance	5 - Extreme	High Risk	15	JR - Info from Hugh Brown - 09/11/2021 - We are due to start the next phase of the replacement of the flexible hoses in the next couple of weeks. The programme of works will be completed over the next three months.	3 - Possible - May occur occasionally - reasonable chance	5 - Extreme	High Risk	15	2 - Unlikely - Not expected to happen - potential exists	5 - Extreme	Moderate Risk	10	McCormick, Neil	Bishop, Paul	09/11/2021	31/01/2022
1296	CORPORATE RISK REGISTER, Corporate Directorate - Estates Risk Register	22/08/2016	Emergency Evacuation, VHK Phase 2 Tower Block	There is a risk that a second stage fire evacuation, or complete emergency evacuation, of the upper floors of Phase 2 VHK, may cause further injury to frail and elderly patients, and/or to staff members from both clinical and non-clinical floors.	4 - Likely - Strong possibility this could occur	5 - Extreme	High Risk	20	JR - 22/12/2021 - A meeting with a competent repairer to the fire doors has taken place and further underway for the remedial works to the doors in the ward. Funds in place for these repairs.	3 - Possible - May occur occasionally - reasonable chance	5 - Extreme	High Risk	15	1 - Remote - Can't believe this event would happen	5 - Extreme	Low Risk	5	McCormick, Neil	Ramsay, Jimmy	22/12/2021	28/02/2022

Meeting:	Finance, Performance & Resources Committee
Meeting date:	18 March 2022
Title:	Business Case Templates - Digital
Responsible Executive:	Dr Chris McKenna, Medical Director
Report Author:	Marie Richmond, Digital and Information Head of Strategy and Programmes

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to a:

- Government policy/directive
- Local policy

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

- Effective

2 Report summary

2.1 Situation

Digital and Information seeks to provide assurance to the Committee in our continued commitment to the development of strong governance, aligned to organisational policy and procedure, across our range of activities. In relation to the selection and procurement of digital systems and infrastructure it has been agreed, by the Digital & Information Board and endorsed by Executive Directors Group (EDG), that the use of Green Book Capital business case templates and process be used for both Capital and Revenue spend when procuring new digital systems or capability above the threshold of £100k.

2.2 Background

In 2019 Scottish Government released Scottish Capital Investment Manual (SCIM) Guidance within CEL 19 (2019) which mandated the use of approved templates for spend in excess of £1.5million for NHS Fife, this was subsequently increased to £2 million and then £5million in DL (2019) 5.

Below this limit it was agreed the Full Business Case (FBC) could be agreed locally if signed in accordance with the Standing Financial Instructions for NHS Fife. In 2019, NHS Fife agreed an NHS Fife template for Business Cases which was an abbreviated version of the business case templates published as part of the Scottish Capital Investment Manual. Whilst the headings were broadly the same the ability to complete Business cases for digital systems that were robust and fully explained the financial, technical and security considerations and benefits profile of systems proved challenging.

This concern was raised in Digital and Information's Internal Audit report and detailed in report B28/2 which concluded from a review of business cases presented to the Board that "this template may not be suitable for Digital and Information business cases that do not require a SCIM compliant business case as although these are smaller projects, they are complex and require information to be recorded that is not prompted for by the locally produced template for smaller projects".

The internal audit report noted "that alignment with the NHS Fife Digital and Information Strategy and the Transformation Programme are requirements for Business Cases to be considered for approval." (Recommendation 5) Digital and Information Head of Strategy and Programmes agreed with this assessment and noted a preference to utilising the SCIM guidance templates with detailed guidance and direction on the alignment to strategic objectives and the size and scale of the project determining the amount of data completed. The audit report concluded the templates which were proposed for use should be presented to both Digital and Information Board for decision and the Finance, Performance and Resources Committee for assurance, alongside an SBAR explaining the reason for this change.

2.3 Assessment

A quality business case process brings together the necessary evidence in support of the need for investment and provides assurance, (to stakeholders, the public and Scottish Ministers), that the best value solution has been identified for delivering the project's objectives, benefits and declared outcomes.

The process for business cases which is delivered within the SCIM guidance ensures clarity of reporting and gateways for approval which prevent time/resources being deployed on delivery of cases which would not be supported by the organisation longer term. The process suggests an approved Strategic Assessment (SA), leads to an Initial Agreement (IA) which if approved leads to an Outline Business Case (OBC) which if approved leads to a Full Business Case (FBC). However, documentation, which is produced using this guidance, in its purest form, such as the HEPMA Business Case, which was held as an exemplar case by Internal Audit can be lengthy. Therefore, there was a need to agree a middle ground for delivery of medium to smaller deliveries.

Whilst the NHS Fife template does have the generic headings of a business case, the issue for Digital and Information is the ability to fully explain the strategic, technical, procurement

and financial ask of services within the template. Many digital deliveries are multiyear, delivered as software and have substantial costs in relation to implementation and ongoing support which cannot be fully explained in the template.

Therefore, Digital and Information support the recommendation from Internal Audit for business cases to be developed using slightly abbreviated versions of SCIM Guidance templates with, the level of detail and content matching the size and scale of the project as with the level of process e.g, There would not necessarily be the need for a Strategic Assessment (SA) and Initial Agreement (IA) for a case with costs of between 100k and 1m.

This pragmatic approach has been working well and was demonstrated recently, with the Business Case for HEPMA which had complicated procurement, extensive strategic and financial costs and delivery details being presented in 81 pages whereas the case for Digital Pathology which was more straight forward to deliver being presented in 45 pages. Digital deliveries are also more complicated to justify from a financial 'cash in hand' delivery model with costs usually being relatively high in the 1st two years and spread over a number of years but cash releasing savings being low in the 1st two years. Therefore, it is imperative that teams are able to fully explain the cost benefit of implementation and the strategic delivery requirements which are met from delivery.

The table below references the Business Case templates attached within Appendix A, for use by Digital and Information for business case purposes.

Financial costs	Method of Agreement	Signed off by	Approved by following groups
<100k and funded by D&I	SBAR or Fife case	<ul style="list-style-type: none"> Associate Director of Digital 	Senior Leadership Team
<100k and funded by Directorate, HSCP	SBAR or Fife Case	<ul style="list-style-type: none"> Corporate Director 	Senior Leadership Team (SLT)
>100k and up to 1m	OBC and FBC	<ul style="list-style-type: none"> Director of Finance Chief Executive Counter signed by: - <ul style="list-style-type: none"> Corporate Director Director of Acute Services Director of Health and Social Care 	Executive Directors Group (EDG)
>100k and up to 2m	SA, IA, OBC and FBC	<ul style="list-style-type: none"> Chief Executive 	EDG, Fife Capital Investment Group

		<ul style="list-style-type: none"> • Director of Finance Counter Signed by:- <ul style="list-style-type: none"> • Others will counter sign 	(FCIG) and NHS Fife Board
>2m		<ul style="list-style-type: none"> • Chief Executive on behalf of Fife Board • Director of Finance 	EDG, FCIG, NHS Fife Board and Scottish Government (SG) Capital Investment Group
>5m		<ul style="list-style-type: none"> • Chief Executive on behalf of Fife Board • Director of Finance • Scottish Government 	EDG, FCIG, NHS Fife Board and SG Capital Investment Group or another relevant programme

2.3.1 Quality/ Patient Care

Implementation of the agreed templates will ensure quality of delivery with clear guidance for project managers on the content requirements for Board. There will be clear requirements and digital deliveries will be clearly defined with the benefits of delivery outlined for Senior Leadership allowing informed decision making, which will ensure quality of delivery and lead to improvements in Patient Care.

2.3.2 Workforce

This will have a positive impact for the Strategy and programmes team as they are able to deliver against one set of templates and will ensure consistency of practice. There will also be clarity for any department working with Digital and Information as they will receive this information in a static format, with clear expectations of delivery and financial understanding.

2.3.3 Financial

Delivery of clear business cases will improve the understanding of financial requirements for Digital and will also clearly detail how benefits will be achieved which may not be cash releasing. The Business case will be used as the benchmark for spend with clearly understood financial requirements over multiple years.

2.3.4 Risk Assessment/Management

There is a risk that if this process is not introduced business cases will be signed off without appropriate knowledge and guidance on the financial and operational impact to services of the introduction of digital. Leading to projects being undertaken which are not a priority for the service and without appropriate governance.

2.3.5 Equality and Diversity, including health inequalities

N/A

2.3.6 Other impact

2.3.7 Communication, involvement, engagement and consultation

The templates have been discussed and agreed at the Digital and Information Board in July 2021 and were shared with Internal Audit previously. The decision was endorsed by EDG in December 2021 and now presented to the Committee.

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.

- Digital and Information Board – 21 July 2021 – Decision
- Executive Directors Group – 16 December 2021 – Decision Endorsed

2.4 Recommendation

Assurance – This adoption of Green Book guidance as outlined in this paper provides the Committee with the appropriate assurance necessary for the selection and procurement of digital system and capability.

3 List of appendices

The following appendices are included with this report:

- Appendix No 1a – Strategic Assessment
- Appendix No 1b – Initial Agreement
- Appendix No 1c – Outline Business Case
- Appendix No 1d – Full Business Case

Report Contact

Alistair Graham

Associate Director of Digital & Information

Email alistair.graham1@nhs.scot

Project:-

What are the current arrangements:-

What is the need for Change?

What benefits will be gained from addressing these needs?

How do these benefits link to NHS Scotland's Strategic Investment Priorities?

What Solution is Being Considered?

XX

XX

Person Centred

Prioritisation Score

1-5

XX

XX

XX

Safe

1-5

XX

XX

XX

Effective Quality of Care

1-5

XX

XX

XX

Health of Population

1-5

XX

XX

XX

Value and Sustainability

1-5

XX

XX

XX

Total Score

XX



NHS Fife

Name of Project

Initial Agreement

Version Number	0.1
Date	YYYY-MM-DD

DOCUMENT CONTROL SHEET

Key Information:

Title:	Ensure complies with Document Version Control and Naming Conventions
Date Published/Issued:	DD/MM/YYYY
Date Effective From:	Date that document is effective from – especially important for policy and guidance documents
Version/Issue Number:	e.g. 01.00
Document Type:	Is the document policy, guidance, strategy, project, training etc
Document Status:	Draft/Final or Review
Author:	Name of the author of the document
Owner:	For example the Project Sponsor would be the owner of Project Documentation
Approver:	Who should approve the document
Contact:	Name of who should be contacted for further information
File Name:	Where can the document be accessed from

Revision History:

Version:	Date:	Summary of Changes:	Name:	Changes Marked:
0.1	YYYY/MM/DD	Description of the changes made to the document	Initials	Y/N

Approvals: This document requires the following signed approvals.

Name	Date:	Version:
e.g. Head of IM&T	YYYY/MM/DD	0.1
Chief Executive	YYYY/MM/DD	1.0

Distribution: This document has been distributed to

Name	Date of Issue:	Version:
Senior Management Team	YYYY/MM/DD	0.1

Linked Documentation:

(Documents that you have linked or referenced to in the text of this document)

Document Title:	Document File Path

Equality and Diversity Impact Assessment:

Date Completed (YYYY/MM/DD)

Doc: Initial Agreement 1.0	Page 1	Author:
Date 2021-07-14	Version	Review Date:

Table of Contents *(Ensure updated before submission)*

- 1 Overview..... 4
 - 1.1 Purpose..... 4
 - 1.2 Service Planning Expectations 4
- 2 What is The Proposal About? 4
 - 2.1 Executive Summary 4
- 3 What Are The Current Arrangements?..... 4
 - 3.1 Description of the Existing Service/Activity 4
 - 3.2 Those affected by Proposal 4
 - 3.3 Confirmation of Need..... 5
- 4 Why Is The Proposal A Good Thing To Do? 5
 - 4.1 Case for Change 5
 - 4.1.1 Opportunities for improvement: 5
 - 4.1.2 Problems with Current Arrangements 5
 - 4.1.3 Other Drivers for Change..... 5
 - 4.1.4 Summary of Need for Change 5
 - 4.2 Organisation Seeking to achieve? 5
 - 4.2.1 Investment Objectives..... 5
 - 4.3 Benefits and Risks to Success: 6
 - 4.3.1 Benefits gained from the proposal 6
 - 4.3.2 Risks to proposal success..... 6
 - 4.3.3 Constraints / dependencies..... 6
- 5 Preferred Strategic / Service Solution..... 6
 - 5.1 Do Nothing / Minimum..... 6
 - 5.2 Service Change Proposals 6
 - 5.3 Engagement with Stakeholders 6
 - 5.4 Long List Proposed Solutions 6
 - 5.5 Indicative Costs 6
 - 5.6 Initial Assessment of Proposed Solutions 6
 - 5.7 Design Quality Objectives 6
- 6 Is the Organisation Ready to Proceed..... 6
 - 6.1 Commercial Case 6
 - 6.2 Financial Case 6
 - 6.3 Management Case 6
 - 6.3.1 Summary of Governance Support..... 6
 - 6.4 Readiness to proceed..... 6
- 7 Is the Project a Priority?..... 6

Doc: Initial Agreement 1.0	Page 1	Author:
Date 2021-07-14	Version	Review Date:

1 Overview

1.1 Purpose

More in depth guidance on the Initial Agreement and its purpose can be found within [SCCITM guidance](#).

Provide a brief overview of the project you are intending to propose.

1.2 Service Planning Expectations

2 What is The Proposal About?

2.1 Executive Summary

This should be a summary of the overall case detailed within this paper.

3 What Are The Current Arrangements?

3.1 Description of the Existing Service/Activity

- A description of the existing service / activity including:
 - Description of the relevant service(s).
 - Service location – geographically and departmental relationships.
 - Location of service users / catchment areas.
 - The functional size of service / activity.
- Existing service arrangements:
 - Care pathways, patterns of working, service models, etc.
 - Existing service capacity and current utilisation of this capacity.
 - Service performance data, with reference to national or local key performance indicators.
 - Existing service demand and/or supply throughput.

3.2 Those affected by Proposal

Doc: Initial Agreement 1.0	Page 1	Author:
Date 2021-07-14	Version	Review Date:

- Service provider(s) / organisation affected by this proposal and/or any particular workforce arrangements /issues.
- State of existing assets affected by this proposal. Property assets should use an Achieving Excellence Design Evaluation Toolkit (AEDET) review of existing facilities to describe their limitations.

3.3 Confirmation of Need

- Confirmation that the current services are still needed, etc.

4 Why Is The Proposal A Good Thing To Do?

4.1 Case for Change

- Public perception / opinion:
 - On existing arrangements.
 - Future expectations.
 - Any safety / other concerns.
 - Access preferences.

4.1.1 Opportunities for improvement:

4.1.2 Problems with Current Arrangements

4.1.3 Other Drivers for Change

4.1.4 Summary of Need for Change

4.2 Organisation Seeking to achieve?

4.2.1 Investment Objectives

Doc: Initial Agreement 1.0	Page 1	Author:
Date 2021-07-14	Version	Review Date:

4.3 Benefits and Risks to Success:

4.3.1 Benefits gained from the proposal

4.3.2 Risks to proposal success

4.3.3 Constraints / dependencies

5 Preferred Strategic / Service Solution

5.1 Do Nothing / Minimum

5.2 Service Change Proposals

5.3 Engagement with Stakeholders

5.4 Long List Proposed Solutions

5.5 Indicative Costs

5.6 Initial Assessment of Proposed Solutions

5.7 Design Quality Objectives

6 Is the Organisation Ready to Proceed

6.1 Commercial Case

6.2 Financial Case

6.3 Management Case

6.3.1 Summary of Governance Support

6.4 Readiness to proceed

7 Is the Project a Priority?

Doc: Initial Agreement 1.0	Page 1	Author:
Date 2021-07-14	Version	Review Date:



NHS Fife

Name of Project

Outline Business Case

Version Number	0.1
Date	YYYY/MM/DD

DOCUMENT CONTROL SHEET

Key Information:

Title:	Ensure complies with Document Version Control and Naming Conventions
Date Published/Issued:	YYYY/MM/DD
Date Effective From:	Date that document is effective from – especially important for policy and guidance documents
Version/Issue Number:	e.g. 01.
Document Type:	Is the document policy, guidance, strategy, project, training etc
Document Status:	Draft/Final or Review
Author:	Name of the author of the document
Owner:	For example the Project Sponsor would be the owner of Project Documentation
Approver:	Who should approve the document
Contact:	Name of who should be contacted for further information
File Name:	Where can the document be accessed from

Revision History:

Version:	Date:	Summary of Changes:	Name:	Changes Marked:
0.1	YYYY/MM/DD	Description of the changes made to the document	Initials	Y/N

Approvals: This document requires the following signed approvals.

Name	Date:	Version:
e.g. Head of Digital and Information IM&T	YYYY/MM/DD	0.1
Chief Executive	YYYY/MM/DD	1.0

Distribution: This document has been distributed to

Name	Date of Issue:	Version:
Executive Team	YYYY/MM/DD	0.1

Linked Documentation: This document has been distributed to
(Documents that you have linked or referenced to in the text of this document)

Document Title:	Document File Path
Executive Team	YYYY/MM/DD

Equality and Diversity Impact Assessment:

Date Completed (YYYY/MM/DD)

Doc: Outline Business Case 1.0	Page 1	Author:
Date 2021-07-14	Version	Review Date:

Table of Contents *(Ensure updated before submission)*

Executive Summary	5
1 Strategic Case	6
1.1 Overview	6
1.1.1 Introduction to the Outline Business Case	6
1.1.2 Revisiting the Strategic Case	6
1.2 Current Arrangements	6
1.3 Case for Change	6
1.4 Preferred Solution.....	6
2 Economic Case.....	7
2.1 Overview	7
2.2 Short List of Options	7
2.2.1 Short List of Options.....	7
2.3 Monetary Costs and Benefits of Options	7
2.3.1 Opportunity Costs	7
2.3.2 Initial Capital Costs.....	7
2.4 Non Monetary Costs and Benefits.....	8
2.5 Non Financial Risk Appraisal	8
2.6 Net Present Value	8
2.7 Assessing Uncertainty	9
2.7.1 Appraisal Results	9
2.8 Preferred Option	9
3 Commercial Case.....	10
3.1 Procurement Strategy	10
3.1.1 Procurement Route.....	10
3.1.2 Compliance with EU Rules and Regulations.....	10
3.1.3 Procurement Plan and Timescales	10
3.2 Scope and Content of Proposed Commercial Arrangements	10
3.2.1 Scope of Services	10
3.2.2 Scope of Building Works.....	11
3.2.3 Scope of Other Works.....	11
3.3 Risk Allocation.....	11
3.3.1 Key Principles	11
3.3.2 Risk Allocation Table	11
3.4 Payment Structure	12
3.5 Contractual Arrangements.....	12
3.5.1 Type of Contract	12
3.5.2 Key Contractual Issues.....	12
3.5.3 Personnel Implications	12
4 Financial Case.....	13
4.1 Overview	13
4.2 Financial Model.....	13
4.3 Capital and Revenue Financed Impact.....	13
4.3.1 Capital Expenditure (if appropriate)	14
4.3.2 Revenue Financed Capital Costs and Funding Requirements	15
4.4 Affordability.....	16

Doc: Outline Business Case 1.0	Page 1	Author:
Date 2021-07-14	Version	Review Date:

- 4.4.1 Affordability Gaps 16
- 4.5 Stakeholder Support 16
- 5 Management Case 17
 - 5.1 Overview 17
 - 5.2 Project Management Proposals 17
 - 5.2.1 Reporting Structure and Governance 17
 - 5.2.2 Key Roles and Responsibilities..... 17
 - 5.2.3 Project Recruitment Needs..... 18
 - 5.2.4 Project Plan and Key Milestones 18
 - 5.3 Change Management Arrangements 19
 - 5.3.1 Operational and Service Change Plan..... 19
 - 5.3.2 Facilities Change Plan..... 19
 - 5.3.3 Stakeholder Engagement and Communications Plan 19
 - 5.4 Benefits Realisation..... 19
 - 5.4.1 Benefits Register 19
 - 5.4.2 Benefits Realisation Plan 19
 - 5.4.3 Community Benefits Objective (if appropriate) 19
 - 5.5 Risk Management..... 20
 - 5.5.1 Risk Register 20
 - 5.5.2 Risk Control Measures 20
 - 5.5.3 Governance Arrangements..... 20
 - 5.6 Commissioning..... 20
 - 5.6.1 Reporting structure..... 20
 - 5.6.2 Person Leading Process 20
 - 5.6.3 Key Stages..... 20
 - 5.6.4 Resource Requirements..... 20
 - 5.7 Project Evaluation 21
 - 5.7.1 Person dedicated to leading this process..... 21
 - 5.7.2 Key stages 21
 - 5.7.3 Resource requirements 21

Doc: Outline Business Case 1.0	Page 1	Author:
Date 2021-07-14	Version	Review Date:

Executive Summary

The preceding Initial Agreement (IA) for this proposal will have **identified and/or confirmed the proposal's strategic / service solution(s)**, from which this OBC will develop and test the value for money of the implementation options for that solution(s).

Detail options included and those which were excluded and brief overview of each of the sections drawing out the main points.

Doc: Outline Business Case 1.0	Page 1	Author:
Date 2021-07-14	Version	Review Date:

1 Strategic Case

1.1 Overview

1.1.1 Introduction to the Outline Business Case

1.1.2 Revisiting the Strategic Case

Information on what should be provided here is detailed within the SCIM Outline Business Case Information Page 6 (Should you require further assistance).

1.2 Current Arrangements

Is the case for change still valid? Summary confirmation of the:

- Need for change.
- Investment objectives.

Information on what should be provided here is detailed within the SCIM Outline Business Case Information Page 7 (Should you require further assistance).

1.3 Case for Change

1.4 Preferred Solution

Doc: Outline Business Case 1.0	Page 1	Author:
Date 2021-07-14	Version	Review Date:

2 Economic Case

2.1 Overview

This section should start by explaining the approach taken in developing the economic appraisal, the level of engagement with stakeholders, the date of any workshops held, and reference to those who attended.

2.2 Short List of Options

A high level review of options, identified there were (Qty) options. Describe how these were shortlisted (with reference to Economic Appraisal). Ensure you detail the options discarded, the shortlisted options and that Do Nothing remains.

2.2.1 Short List of Options

2.3 Monetary Costs and Benefits of Options

2.3.1 Opportunity Costs

Information on what should be provided here is detailed within the SCIM Outline Business Case Information Page 10-13 (should you encounter any issues)

2.3.2 Initial Capital Costs

Doc: Outline Business Case 1.0	Page 1	Author:
Date 2021-07-14	Version	Review Date:

- 2.3.2.1 Lifecycle Replacement Costs
- 2.3.2.2 Transition Period Capital Costs
- 2.3.2.3 Costs of Embedded accommodation
- 2.3.2.4 Clinical and Non Clinical Service Costs (and savings)
- 2.3.2.5 Buildings related running costs
- 2.3.2.6 Net Income Contribution
- 2.3.2.7 Transition Period Revenue Costs
- 2.3.2.8 Revenue costs of embedded accommodation
- 2.3.2.9 Displacement Costs

2.4 Non Monetary Costs and Benefits

Information on what should be provided here is detailed within the SCIM Outline Business Case Information Page 17-20 should you encounter difficulties with completion

2.5 Non Financial Risk Appraisal

2.6 Net Present Value

How was this reached

2.6.1.1 Net Present Value

The Net Present Value of each of the options was calculated the results were as follows:-

	Option 1	Option 2	Option 3	Option 4
Net Present Value / Cost (£)				

Section 3 of the SCIM Option Appraisal Guidance will assist if problems arise with completion

Doc: Outline Business Case 1.0	Page 1	Author:
Date 2021-07-14	Version	Review Date:

2.7 Assessing Uncertainty

Sensitivity analysis of both the NPV/Cost and Non Financial Benefits was carried out the results are as follows:-

Sensitivity Scenario	Option 1		Option 2		Option 3		Option 4	
	NPV (£m)	Rank	NPV (£m)	Rank	NPV (£m)	Rank	NPV (£m)	Rank
Scenario 1: no changes								
Scenario 2:								
Scenario 3:								
Scenario 4:								
Scenario 5:								

Section 5.2 of the SCIM Option Appraisal Guidance will assist with this section,

2.7.1 Appraisal Results

Information on what should be provided here is detailed within the SCIM Outline Business Case Information Page 22-27

2.8 Preferred Option

Doc: Outline Business Case 1.0	Page 1	Author:
Date 2021-07-14	Version	Review Date:

3 Commercial Case

Overview

3.1 Procurement Strategy

What is the appropriate procurement route for the project, Information on what should be provided within this section is detailed within the SCIM Outline Business Case Information Page 29-41 (Please ensure you delete this narrative before submission)

3.1.1 Procurement Route

What procurement route was selected and why?

3.1.2 Compliance with EU Rules and Regulations

Does the selected route comply with EU Rules and Regulations?

3.1.3 Procurement Plan and Timescales

Outline the projects procurement plan, detailing areas complete and still outstanding.

3.1.3.1 Frameworks Scotland 2 Procurement

3.1.3.2 Hub Procurement

3.1.3.3 External Advisor Procurement

3.2 Scope and Content of Proposed Commercial Arrangements

3.2.1 Scope of Services

This should include:-

- A description of the services to be included in the commercial arrangements,
- A summary of existing and proposed service activities and/or arrangements.
- The service standards to be set within the commercial arrangements; including essential outputs, important performance measures, and any other quality standards

Doc: Outline Business Case 1.0	Page 1	Author:
Date 2021-07-14	Version	Review Date:

expected.

- The specification of these required outputs.
- A summary of stakeholders and customers associated with these services.
- The possibility for changing any assumptions in the solution offered.
- Any potential future changes external to this project that might affect any of the above.
- The timescales for procuring and delivering these services.

3.2.2 Scope of Building Works

Should only be included if building works are required.

3.2.3 Scope of Other Works

For non-building related assets (e.g. medical equipment); or other types of investment projects, an overview is required with accompanying reference to further information which fully outlines the scope and content of the commercial arrangements to be procured.

3.3 Risk Allocation

3.3.1 Key Principles

This section explains the principles of how project risks are generally to be allocated between NHS Fife and the private sector partner. The key principle is that risk should be allocated to the party best able to manage it. The objective is to optimally allocate risk, rather than maximising risk transfer.

3.3.2 Risk Allocation Table

Risk Category	Potential allocation of risk		
	NHS Fife	Private	Shared
Client / Business risks	100%	0%	
Design	0%	100%	
Development and Construction	25%	75%	√
Transition and Implementation	60%	40%	√
Availability and Performance	0%	100%	
Operating	100%		
Revenue	100%		
Termination	100%		

Doc: Outline Business Case 1.0	Page 1	Author:
Date 2021-07-14	Version	Review Date:

Technology and Obsolescence	50%	50%	√
Control	100%		
Financing	100%		
Legislative	100%		
Other Project risks	100%		

3.4 Payment Structure

Within this section you should detail:-

- Proposed payment structure
- Non-standard arrangements
- Other payment principles

3.5 Contractual Arrangements

3.5.1 Type of Contract

This section will describe the standard form of contract to be used, as linked to the chosen procurement route.

3.5.2 Key Contractual Issues

Contract management arrangements and key contractual issues should be considered and their current status recorded in the OBC.

3.5.3 Personnel Implications

The OBC will need to state explicitly whether there are any contractually based personnel implications to the scheme. E.g. Are there staff that will be affected by the change (required to Transfer of undertakings (TUPE) etc.)

Doc: Outline Business Case 1.0	Page 1	Author:
Date 2021-07-14	Version	Review Date:

4 Financial Case

4.1 Overview

The Financial Case demonstrates the affordability of the preferred option, Information on what should be provided within this section is detailed within the SCIM Outline Business Case Information Page 41-50 (Please ensure you delete this narrative before submission)

4.2 Financial Model

Provide a detailed narrative explaining how costs have been calculated. This should detail any key assumptions and explanation of any significant differences.

Key Information / Assumption	Associated Costs	Comments
Impact on operating costs (differentiating between direct clinical costs associated with redesign and property running costs)		
Depreciation		
Property Lifecycle Costs		
Inflation		
Taxation		
Proposed method of capital financing and any associated charges		
Proposed funding sources and potential for income generation (including any likely contribution from partners)		

4.3 Capital and Revenue Financed Impact

Doc: Outline Business Case 1.0	Page 1	Author:
Date 2021-07-14	Version	Review Date:

Table with Supporting Narrative which sets out:-

- The capital and revenue consequences of the preferred option over the life span of the service and/or contract period (where the life span of the service is not predetermined, Boards should identify the recurring annual impact)
- How this compares with the original capital ceiling for the scheme (if any)
- Any shortfall in capital and revenue requirements (the 'funding gap')
- The different sources of funding expected to cover these costs
- The status of any project risk contingency and optimism bias, including how funds are to be controlled and managed
- A list of any costs not included in the main project costs, an explanation of the reasons why, and any actions needed to determine their expenditure.
- A summary of any changes in costs since previously reported, with an indication of the reasons why.

4.3.1 Capital Expenditure (if appropriate)

Capital Costs:	Total £000s	Funding			Change to OBC (FBC only)	
		Existing Resource s £000s	Partner contributi ons £000s	SG Additional Funding Requirem ent £000s	Total at OBC £000s	Movement from OBC £000s
Building & Engineering works						
Location adjustment						
Quantified Construction Risk						
<i>Additional itemised costs</i>						
Total Construction costs						
Site acquisition						
Other enabling works						
<i>Additional itemised costs</i>						
Total other construction related costs						
Furniture						
IT						
Medical Equipment						
<i>Additional itemised costs</i>						
Total furniture and equipment						
Additional Quantified Risk						
Total estimated cost before VAT and fees						
VAT						
Professional Fees						
Total estimated cost including VAT and fees but before optimism bias						
Allowance for optimism bias						
Total estimated cost						

Doc: Outline Business Case 1.0	Page 1	Author:
Date 2021-07-14	Version	Review Date:

4.3.1.1 Profile of Capital Expenditure

Year	Total Capital Spend £000s	Existing Resources £000s	Partner contributions £000s	SG Additional Funding Requirement £000s	Total at OBC £000s	Movement from OBC £000s
Year 1						
Year 2						
Year 3						
Year 4						
Total						

4.3.2 Revenue Financed Capital Costs and Funding Requirements

Example, this would be accompanied by detailed narrative explaining how costs have been calculated, any key assumptions and an explanation of significant differences between options.

Capital Cost	Total £000s	Funding			Change to OBC (FBC only)	
		Existing Resources £000s	Partner contributions £000s	SG Additional Funding Requirement £000s	Total at OBC £000s	Movement from OBC £000s
Building & Engineering works						
Location adjustment						
Quantified Construction Risk						
<i>Additional itemised costs</i>						
Total Construction costs						
Site acquisition						
Other enabling works						
<i>Additional itemised costs</i>						
Total other construction related costs						
Furniture						
IT						
Medical Equipment						
<i>Additional itemised costs</i>						
Total furniture and equipment						
Additional Quantified Risk						
Total estimated cost before VAT and fees						
VAT						
Professional Fees						

Doc: Outline Business Case 1.0	Page 1	Author:
Date 2021-07-14	Version	Review Date:

Total estimated cost including VAT and fees but before optimism bias						
Allowance for optimism bias						
Total Estimated Cost						

Estimated Unitary Charge

	£000s
Financing, repayment and SPV costs (100% SG funded)	
Lifecycle costs (50% SG funded)	
Hard FM costs (100% locally funded)	
Other costs	
Total estimated Unitary Charge	
Scottish Government funding	
Local funding	
Contributions by partners	
Total estimated Unitary Charge	

4.4 Affordability

Provide a clear statement on the affordability of the project, in revenue and capital terms, as well as detail to demonstrate how this assessment has been reached.

Key questions to consider are:

- Would the project be affordable if capital costs were to be 10% higher than expected?
- What if the expected savings were to fall by 10%?
- What circumstances might cause saving targets to be breached?
- What if income to the organisation were to be reduced by 5% or more?
- Is there a robust strategy in place to guard against these outcomes?
- Finally there is the payback period

4.4.1 Affordability Gaps

If there are affordability gaps these should be clearly described in the business case, along with actions taken to close the gap and any residual gap following these actions.

4.5 Stakeholder Support

It is crucial to the overall process that agreement in principle is obtained from any bodies involved in the programme/project. These should be in written form and included as an annex. A statement here should reassure those reading the case that all relevant parties have been engaged with.

Doc: Outline Business Case 1.0	Page 1	Author:
Date 2021-07-14	Version	Review Date:

5 Management Case

5.1 Overview

The Management Case demonstrates the organisation is ready and capable of delivery of a successful project. Information on what should be provided within this section is detailed within the SCIM Outline Business Case Information Page 51-63. (Please delete this comment before submission)

5.2 Project Management Proposals

5.2.1 Reporting Structure and Governance

Insert diagram of the project organisational structure, this should include named individuals and their roles.

5.2.2 Key Roles and Responsibilities

Detail resources that will deliver project as a minimum there should be:-

- Senior Responsible Officer
- Project Director
- Lead Project Manager

Skills assessment should be carried out to ensure that the necessary knowledge is in place, ensuring gaps are identified with a course of action for resolution if necessary.

If there is a project/programme board the members should be added to the following table, if there is more than one board, the table should be recreated for each project/programme board.

Project / Programme Board Members:		
Project role & main responsibilities:	Named person:	Experience of similar project roles:
Organisation's senior business / finance representative - Representing the organisation's business & financial interests.		
Senior service representative - Representing the end user interests.		
Senior Technical / Estates / Facilities representative - Representing the technical		

Doc: Outline Business Case 1.0	Page 1	Author:
Date 2021-07-14	Version	Review Date:

aspects of the project		
Stakeholder representative(s) - Representing stakeholders' interests:		

Any Independent Client Advisors assigned to the project should be listed in a table also (similar to the one below).

Independent Client Advisors:	
Project role:	Organisation & Named lead:
Clinical / service lead:	
Project Manager:	
Business Case author:	
Technical advisor:	
Financial advisor	
Legal advisor	
IM&T advisor	
Medical equipment advisor	
Commissioning advisor	
Other advisors:	

5.2.3 Project Recruitment Needs

As the name suggests if there are resource gaps these should be identified within this area, with a plan on how to fill these roles

5.2.4 Project Plan and Key Milestones

Summary of the project plan and details of how project will be managed e.g. Prince 2, Agile.

Detail of Key Milestones for the project and impact if these are not met.

Doc: Outline Business Case 1.0	Page 1	Author:
Date 2021-07-14	Version	Review Date:

5.3 Change Management Arrangements

5.3.1 Operational and Service Change Plan

Detail any impact on operational or service activities, advise what the impact will be and what planning if any has been carried out or will be carried out.

5.3.2 Facilities Change Plan

If there is any impact on facilities this should be clearly detailed within this section.

5.3.3 Stakeholder Engagement and Communications Plan

Overview of Stakeholder engagement assessment and communications plan, detailing:-

- Identification of stakeholders.
- Communications and engagement carried out to date.
- Information and/ or engagement events still to be carried out
- Frequency of communications and engagement.
- Method of communication (letter, e-mail, newsletter, etc) and/ or details of engagement events.
- Workforce training and development plans.

5.4 Benefits Realisation

5.4.1 Benefits Register

Detail how benefits will be captured and benefits which are expected from the project.

5.4.2 Benefits Realisation Plan

Detail how benefits will be realised, who shall be responsible, actions necessary to realise each benefit and how they will be monitored, include timeline for this.

5.4.3 Community Benefits Objective (if appropriate)

Defines the approach to achieving social, economic and environmental benefits

Doc: Outline Business Case 1.0	Page 1	Author:
Date 2021-07-14	Version	Review Date:

5.5 Risk Management

NHS Fife manages risks on the Datix system, this system has been created to ensure solid governance around management of risks within NHS Fife. Risks will be managed on a (Daily/Weekly/Monthly) basis, with risks being discussed initially at project level, then at board level and all high level risks will be reported to XX Board.

5.5.1 Risk Register

Overview of current risks identified with scoring.

5.5.2 Risk Control Measures

What level of control is there, how often these will be reviewed?

5.5.3 Governance Arrangements

What actions will be taken with risks which require escalation?

5.6 Commissioning

If the work is to be undertaken as a commissioning piece then this section should be completed. A separate SCIM commissioning guide is available and should be followed in the event of this section being required. For each of the headings a brief summary should be included of what was undertaken.

5.6.1 Reporting structure

5.6.2 Person Leading Process

5.6.3 Key Stages

5.6.4 Resource Requirements.

Doc: Outline Business Case 1.0	Page 1	Author:
Date 2021-07-14	Version	Review Date:

5.7 Project Evaluation

How will the success of the project be assessed:-

5.7.1 Person dedicated to leading this process

Identification of the person dedicated to leading on this aspect of the project; including an outline of their role and responsibilities, an indication of their competency for carrying out this role, and continuity plans in place for this important role.

5.7.2 Key stages

An outline of the key stages expected for monitoring and evaluating the success of the project.

5.7.3 Resource requirements

Outline of the team responsible for undertaking Project Monitoring and Evaluation and their respective roles.

It should include any recruitment plans needed to fill vacant roles.

Doc: Outline Business Case 1.0	Page 1	Author:
Date 2021-07-14	Version	Review Date:



NHS Fife

Name of Project

Full Business Case

Version Number	0.1
Date	YYYY/MM/DD

Doc: Full Business Case v1.0	Page 1	Author:
Date 2021-07-14	Version	Review Date:

Links to help and guidance for the preparation of the Full Business Case:

Scottish Capital Investment Manual – Business Case Guide

http://www.scim.scot.nhs.uk/PDFs/Manuals/BC/BC_Guide_Full.pdf

HM Treasury Green Book – Appraisal & Evaluation in Central Government

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/220541/green_book_complete.pdf

HM Treasury Supplementary Guidance – Optimism Bias

<https://www.gov.uk/government/publications/green-book-supplementary-guidance-optimism-bias>

DRAFT

Doc: Full Business Case v1.0	Page 2	Author:
Date 2021-07-14	Version	Review Date:

DOCUMENT CONTROL SHEET

Key Information:

Title:	Ensure complies with Document Version Control and Naming Conventions
Date Published/Issued:	DD/MM/YYYY
Date Effective From:	Date that document is effective from – especially important for policy and guidance documents
Version/Issue Number:	e.g. 01.00
Document Type:	Is the document policy, guidance, strategy, project, training etc
Document Status:	Draft/Final or Review
Author:	Name of the author of the document
Owner:	For example the Project Sponsor would be the owner of Project Documentation
Approver:	Who should approve the document
Contact:	Name of who should be contacted for further information
File Name:	Where can the document be accessed from

Revision History:

Version:	Date:	Summary of Changes:	Name:	Changes Marked:
0.1	DD/MM/YYYY	Description of the changes made to the document	Initials	Y/N

Approvals: This document requires the following signed approvals.

Name	Date:	Version:
e.g. Lesly Donovan, Digital and Information, General Manager	DD/MM/YYYY	0.1
e.g. Chief Executive	DD/MM/YYYY	1.0

Distribution: This document has been distributed to

Name	Date of Issue:	Version:
Executive Team	DD/MM/YYYY	0.1

Linked Documentation: This document has been distributed to (Documents that you have linked or referenced to in the text of this document)

Document Title:	Document File Path
Executive Team	DD/MM/YYYY

Equality and Diversity Impact Assessment:

Date Completed (DD/MM/YYYY)

Doc: Full Business Case v1.0	Page 3	Author:
Date 2021-07-14	Version	Review Date:

Contents – Ensure update table

Section 1: Executive Summary 6

 1.1 Introduction 6

 1.2 Strategic Case 6

 1.3 Economic Case 6

 1.4 Financial Case 6

 1.5 Commercial Case 6

 1.6 Management Case 6

 1.7 Conclusion and Recommendation 6

Section 2: Introduction and Purpose 7

 2.1 Introduction 7

 2.1.1 Programme Description 7

Section 3: Strategic Case 8

 3.1 Review of Strategic Case within the Outline Business Case 8

 3.2 Organisational Overview 8

 3.3 Business Strategy & Aims 8

 3.4 Other Organisational Strategies 8

 3.5 Investment Objectives 8

 3.6 Existing Arrangements 9

 3.6.1 Summary of History 9

 3.6.2 Current Situation 9

 3.8 Business Scope & Key Service Requirements 9

 3.8.1 Business Scope 9

 3.8.2 Resultant Service Requirements 9

 3.9 Benefits Criteria 9

 3.10 Strategic Risks 9

 3.11 Constraints & Dependencies 10

 3.11.1 Constraints 10

 3.11.2 Dependencies 10

Section 4: Economic Case 10

 4.1 Review of Economic Case detailed in the Outline Business Case 10

 4.2 Critical Success Factors 10

 4.3 Main Business Options 10

 4.4 Preferred Way Forward 10

Doc: Full Business Case v1.0	Page 4	Author:
Date 2021-07-14	Version	Review Date:

4.5 Short Listed Options..... 10

4.6 Economic Appraisals..... 11

4.7 Benefits Appraisals..... 11

4.8 Risk Assessment 11

4.9 Optimism Bias 11

4.10 Preferred Option 11

Section 5: Commercial Case 12

 5.1 Preferred Supplier..... 12

 5.2 Agreed Scope and Services 12

 5.3 Agreed Risk Allocation..... 12

 5.4 Agreed Charging Mechanisms 12

 5.5 Agreed Key Contractual Arrangements 12

 5.6 Agreed Personnel Implications..... 13

 5.7 Agreed Implementation Timescales 13

Section 6: Financial Case 14

 6.1 Capital and Revenue Requirements..... 14

 6.2 Overall Affordability 14

Section 7: Management Case 14

 7.1 Procurement Strategy 14

 7.2 Agreed Arrangements for Project Management 15

 7.3 Agreed Arrangements for Change Management 15

 7.4 Agreed Arrangements for Benefits Realisation..... 15

 7.5 Agreed Arrangements for Risk Management..... 16

 7.6 Agreed Arrangements for Post Project Evaluation..... 16

 7.7 Contingency Plans..... 16

Section 8 Conclusion and Recommendation 17

Appendices..... 18

Doc: Full Business Case v1.0	Page 5	Author:
Date 2021-07-14	Version	Review Date:

Section 1: Executive Summary

1.1 Introduction

Brief summary of Section 2 Introduction and Purpose

1.2 Strategic Case

Brief summary of Section 3 Strategic Case

1.3 Economic Case

Brief summary of Section 4 Economic Case

1.4 Financial Case

Brief summary of Section 5 Financial Case

1.5 Commercial Case

Brief summary of Section 6 Commercial Case

1.6 Management Case

Brief Summary of Section 7 Management Case

1.7 Conclusion and Recommendation

Overall conclusion and recommendation

Doc: Full Business Case v1.0	Page 6	Author:
Date 2021-07-14	Version	Review Date:

Section 2: Introduction and Purpose

2.1 Introduction

2.1.1 Programme Description

Provide an overview of the programme please include the strategies which programme is aligned to.

Ensure you detail the purpose of the Business Case:

•

This Full Business Case (FBC) will document the justification for the undertaking of the *NAME OF project/* programme, based on the costs (of development, implementation and incremental ongoing operations and maintenance costs) against the anticipated benefits to be gained and offset by any associated risks.

The FBC covers *Detail all covered within the case and who is impacted.*

This programme will deliver a number of benefits including: - *Detail benefits*

Note what is not in scope

The programme will be governed *Name main governance body* and will be detailed in Section 7.2 of this document.

Section 3 will define the strategic context of the programme. *How does this fit with national/local objectives.*

Production of this FBC has been carried out with reference to the guidelines in the Scottish Capital Investment Manual with care being taken to consider not only the financial aspect of the investment but to also consider the non-financial aspects inclusive of user requirements and benefits for patients and staff. Evidence of this can be found throughout the document.

The remainder of this document will set out in detail the;

- Strategic Case (section 3)
- Economic Case (section 4)
- Commercial Case (section 5)
- Financial Case (section6)
- Management case (section7)
- Conclusions and Recommendations (section 8)

Doc: Full Business Case v1.0	Page 7	Author:
Date 2021-07-14	Version	Review Date:

Section 3: Strategic Case

3.1 Review of Strategic Case within the Outline Business Case

Provide an overview of the strategic case which was detailed in the OBC and what if any changes there have been until this point.

3.2 Organisational Overview

Provide overview of the organisation and how this project/programme fits

3.3 Business Strategy & Aims

Detail the Strategy and Aims which the project/programme aligns to, detail each and have a section e.g. 3.3.1 20/20 Vision.

3.4 Other Organisational Strategies

Provide detail of any other organisational strategy which align with the project/programme e.g. NHS Five Digital and Information Strategy 2019-2024, Transformation Programme

3.5 Investment Objectives

The investment objectives for this programme have been developed from *(explain the reason why investment is required, which objectives it aligns to and how this will be funded, it would be good to include a table such as the one detailed below).*

Table 3/1, Objectives

Strategic Objective	Summary of Strategic Project Objectives	Strategic Link to Name Delivery Plan
1		
2		
3		
4		
5		
6		
7		

Doc: Full Business Case v1.0	Page 8	Author:
Date 2021-07-14	Version	Review Date:

3.6 Existing Arrangements

3.6.1 Summary of History

What was the history to the project/programme?

3.6.2 Current Situation

What is the current situation?

3.7 Business Needs – Current & Future

What is the business need detail these in sections e.g. Complies with Digital and Information Strategy or Requirement from SG etc ensure that if there is a cost need then it is detailed here along with a supporting table of costs.

3.8 Business Scope & Key Service Requirements

3.8.1 Business Scope

Detail the scope of the programme

3.8.2 Resultant Service Requirements

Due to the scope what are the service requirements.

3.9 Benefits Criteria

Provide an overview of the criteria which the benefits will be measured against.

A full benefits appraisal is set out in Section 4.6 of this document. *Ensure you include.*

3.10 Strategic Risks

Risks to the programme will be identified, mitigated and controlled in accordance with standard programme governance methodology using both a “Likelihood” and “Impact” assessment. The main high level risks identified at this early stage are:

- *Detail the main risks*

A full risk assessment is included in Section 4.7 of this document. *Ensure you include*

Doc: Full Business Case v1.0	Page 9	Author:
Date 2021-07-14	Version	Review Date:

3.11 Constraints & Dependencies

3.11.1 Constraints

The main constraints related to this programme that have been identified so far are:

- *Detail the constraints*

3.11.2 Dependencies

Note any dependencies for the project/programme

Section 4: Economic Case

4.1 Review of Economic Case detailed in the Outline Business Case

Any changes made to the underlying assumptions of the Economic Case in the Initial Agreement and OBC should be noted within this section

4.2 Critical Success Factors

The following critical success factors have been identified for this programme:

- *Detail Critical Success Factors*

4.3 Main Business Options

The Outline Business Case presented **3** main options, short listed from the Initial Assessment, for consideration

Detail the Options.

4.4 Preferred Way Forward

The preferred option for investment is **Option (Number)** as this option (*detail the reasons why this option was the preferred option and what consultation has been undertaken*).

4.5 Short Listed Options

Doc: Full Business Case v1.0	Page 10	Author:
Date 2021-07-14	Version	Review Date:

Provide a detailed description of each of the shortlisted options.

4.6 Economic Appraisals

This section should show the results of the net present cost and equivalent annual charge findings for each option and should include any cost of risk retained

Guidance can be found in Page 62

http://www.scim.scot.nhs.uk/PDFs/Manuals/BC/BC_Guide_Full.pdf

4.7 Benefits Appraisals

This section should show the results of the ranking, weighting and scoring of the qualitative benefits for each short-listed option. Service providers' solutions should also be included in this section

Guidance can be found in Page 75

http://www.scim.scot.nhs.uk/PDFs/Manuals/BC/BC_Guide_Full.pdf

4.8 Risk Assessment

This section should show a full assessment of the risks retained under each short-listed option including costing of DBFO (Design, Build, Finance and Operate) if applicable

Guidance can be found in Page 78

http://www.scim.scot.nhs.uk/PDFs/Manuals/BC/BC_Guide_Full.pdf

4.9 Optimism Bias

Explicit adjustments are required for the tendency to overstate benefits and understate costs and timings.

Guidance can be found on Page 78

http://www.scim.scot.nhs.uk/PDFs/Manuals/BC/BC_Guide_Full.pdf

<https://www.gov.uk/government/publications/green-book-supplementary-guidance-optimism-bias>

4.10 Preferred Option

This section should show the recommended option following the above analysis. This is likely to be the one with the lowest cost per benefit

Doc: Full Business Case v1.0	Page 11	Author:
Date 2021-07-14	Version	Review Date:

Section 5: Commercial Case

5.1 Preferred Supplier

5.2 Agreed Scope and Services

Detail the agreed scope and services to be delivered.

Guidance can be found on Page 106

http://www.scim.scot.nhs.uk/PDFs/Manuals/BC/BC_Guide_Full.pdf

5.3 Agreed Risk Allocation

Consider how the risks (design, build, funding and operational) may be apportioned – the governing principle should be the party best able to manage it subjective to the relative cost

Guidance can be found on Page 108

http://www.scim.scot.nhs.uk/PDFs/Manuals/BC/BC_Guide_Full.pdf

5.4 Agreed Charging Mechanisms

This section considers how payment is intended to be made over the lifespan of the contract and should include how the service provider could be incentivised to continue to provide Value for Money (VFM) over time

Guidance can be found on Page 110

http://www.scim.scot.nhs.uk/PDFs/Manuals/BC/BC_Guide_Full.pdf

5.5 Agreed Key Contractual Arrangements

Contract management arrangements and key contractual issues should be considered and recorded. Examples of areas include:

- *Duration of the contract and any break clauses*
- *Change control*
- *Organisations remedies in the event of failure on the part of the service provider to deliver the contracted services*
- *Treatment of intellectual property rights*
- *Arrangements of the resolution of any disputes and disagreements between the parties*

Doc: Full Business Case v1.0	Page 12	Author:
Date 2021-07-14	Version	Review Date:

Guidance can be found on Page 114

http://www.scim.scot.nhs.uk/PDFs/Manuals/BC/BC_Guide_Full.pdf

5.6 Agreed Personnel Implications

Any personnel implications should be outlined in this section, e.g.

- *Whether Transfer of Undertakings (TUPE) will apply directly or indirectly*
- *Whether there are any relevant codes or practice in place and confirmation that these have been adhered to*

Guidance can be found on Page 116

http://www.scim.scot.nhs.uk/PDFs/Manuals/BC/BC_Guide_Full.pdf

5.7 Agreed Implementation Timescales

This section should outline key milestones for delivery of the related services and outputs by the potential service provider

Guidance can be found on Page 107

http://www.scim.scot.nhs.uk/PDFs/Manuals/BC/BC_Guide_Full.pdf

DRAFT

Doc: Full Business Case v1.0	Page 13	Author:
Date 2021-07-14	Version	Review Date:

Section 6: Financial Case

6.1 Capital and Revenue Requirements

A statement showing the capital and revenue requirements for the preferred option should be shown. It should set out:

- *The capital and revenue consequences over the life span of the service and/or contract period*
- *How this compares with the original capital ceiling for the scheme if applicable*
- *Any shortfall in capital and revenue requirements (the funding gap)*

Guidance can be found on Page 122

http://www.scim.scot.nhs.uk/PDFs/Manuals/BC/BC_Guide_Full.pdf

6.2 Overall Affordability

Some key questions to consider:

- *Would the project be affordable if capital costs were to be 10% higher than expected*
- *What if the expected savings were to fall by 10%*
- *What circumstances might cause savings targets to be breached*
- *What if income to the organisation were to reduce by 5% or more*
- *Is there a robust strategy in place to guard against these outcomes*

Guidance can be found on Page 126

http://www.scim.scot.nhs.uk/PDFs/Manuals/BC/BC_Guide_Full.pdf

Section 7: Management Case

7.1 Procurement Strategy

Following identification of preferred supplier what are the next steps? E.g.

- Formal Sign off FBC NHS Fife Board.
- Contract Negotiation
- Best and Final
- Contracts Signed

Doc: Full Business Case v1.0	Page 14	Author:
Date 2021-07-14	Version	Review Date:

7.2 Agreed Arrangements for Project Management

As with all projects/programmes undertaken by NHS Fife, the Programme will be managed and governed in line with the principles of Managing Successful Programmes (MSP) good practice as well as Prince 2 project management guidance. As opposed to replicating the detail in the body of this FBC document, further information on the various roles, structures and governance arrangements recommended by MSP and PRINCE2 can be accessed on request.

Detail the Programme Board and its purpose.

The full membership of the Programme Board e.g. Names should be included:

- Executive Director representative (Programme Sponsor)
- Non-Executive Director representative
- Patient and Staff representative
- Programme Director
- Programme Manager
- Senior Operational representative
- Senior Clinical representative
- Senior Finance representative
- Senior Strategy representative
- Senior Fleet representative
- Head of Procurement
- General Manager

The *Name* Programme Board will sit within current Service programme governance structure as outlined in the *diagram below*:

7.3 Agreed Arrangements for Change Management

Details of the strategy, framework and outline plans for the successful delivery of change

Guidance can be found on Page 135 and 159

http://www.scim.scot.nhs.uk/PDFs/Manuals/BC/BC_Guide_Full.pdf

7.4 Agreed Arrangements for Benefits Realisation

The benefits realisation strategy should set out arrangements for the identification of potential benefits, their planning, modelling and tracking. It should also include a framework that assigns responsibilities for the actual realisation of those benefits throughout the key phases of the project

Guidance can be found on Page 137 and 160

http://www.scim.scot.nhs.uk/PDFs/Manuals/BC/BC_Guide_Full.pdf

Doc: Full Business Case v1.0	Page 15	Author:
Date 2021-07-14	Version	Review Date:

7.5 Agreed Arrangements for Risk Management

Arrangements for the on-going management of risk during the key phases of the project

Guidance can be found in Page 139 and 161

http://www.scim.scot.nhs.uk/PDFs/Manuals/BC/BC_Guide_Full.pdf

7.6 Agreed Arrangements for Post Project Evaluation

Guidance can be found in Page 144 and 163

http://www.scim.scot.nhs.uk/PDFs/Manuals/BC/BC_Guide_Full.pdf

7.7 Contingency Plans

DRAFT

Doc: Full Business Case v1.0	Page 16	Author:
Date 2021-07-14	Version	Review Date:

Section 8 Conclusion and Recommendation

Provide a complete conclusion and recommendation from the paper this should be a slightly longer version of the conclusion and recommendation included in the summary.

DRAFT

Doc: Full Business Case v1.0	Page 17	Author:
Date 2021-07-14	Version	Review Date:

Appendices

As Identified in the Paper

DRAFT

Doc: Full Business Case v1.0	Page 18	Author:
Date 2021-07-14	Version	Review Date:

Meeting:	Finance, Performance & Resources Committee
Meeting date:	15 March 2022
Title:	Annual Procurement Report
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Kevin Booth, Head of Financial Services & Procurement and Carrie Somerville, Head of Procurement

1 Purpose

This is presented to the Board for:

- Decision

This report relates to a:

- Annual Operational Plan
- Legal requirement

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

- Safe
- Effective

2 Report summary

2.1 Situation

The Finance, Performance & Resources Committee is asked to review the content of the Annual Procurement Report and approve prior to this being published.

2.2 Background

To meet the regulatory requirements of the Procurement Reform (Scotland) Act 2014, NHS Fife must prepare and publish an Annual Procurement Report. The Annual Report demonstrates to our stakeholders how NHS Fife's procurement spend is being best used to best effect to achieve better public services, improvements to social, economic and environmental outcomes in the local area and aiding a range of local and national policies including those tackling inequality and climate change obligations.

2.3 Assessment

The Annual Procurement Report provides a summary of regulated procurements within the period (the 2020/21 financial year) and how we are performing in regard to our Procurement Strategy.

The Report provides information on 56 call-off contracts where the value exceeded the regulated threshold (£50,000 for goods and services). The total value of these call-offs was £10,037,261, with contracts for HEPMA, an MRI Scanner and a Robotic Surgical System and Accessories making up almost half of this value (45%),

The Report clarifies the procedure that NHS Fife Procurement team follow when any contract is awarded which should ordinarily have gone through a regulated procurement process and instead a tender waiver procedure was applied. These contracts do not require to be specifically disclosed but for the benefit of the Finance, Performance & Resources committee there were seven such awards without prior publication of a contract notice ("direct award") totalling £771,098. Five were awarded on grounds that competition was lacking on technical grounds and two were awarded under emergency regulations in response to the COVID-19 pandemic for the purchase of laptops to enable remote working.

Section 3 of the Annual Report demonstrates how NHS Fife Procurement has contributed to the achievement of its objectives and to the general duties in the Procurement Reform (Scotland) Act 2014. The formation of the Procurement Governance Board is highlighted in this section and its role going forward in the monitoring and active enhancement of the future procurement service.

NHS Fife's adoption of the principles of an Anchor Institute are clarified in the annual report. In support of this NHS Fife Procurement states its commitment to considering and developing pathways that it can use to influence and enhance the community benefits for the people of Fife and their local communities.

Whilst the Procurement Workplan is under development and will be populated through the Engagement Plan that the Head of Procurement is carrying out in 2022. Only four future regulated procurement projects are disclosed. It is however anticipated that this number will increase significantly following the opportunities identified during the Engagement plan.

The final section of the Annual Report confirms NHS Fife's compliance towards its 2019 Procurement Strategy as approved by the Boards Finance, Performance and Resource Committee.

2.3.1 Quality/ Patient Care

The compliance of the Procurement Function detailed in the Annual Report contributes to wards the service ability to deliver improved quality of care.

2.3.2 Workforce

The report highlights work and activity undertaken by procurement staff and reaffirms our Procurement Strategy Objectives to ensure Procurement staff can perform to their full potential and that formal and informal training will be encouraged and supported.

2.3.3 Financial

Production and publication of the Report will have no financial impact on NHS Fife.

2.3.4 Risk Assessment/Management

The contents of the report when published will become a public document and as such have been checked by the Senior Procurement Management Team.

2.3.5 Equality and Diversity, including health inequalities

N/A

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

The contents of the Annual Report have been finalised through contributions of the NHS Fife Procurement Team.

2.3.8 Route to the Meeting

The 2020/21 Annual Report was reviewed and approved at the Procurement Governance Board on 28th January 2022.

2.4 Recommendation

- **Decision** - The Finance, Performance & Resources committee is asked to approve the Report for publication.

3 List of appendices

The following appendices are included with this report:

- NHS Fife Annual Procurement 2020-21

Report Contact

Kevin Booth

Head of Financial Services & Procurement

Kevin.Booth@nhs.scot

Procurement Report

April 2020 to March 2021

Date of Issue: September 2021

Date of next review: April 2022

Table of Contents

1	Purpose.....	3
2	Summary of Regulated Procurements Completed.....	4
3	Review of Regulated Procurement Compliance.....	6
4	Community Benefit Summary.....	11
5	Supported Businesses Summary.....	12
6	Future Regulated Procurement Summary.....	13
7	Report Ownership.....	14
8	Procurement Strategy 2019.....	15

DRAFT

1 Purpose

The purpose of this annual report is to aid visibility of NHS Fife's ("the Authority") purchasing activities and to allow us to record and publicise our performance and achievements in delivering our Procurement Strategy. This report allows us to demonstrate to our stakeholders that our procurement spend is being used to best effect to achieve:

- Better public services;
- Social, economic and environmental outcomes in our area; and,
- A range of local and national policies e.g. those relating to tackling inequality and meeting climate change obligations.

The Annual Report provides information on how we consult and engage with our stakeholders, as we follow our approved procurement strategy. The Annual Procurement report is a key document in enabling informed engagement with our external or internal clients, our strategic partners, suppliers and potential suppliers, and the general public.

As detailed within our Procurement Strategy, this report will focus on the Board's trade expenditure, which was circa £120 million in 2020/21.

2 Summary of Regulated Procurements Completed

2.1 Definition

In accordance with the Procurement Reform (Scotland) Act 2014, any Public contract (other than a public works contract) of £50,000 or greater and public works contract of £2,000,000 or greater is considered a Regulated Contract. A regulated procurement is any procedure carried out by a contracting authority in relation to the award of a proposed regulated contract which is completed when the award notice is published or where the procurement process otherwise comes to an end. This includes both contracts and framework agreements.

2.2 Summary of Procurements

The following tables summarise NHS Fife's regulated procurements in 2020/21.

Type of Regulated Procurement	Qty in Period	Estimated Value
Contract Awards	56	£10,037,261
Total regulated procurements	56	£10,037,261

2.3 Awards without a competitive procurement process

We identify and log all contract awards which should ordinarily have gone through a Regulated Procurement process, through our Tender Waiver procedure approved by the Director of Finance and Strategy and the Chief Executive.

The Tender Waiver Process identifies spend that has not been subject to the procurement regulations and can normally be categorised within the following criteria:

1. The requirement falls under the general exclusions and Specific Situations of the Public Contracts (Scotland) Regulations 2015 Sections 4 or 7 through 18 or by being a service listed in Schedule 3 of the aforementioned regulations; examples being;
 - a. Property rental.
 - b. Client legal representation
 - c. Legal advice.

- d. Public Sector to Public Sector contracts under regulation 13(8) of the aforementioned regulations.
- 2. The requirement can only be delivered by a certain supplier through an exclusive right under regulation 33(1) of the aforementioned regulations.

DRAFT

3 Review of Regulated Procurement Compliance

3.1 Introduction

This section demonstrates how NHS Fife procurement has contributed to the achievement of our specific objectives and to the general duties in the Procurement Reform (Scotland) Act 2014.

3.2 How we review our Regulated Procurements

NHS Fife Procurement observes the Procurement Journey methodology including application of the Sustainable Procurement tools highlighted in 3.4 & 4.1 for all of its Regulated Procurements where a tendering process is required. Route 2 of the Procurement journey methodology is followed when procurement activities fall below the OJEU level, whilst route 3 of the procurement journey methodology is followed for OJEU procurements. Any Call-off contracts are checked with the host organisation, including NHS National Procurement, Scottish Government, and where necessary Crown Commercial Service for compliance with regulations and policy before we enact these.

From 01 January 2021, following the UK exiting the European Union, any procurement activity requiring tenders are now published on a new e-tendering portal, called Find a Tender Service (FTS) instead of the previously used OJEU.

3.3 Delivering against our Mandatory Obligations

This section provides a retrospective review of our performance against the commitments stated in our Procurement Strategy for 2019 onwards.

Commitment 1 – Regulated and OJEU/FTS Procurements

We have committed to advertising opportunities and placing award notices on Public Contracts Scotland to maintain our Public Contract Register.

Commitment 2 – Achieving our purpose

We have committed to working closely with colleagues in Regulated and OJEU/FTS procurements and to use Procurement Journey Route(s) 2 & 3. Each of the specifications and evaluation criteria were informed by an expert user intelligence

group made up of internal colleagues and supported by external colleagues if the Procurement was collaborative in nature.

Commitment 3 - Delivery of value for money

We have committed to obtain value for money through best practice contracting and supplier management and through undertaking key strategic procurement activities. Due to the initial reallocation of resource in response to the COVID-19 pandemic, and in support of service remobilisation, the Director of Finance and Strategy has established a Procurement Governance Board to monitor and develop the Procurement Departments contribution to this objective.

Commitment 4 - Utilising the Scottish Model of Procurement

We have committed to ensuring our procurement activity was optimised to the Scottish model of procurement. We achieved this by ensuring we utilised central framework agreements from our Procurement Centre of Expertise (CoE), NHS National Procurement and the Scottish Government.

Commitment 5 - Engaging with our service users

We have pledged to work with colleagues in NHS Fife to utilise NHS Fife's embedded approaches to facilitate better engagement with the public. We continue to engage with colleagues who have a public facing role to understand where we can support them better in their activities.

Commitment 6 - Engaging with Suppliers

We have committed to devise a market engagement strategy in order to inform priorities and direction of travel for the Procurement function in this area. While our focus in the period was responding to the COVID-19 pandemic, we supported the virtual P4H (Procurement for Health) Conference in September 2020 and, where practical, held virtual supplier engagement sessions.

We will continue to reduce barriers to our opportunities to suppliers and identify ways of opening up opportunities to new suppliers and to ease the administrative burden on small and micro suppliers. We will support the Supplier Development Programme,

support the P4H Conference and, where practicable, hold 'Meet the Buyer' events to encourage- wider engagement in the local economy.

Commitment 7 - Community Benefits

NHS Fife has adopted the principles of an Anchor Institute and has created a Programme Board to consider and develop ways that it can use its influence to enhance the community benefits of the people of Fife. NHS Fife Procurement will play a key part of this programme in the coming years using its considerable influence to help maximise the benefits an Anchor Institute can provide in the local community.

Commitment 8 – Food Procurement

NHS Fife Procurement have committed to engage appropriate internal colleagues in food procurements and to support Healthy Choices being available to staff and patients. This has and continues to be developed in NHS Fife.

A number of national food contracts have been organised into lots to encourage and assist engagement from a wider variety of suppliers in the local area.

Commitment 9 – Scottish Living Wage

NHS Fife Procurement will work with its suppliers through its contracting and relationship management to look at opportunities to encourage its suppliers to implement the Living Wage within their staff structures where this does not already apply. NHS Fife are utilising the Scottish Government's Workforce Matters Procurement Policy to assist with this commitment.

NHS Fife Procurement Team will further engage with its suppliers and attempt to increase its understanding of the supply chains wage policies.

Commitment 10 - Compliance by contractors and sub-contractors with the Health and Safety at Work etc. Act 1974

NHS Fife have stated that all non-NHS Fife personnel working on site are expected to adhere to NHS Fife health and safety processes and procedures. NHS Fife's

Estates team are construction site safety management certified which includes legal and practical knowledge of health and safety management on construction works including the Health and Safety at Work, Etc. Act 1974. This supports our in-house capability to ensure that any works completed on behalf of the NHS Fife are performed to the current Health and Safety standards. All building tenders and quotes are run in accordance with the Construction (Design and Management) Regulations 2015.

3.4 Strategy Performance Review

Within our 2019 Procurement Strategy our objectives are set out and the status of these objectives is reported in Section 8.

3.5 Invoice Payment Performance

A key feature of Procurment's element of NHS Fife's Anchor Institute Programme is ensuring that our suppliers are paid promptly to influence enhanced cashflow between suppliers in the economy. Payment times measured and reviewed on a monthly basis. The table below details our performance against the 30 day target and the aspirational 10 day target across the 2020/21 financial year.

Invoice Payment Policy	
Average number of days credit taken	23
Contractual 30 day payment policy	
Total number of invoices	111,753
Total number of invoices paid within 30 days	102,626
% by volume of invoices paid within 30 days	92%
% by value of invoices paid within 30 days	95%
Aspirational 10 day target	
Total number of invoices	111,753
Total number of invoices paid within 10 days	93,058
% by volume of invoices paid within 10 days	83%
% by value of invoices paid within 10 days	90%

4 Community Benefit Summary

4.1 General Policy

NHS Fife's Community Benefits in Procurement Policy states that all regulated Procurements (£50k plus) will be considered for Community Benefits Clauses. The following tools can be applied to ascertain whether to include Community Benefit Clauses or not:

- *Scottish Public Procurement Prioritisation Tool;*
- *The Sustainability test;*
- *Life Cycle Impact Mapping; and*
- *the Scottish Flexible Framework.*

4.2 Benefits delivered in period

As a consequence of the Covid-19 Pandemic and the initial reallocation of resources as a response, no Community Benefit Clauses were applied to contract in the report period. It is anticipated however that in the coming years with the introduction of the NHS Fife Community Benefits in Procurement Policy, progress will be made and demonstrated in subsequent Procurement Reports.

5 Supported Businesses Summary

5.1 Trade with Supported Business

NHS Fife Procurement recognise the need to ensure spend to Supported Business is maximised. Over the period of this report, one supported business (a local supported business, Matrix Fife) has received orders from NHS Fife. NHS Fife review all opportunities to engage with this supplier and other Support Businesses.

5.2 Engagement work

Due to the pressures of the pandemic and the initial reallocation of resources, no engagement work with supported businesses was undertaken in the period. NHS Fife however remains committed to supporting Supported Businesses and the importance of social enterprises and intends to identify ways to increase spend in this sector and report in future Annual Procurement Reports.

6 Future Regulated Procurement Summary

Below we present our current view of upcoming regulated procurements over the next 2 years.

Subject Matter	Expected Notice Publication Date	Estimated Contract Value
Funeral Directors	October 2021	£100,000
Medical Services at NHS Hospital (Neurology)	September 2021	£100,000
Medical Services at NHS Hospital (Oral Maxillofacial)	September 2021	£70,000
Taxi Services	December 2021	£350,000

7 Report Ownership

In line with the Reform Act and to ensure our Annual Procurement report details our performance against strategy, this report will be subject to formal annual review and approval. The report is owned by the Head of Financial Services & Procurement.

8 Procurement Strategy 2019

The 2019 Procurement Strategy was approved by the Board's Finance, Performance & Resources Committee and has been published on the NHS Fife website. Procurement Strategy Objectives will be detailed and reported in subsequent reports.

Number	Action	Status
1	NHS Fife will assess all regulated procurements for inclusion of Community Benefit Clauses.	Continues to form part of NHS Fife's procurement process.
2	Utilise the National Supported Business Framework.	Framework suppliers not utilised in the period but NHS Fife has engaged with another supported business (Matrix Fife).
3	Consider Supported Business wherever possible.	Continues to form part of NHS Fife's procurement process.
4	Increase Supported Business expenditure year on year.	Increases to be measured year-on-year in subsequent Procurement Reports.
5	Consider Social Enterprises wherever possible.	Continues to form part of NHS Fife's procurement process.
6	Apply Community Benefits Clauses wherever possible.	Continues to form part of NHS Fife's procurement process. This will form a key focus for Procurement in the Anchor Institute Programme.
7	Increase Social Enterprise Expenditure year on year.	Increases to be measured year-on-year in subsequent Procurement Reports.
8	NHS Fife will specify recycled products or ensure they come from sustainable sources in specifications wherever possible in line with our Sustainable Procurement agenda.	Continues to form part of NHS Fife's procurement process.
9	NHS Fife will specify recyclable product/packaging from contracted suppliers.	Continues to form part of NHS Fife's procurement process.
10	Implement Technical User Groups for all	Continues to form part of NHS Fife's

	key procurement projects.	procurement process.
11	Ensure public/patient participation is used wherever appropriate.	Continues to form part of NHS Fife's procurement process.
12	Provide representation to National Clinical/Commodity Advisory Groups.	Continues to form part of NHS Fife's procurement process.
13	NHS Fife will promote compliance of contractors and subcontractors to the Health and Safety at Work Act 1974 with our Terms and Conditions of contract and or specific contract clauses where appropriate.	Continues to form part of NHS Fife's procurement process.
14	Engaging Public Health and Dietician colleagues onto Technical User Groups for food procurements.	Continues to form part of NHS Fife's procurement process.
15	Ensuring Healthy Choices are available to patients and staff.	Actioned within NHS Catering units.
16	NHS Fife will promote the highest standards in animal welfare in the supply chain by way of contract Terms and Conditions and specific clauses where appropriate.	Continues to form part of NHS Fife's terms and conditions of contract.
17	NHS Fife will by way of Terms and Conditions specify that <ul style="list-style-type: none"> • <i>all subcontractors are paid by no later than thirty days from date of receiving an invoice; and,</i> • <i>subcontractors pay their subcontractors no later than thirty days from date of receiving an invoice.</i> 	Continues to form part of NHS Fife's terms and conditions of contract.
18	NHS Fife will continue to use Public Contracts Scotland as above and utilise the Public Contracts Scotland Tender (PCST) tool for regulated procurements.	Continues to form part of NHS Fife's procurement process.
19	NHS Fife will use the Procurement Journey process and documentation for all regulated procurements.	Continues to form part of NHS Fife's procurement process.

20	NHS Fife will continue to seek opportunities to nurture Procurement Talent wherever possible.	Continues to form part of NHS Fife's procurement process.
21	NHS Fife will ensure that Procurement staff can perform to their full potential and ensure activity undertaken is compliant with the most current regulation and governance, formal and informal training will be encouraged and supported.	Continuing professional development applied through application of NHS Scotland TURAS process and workplace development programme.
22	NHS Fife will maintain and improve performance within the PCIP status of "Superior Performer" using a single improvement plan and demonstrate making evidence and resource available to assist peer organisations at regional and national level.	NHS Fife will engage in future PCIP assessments, develop an improvement plan and report in future Procurement Reports.
23	NHS Fife will carry out bi-annual PCIP assessments of Pharmacy/Construction and Estates.	This is yet to be established and will be reported on in future Procurement Reports.
24	NHS Fife will support Continuous Improvement through the central Procurement Team carrying out bi-annual PCIP assessments within areas such as Pharmacy, Estates and Digital and Information, with targeted work sessions and ongoing support and advice.	This is yet to be established and will be reported on in future Procurement Reports.
25	NHS Fife Procurement will ensure the Board are informed of progress and positioning of the East and North Procurement Programme; the Head of Procurement will include a progress update (from the Programme Lead) in the formal annual report to the Finance, Performance & Resources Committee.	The Programme activity was paused during the COVID-19 pandemic but recommences during 2021/22.

	This will be in addition to the conventional Programme Board reporting structure to SGHSCD, Boards and associated national partners.	
26	NHS Fife will optimise the online Self Service approach for Procurement.	Implementation of helpdesk software was delayed due to the COVID-19 pandemic but is launched at the beginning of the 2021-22 financial year.
27	NHS Fife will continue to consider the One-Touch/Automation agenda when designing internal procurement processes.	Procurement are a key member of the Medicines Automation Programme and continue to engage with Digital and Information Colleagues to consider automation where appropriate
28	NHS Fife will ensure local, regional, and national collaboration is optimised, joint working of National Procurement (NP) and NHSF officers should be evident and implementation and compliance systems embedded as business as usual.	Regional and National Collaboration has increased as a result of the Pandemic and continues to form part of NHS Fife's procurement process.
29	NHS Fife will work with the NDC to optimise throughput through regular work sessions.	Regular meetings are held to discuss progress and collaborate on emerging issues.
30	NHS Fife will ensure consistent and professional management of expenditure across the three best value supply chain dimensions; Purchase Demand Management; Supply Base Management; and Total Cost Management, the Procurement Journey toolkit will be used to manage all expenditure.	Critical focus for board with formal engagement plan with drive for management of expenditure through best value supply chain dimensions.
31	NHS Fife will ensure that clinical stakeholders are fully supported in the achievement of their HAI objective, the Procurement Team will respond to any needs and change as priority tasks.	A Technical User Group has been established which assists clinical colleagues to support their HAI objectives
32	NHS Fife will maintain a programme of	A Plan has been approved to create an

	Business Assurance and ensure reporting is timely and accurate by maintaining Action Logs to track continuous improvement.	Additional post of Deputy Head of Procurement, which will have responsibility for the programme of Business Assurance. Including the maintenance of action logs to assist with progressing improvements.
33	NHS Fife will ensure performance measurement matches the needs of the organisation and our stakeholders at local, regional, and national level, KPIs and the Balanced Scorecard will be subject to annual review.	A Procurement Governance Board has been established which will oversee performance measurement to ensure it is in line with the organisation's needs.
34	NHS Fife will continue to deliver Spend Analyser to budget holders and invest time in supporting them in getting maximum value from the tool.	The Spend Analyser tool was decommissioned; however, we will engage with budget holders to identify and support alternative means to monitor spend.
35	<p>The Procurement Team will harness these new technologies by continuing to offer to be a pathfinder for national initiatives such as:</p> <ul style="list-style-type: none"> • <i>Scan for Safety</i> • <i>Blockchain Logistics</i> • <i>Artificial Intelligence</i> • <i>Automation of Processes and Logistics</i> 	The Procurement Department continues to look for opportunities to harness new technologies to provide a better service to stakeholders and consider value creating opportunities.

Meeting:	Finance, Performance and Resources Committee
Meeting date:	15 March 2022
Title:	NTC – Fife Orthopaedics Financial update
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Maxine Michie, Deputy Director of Finance

1 Purpose

This is presented for:

- Assurance

This report relates to:

- Fife Elective Orthopaedic Centre Full Business Case
- Emerging Issue

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

- Safe
- Effective
- Person Centred
- Efficient

2 Report Summary

2.1 Situation

The FBC for the Fife Elective Orthopaedic Centre (renamed NTC – Fife Orthopaedics) was approved by Fife NHS Board and the Scottish Government Capital Investment group at the end of 2020 with construction commencing in March 2021. Following approval for funding the project aligned with the objectives of the National Planned Treatment Centre Programme in providing additional and sustainable capacity.

The FBC made the case for providing additional capacity to allow for the increased service demand based on predicted increases in population over the next 20-30 years (pre pandemic). The workforce plans presented in the FBC identified the required increase in staffing levels to support the additional theatre, increase in beds (single rooms) and additional consultant staff. A level of ancillary staff was also identified.

A workforce group was established to take forward numerous tasks in relation to planning for the centre becoming operational. This group reviewed the workforce plan included in the FBC and due to a number of factors revised the plan which led to a significant increase in the numbers and cost of staff required to ensure the centre could operate at optimum capacity on commencement of service. The NTC Fife workforce plan has evolved with recognition that various staff groups were not included in the workforce plan included in the FBC.

2.2 Assessment

The attached paper (Appendix 1) was forwarded to Margaret Sherwood (**MS**), NTC Programme Director at Scottish Government early January 2022 for discussion and to secure approval for funding for the revised NTC workforce plan. The paper provides detail of the original workforce plan, the revised workforce plan, and the reasons for the revisions. Prior to submission of the paper to MS, there were several discussions with MS to seek her advice and support to secure the additional funding required.

On 31 January 2021, a meeting took place with MS and senior NHS Fife staff to discuss the paper and answer any questions she had. Despite some challenge from MS the meeting was positive. The group took MS through the following:

- Explanation of how the revised workforce plan was developed and the requirement for the increase in staff numbers.
- Identified the time critical posts and the reason as to why time critical
- Confirmed robust challenge and review of the revised workforce plan had taken place locally, including peer review with the Management lead for NHS Highland NTC.
- Advised the additional staffing identified in the revised plan would enable patient capacity to be optimised across all 3 theatres during the normal working week. Options to further increase capacity were also discussed but these would require further additional staffing resource.

Further discussion took place separately with MS and NHS Fife's Radiology Manager to discuss in detail some of the issues raised by MS in relation to the radiography staff resource included in the workforce plan. This led to MS agreeing to a further increase in the radiography workforce for the centre.

On 3 February 2022 NHS Fife received written confirmation from Margaret Sherwood the total workforce funding requested by NHS Fife to support the NTC was approved by Scottish Government.

Appendix 2 details the original workforce plan included in the FBC and the workforce plan approved by Scottish Government. The cost of the revised workforce plan is an additional £2.070m, 38.5 wtes. The total approved workforce for the NTC is £3.785m, 78.5 wtes.

2.2.1 Quality/ Patient Care

There is a potential risk to patient care if there staffing levels are not appropriate and there are delays in recruitment.

2.2.2 Workforce

As per 2.2

2.2.3 Financial

As per 2.2.

2.2.4 Equality and Diversity, including health inequalities

2.2.5 Other impact

2.3.6 Communication, involvement, engagement and consultation

2.3.7 Route to the Meeting

EDG 18th December 2021

NTC Fife Orthopaedics Project Board 23rd February 2022

2.3 Recommendation

The Finance, Performance and Resources Committee are asked to **note** the contents of this paper.

3 List of appendices

Appendix 1 Paper submitted to NTC Programme Director, Scottish Government
Appendix 2 Final approved workforce plan

Report Contact

Maxine Michie

Deputy Director of Finance
maxine.michie @nhs.scot

Appendix 1



NHS Fife

Title:

Responsible Executive:

Report Author:

Situation

The initial agreement (IA) for the Fife Elective Orthopaedic Centre (FEOC) to full business case (FBC) stage was a locally driven project and not part of the NTCP.

We started to align with the NTCP process around the time the FBC was agreed by CIG and funding secured and from that point onwards the FEOC became the Fife NTC (FNTC). However, up to this point there has been no scrutiny from the National Treatment Centre Programme on our workforce plans.

We have recently reviewed the Fife NTC workforce requirements and have identified a number of posts that need to be added to the original workforce plan included within the FBC to ensure the centre can operate at optimum capacity on commencement of service.

Background

The NTC programme recognises there is a substantial workforce recruitment requirement to ensure these facilities are fully operational when they open. Given the work required to take forward patient pathways, staff training, development of processes and procedures etc It is recognised that a phased recruitment will be required to be aligned with the FNTC opening date.

The FNTC workforce plan has evolved with recognition that various staff groups were not included in the workforce plan included in the FBC. These posts can be categorised as follows:

1. Operational: directly related to the additional estates (6500m²) the FNTC gives NHS Fife. To support this requires ancillary, security, estates and portering staff.
2. Service: Outpatient and radiology staffing
3. Service transformation: Pharmacy, physician assistants, nurse consultant and AHP OP posts. These posts were not considered at FBC and service transformation has evolved through discussion with the multidisciplinary team.

Whilst staff are transferring from the existing orthopaedic ward and theatres, additional support is required for the increased capacity available from the new centre and centralisation of service delivery. There is a requirement to include staffing for OPD/Radiology (nurse staffing, radiography and AHP's). The approved capital funding for the Fife treatment centre supports the inclusion of OPD facilities and a radiology suite within the build. This will enable the development of a one stop service, where the majority of orthopaedic services can be delivered from a dedicated facility. This will promote efficiencies in patient pathways for both local provision and the delivery of additional capacity as part of the national recovery plan. Moreover, because this is a standalone facility, the inclusion of a radiology suite in the build is critical to support the delivery of the planned inpatient surgical and OPD services.

ANP support is required to provide sustainable 7-day medical support for this standalone facility. Additional middle grade/SCP is also required to support the 2 new consultants. These additional posts were not included in the FBC workforce plan.

The posts included in the FBC workforce plan and for which funding is approved are identified in Appendix 1, Table 1. The approved funding is for a workforce of 40.00 WTE at a cost of £ 1,714,739.

Assessment

The FNTC represents a new standalone planned orthopaedic facility. This is a re-provision of an existing facility that is no longer fit for purpose. The FBC made the case for providing additional capacity to allow for the increased service demand based on predicted increases in population over the next 20-30 years.

The stand-alone nature of the facility and the expansion in capacity requires both an uplift in workforce and additional staffing. The facilities to be provided by the FNTC include

- OPD with X-ray facilities
- Ward area with increase in beds from 23 to 33, all single rooms
- 3 operating theatres, an increase of 1 over current provision

The original FBC workforce plans identified the required increase in staffing levels to support the additional theatre, increase in beds (single rooms) and additional consultant staff. A level of ancillary staff was also identified.

Following review of the workforce plans to maximise the operational capacity of FNTC a requirement for the following additional staff has been identified:

Workforce requirements	WTE	Banding	Comment
Increase in Anaesthetics	0.75	Consultant	Not included in original workforce plans
Speciality doctor	2	Middle grade	2 New consultant posts will require middle grade support. Consideration being given to post-CCT Fellowship position as one of the posts to align with the concept of a centre of excellence.
Pre-op	1.8	B3 - 1.00 B6 - 0.80	Not included in original workforce plans to manage additional capacity
Ward ANP	3	B7- 3.00	These have replaced the requirement for medical posts which had been difficult to recruit to. The ANP numbers are required to ensure the sustainability of the ANP led service because of the increased activity the 3rd theatre will bring and associated increase in bed base.
Facilities Management	8.73	B2 - 8.74 B3 - 1.67 B4 - 1.00	Original workforce plans insufficient to the increase in M2 and centre requirements
OP staff	6.83	B3 – 5.40 B5 – 1.00 B7 – 1.00	Bringing most clinics to the FEOC will support team working and communication
Radiology	4.25	B2 – 1.60 B6 – 2.65	Unable to release required levels of staff from existing service to support standalone facility. Top up to staffing levels required to radiology staff moving to FEOC. Critical to service delivery.
Receptionist	1.75	B2 - 1.75	Not included in original workforce plans
SCP/housekeep	1.12	B2 - 0.12 B6 - 1.0	Not included in original workforce plans

Total	30.23		

Recruitment of staff will require to start immediately to ensure that staff are trained and in post for the opening of the FNTC. The NTC workforce planning document recognises the need to have factored in appropriate lead-in times that take account of minimum timescales for recruitment, education (where required) and for induction prior to opening, these vary from six months to more than 18 months depending on specialty. The recruitment lead in times based on full FNTC staffing requirements, Gantt chart completed, has been created to ensure that staff are recruited to ensure the FNTC is fully operational by January 2023.

The cost of the additional staffing requirement is £1,306,922 and supports the see and treat patient pathway. Although the recruitment of 2 additional consultants will increase the activity through the centre, 2 days per week of available theatre time will be underutilised due to insufficient consultant capacity. An additional 2wte Orthopaedic consultants (taking total additionality to 4wte) would enable activity through the centre to be further increased with some minor increase to other supporting medical staff.

Table below outlines the potential additional capacity available based on various models of service delivery.

	Current theatres	New consultant	Additional THR/TKR	Comments
Current	2 theatres	3 rd theatre	3 rd theatre	
FEOC FBC		2 (funding agreed)	336	Bringing F&A, other DC to FEOC from remote sites
FEOC remodelled 1		4 (requires funding)	336 + 400	Bring F&A + 2 additional theatres for arthroplasty, 4 joints 50 week/yr

The additional capacity is based on 4 joint lists, operating 50 weeks a year. To achieve this a further 2 consultant and support staff would be required to deliver this. This is 2 WTE consultants above those included in the FBC. In addition, 2 middle grade doctors (or equivalent salaried staff eg surgical care practitioners) and additional anaesthetic appointments would be required to support this additional activity. In 2019 orthopaedic list achieved 3.4 cases per list. The additional theatre capacity the FNTC could deliver with 2 further additional consultants would be 400 joints per year.

In Summary

Table 1 of Appendix 1 confirms the approved workforce for Fife NTC per the FBC. The 2 wte consultants are anticipated to deliver an additional 336 joints per annum. However, this will only be possible if the additional workforce identified in Appendix 1, Table 2 and in the table above are approved for funding, 30.23 wte costing annually £1,306,922. This would take total workforce costs for the FNTC to £3,021,660

A further 2wte Orthopaedics consultant and supporting medical staff as per Appendix 1, Table 3 if approved for funding could deliver up to 400 joints per year.

If funding is made available for the total workforce identified in the tables in Appendix 1, 75.23 wte costing £3,618,228 additional activity of 736 joints per year could be delivered.

RECOMMENDATION

To ensure service delivery and optimise the capacity of the FNTC the following recommendations:

Considerable work will be required to appoint up to 70.23/75.23 WTE staff to allow the FEOC to be fully operational by end of 2022.

- 1) Confirm funding available to allow the recruitment of staff to begin.
- 2) Confirm funding to proceed with the recruitment of additional staff not included in the FBC.
- 3) Confirm funding to proceed with the additional recruitment to provide enhanced activity levels.

TABLE 1- Funding Approved

FNTC Workforce Per FBC	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Cons	Speciality Doctor	Total	Cost
Consultant Surgeon							2.00		2.00	260,000
Consultant Anaesthetist							1.25		1.25	150,194
Theatre Nursing	1.80	1.00	1.47	3.00	1.00				8.27	291,532
Theatre ODPs				1.47					1.47	59,692
Theatre Recovery	2.27				1.00				3.27	106,576
Ward Staff	9.59			6.17					15.76	583,852
Outpatients		0.57							0.57	22,186
AHPs			1.62		1.95	0.65			4.22	177,204
Facilities Staff	2.68								2.68	47,055
Administration			0.51						0.51	16,447
	16.34	1.57	3.60	10.64	3.95	0.65	3.25	0.00	40.00	1,714,739

TABLE 2 - Additional requirement critical to support approved workforce in Table 1

Additional Staff Require to Deliver 366 additional joints per year	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Cons	Speciality Doctor	Total	Cost
Consultant Anaesthetist							0.75		0.75	104,211
Speciality Doctor								2.00	2.00	179,724
Pre Op Assessment		1.00			0.80				1.80	69,516
Ward - ANP						3.00			3.00	175,293
Facilities Staff	6.06	1.67	1.00						8.73	248,289
Outpatients		4.83		1.00		1.00			6.83	272,365
Radiography Staff	1.60				2.65				4.25	157,568
Reception	1.75								1.75	46,277
SCP/Housekeeping	0.12				1.00				1.12	53,678
	9.53	7.50	1.00	1.00	4.45	4.00	0.75	2.00	30.23	1,306,922

TABLE 3 - Additional Staffing required to deliver further additionality

Additional Staff Required to Deliver a further 400 additional joints per year	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Cons	Speciality Doctor	Total	Cost
Consultant Surgeon							2.00		2.00	277,896
Consultant Anaesthetist							1.00		1.00	138,948
Speciality Doctor								2.00	2.00	179,724
							3.00	2.00	5.00	596,568

Total Workforce	25.87	9.07	4.60	11.64	8.40	4.65	7.00	4.00	75.23	3,618,228
------------------------	-------	------	------	-------	------	------	------	------	-------	-----------

ADDITIONAL ASK

To secure additional 336 joints	1,306,922
To move towards a further 400 joints	596,568

Centre for Excellence in Orthopaedics TIMELINE

DATE	PROCESS	COMMENT
November 2018	IA	<ul style="list-style-type: none"> This proposal set out the strategy for re-provision of the elective orthopaedic service at Victoria Hospital, Kirkcaldy (VHK). The existing orthopaedic service provides a dedicated environment in which patients within the catchment of Fife can be treated. The service currently performs extremely well, demonstrating a high level of attainment against relevant benchmarks and KPI's but is it held back by condition and functionality of the existing environment in which the service is provided from. <i>INTENT: The investment proposal therefore seeks to maintain current performance levels whilst safeguarding the service over the longer term via the provision of a sustainable healthcare environment.</i>
October 2019	OBC	<ul style="list-style-type: none"> <i>INTENT: The investment proposal therefore seeks to maintain current performance levels whilst safeguarding the service over the longer term via the provision of a sustainable healthcare environment.</i> This will be delivered by providing a standalone Fife Elective Orthopaedic Centre at Victoria Hospital in Kirkcaldy incorporating theatres, inpatient and outpatient accommodation. Required capacity for the new build was calculated against projected need up until 2025 It was noted that by 2035 an additional 481 sessions will be required representing an increase of 33% against current demand. In terms of total orthopaedic care within NHS Fife (IP and DC) there are currently 1,664 sessions available at 100% utilisation. A realistic percentage for session availability is considered to be 85%, therefore if one assumes that 1,414 sessions are available currently and the demand by 2035 is calling for 1,940 sessions then the deficit is 526 sessions. A theatre running 5 days a week for 52 weeks a year would provide 520 sessions. As a result there is considered to be a solid case supporting the requirement for a third theatre. The third theatre was based on the need for this future capacity. It was recognised that at the time of the OBC there would be a graduated increase in activity with increased utilisation of this theatre. At the time of the OBC, national recovery and alignment with the National Treatment Centre Programme was not part of the process. The OBC was part of an NHS Fife process to demonstrate and support the re-provision and future proofing of orthopaedic service <p>Changes from IA</p> <ul style="list-style-type: none"> Introduction of OPD within the agreed budget – enable delivery of one stop shop MSK conditions. Develop centre of excellence. Efficiency saving by having majority services delivered from a single site The staffing did not update staffing requirements relating to the OPD area
November 2020	FBC	<p><i>INTENT: The investment proposal therefore seeks to maintain current performance levels whilst safeguarding the service over the longer term via the provision of a sustainable healthcare environment. This will be delivered by providing a standalone Fife Elective Orthopaedic Centre at Victoria Hospital in Kirkcaldy incorporating theatres, inpatient and outpatient accommodation.</i></p>

Changes from the OBC

- Some minor changes have been made to the proposed staffing within the Strategic Case
- Stakeholder consultation and the option costs have been updated within the Economic Case – the preferred option continues to score most highly
- The Commercial, Financial and Management Cases have been updated and finalised
- The FBC was accepted on this basis by CIG and funding approved in Nov 2020.

Work commenced in March 2021.

The FEOC project aligned with the objectives of the National Planned Treatment Centre Programme in providing additional and sustainable capacity. It has always been recognised that NHS Fife stands slightly apart from the treatment centre programme, as it represented a re-provision with additional capacity, rather than new capacity.

Development of Orthopaedic Strategy for the NTC Fife:

- FBC: Plans were to transfer VHK Phase II elective activity to the FEOC. The FBC calculated a further 2 consultants were required to allow NHS Fife to balance demand and capacity. The FEOC would provide a third theatre utilised 2 days by the new appointment, resulting in 3 redundant theatres, which would gradually be brought online as demand required. F&A service were planned to be brought from a remote site to the FEOC to improve efficiency of theatre utilisation which was restricted by lack of weekend OOH support.
- FBC Sign off and alignment with the NTCP: Through the NTCP process it became clear that there was an expectation that the FEOC was required to be fully utilised form day 1. This could be achieved by moving some short stay activity into the new build, to benefit from the integrated theatres/short stay facilities provided by the Centre.
- Current remodelled Strategy: **The NHS Scotland Recovery plan** has emphasised the requirement to ensure equitable access across Scotland for planned surgical procedures. There is also an ask to increase activity by 10 % to achieve this. This has forced a rethink of the Fife Orthopaedic strategy.
- Critical to the delivery of this additional capacity is the radiology suite. The building is stand alone and orthopaedic service delivery is critically dependent on the ability to undertake radiology imaging within the facility.
- OPD will also be critical in the pre and post operative management of this additional capacity. The OPD facility has been designed to support remote as well as face to face consultations. Pathway design for the utilisation of additional capacity is currently being shaped by the National Capacity Management Group. The flexibility included in the design of the OPD facility will be critical to delivering these pathways

Additional capacity can be achieved by utilising the Centre in a different way.

- If day case/short stay procedure remain in the QMH day case facility (rather than relocate to the NTC Fife), this would again release 3 days of theatre time within the NTC Fife. Table below outlines the potential additional capacity available based various models of service delivery.

Theatres	2	3	3	
		New Consultants	Additional THR/TKR	
FEOC FBC		2 (funding agreed)	336	Bringing F&A, other DC to FEOC from remote sites
NTC Fife remodelled 1		3	336 + 400	Bring F&A + 2 additional theatres for arthroplasty, 4 joints 50 week/yr

Appendix 2

TABLE 1- Funding Approved

FNTC Workforce Per FBC	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Cons	Speciality Doctor	Total	Cost
Consultant Surgeon								2.00		2.00	260,000
Consultant Anaesthetist								1.25		1.25	150,194
Theatre Nursing	1.80	1.00	1.47	3.00	1.00					8.27	291,532
Theatre ODPs				1.47						1.47	59,692
Theatre Recovery	2.27				1.00					3.27	106,576
Ward Staff	9.59			6.17						15.76	583,852
Outpatients		0.57								0.57	22,186
AHPs			1.62		1.95	0.65				4.22	177,204
Facilities Staff	2.68									2.68	47,055
Administration			0.51							0.51	16,447
	16.34	1.57	3.60	10.64	3.95	0.65	0.00	3.25	0.00	40.00	1,714,739

TABLE 2 - Additional requirement critical to support approved workforce in Table 1

Additional Staff Require to Deliver 366 additional joints per year	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Cons	Speciality Doctor	Total	Cost
Consultant Anaesthetist								0.75		0.75	104,211
Speciality Doctor									2.00	2.00	179,724
Pre Op Assessment		1.00			0.80					1.80	69,516
Ward - ANP						3.00				3.00	175,293
Pharmacy				1.00			1.00			2.00	116,546
Facilities Staff	6.06	1.67	1.00							8.73	248,289
Outpatients		4.83		1.00		1.00				6.83	272,365
Radiography Staff	2.42			0.72	2.40					5.54	207,798
Reception	1.75									1.75	46,277
SCP/Housekeeping	0.12				1.00					1.12	53,678
	10.35	7.50	1.00	2.72	4.20	4.00	1.00	0.75	2.00	33.52	1,473,698

TABLE 3 - Additional Staffing required to deliver further additionality

Additional Staff Required to Deliver a further 400 additional joints per year	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Cons	Speciality Doctor	Total	Cost
Consultant Surgeon								2.00		2.00	277,896
Consultant Anaesthetist								1.00		1.00	138,948
Speciality Doctor									2.00	2.00	179,724
								3.00	2.00	5.00	596,568
Total Workforce	26.69	9.07	4.60	13.36	8.15	4.65	1.00	7.00	4.00	78.52	3,785,005

ADDITIONAL ASK

To secure additional 336 joints	1,473,698
To move towards a further 400 joints	596,568
Revised requirement to provide 736 additional joints	<u>2,070,266</u>

NHS FIFE ANNUAL REQUIREMENT FOR NTC – FIFE ORTHOPAEDICS IS £3,785,005

Meeting:	Finance, Performance and Resources Committee
Meeting date:	15 March 2022
Title:	Fife Capital Investment Group Report 2021/22
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Maxine Michie, Deputy Director of Finance

1 Purpose

This is presented for:

- Assurance

This report relates to:

- Update on status of capital programme

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

The current forecast expenditure on the capital plan for 2021/22 is £34.3m. At the end of January as per Appendix 1 the forecast outturn was £33.6m, however since January the board has successfully secured a further allocation of funding of circa £0.700m taking the total capital plan to £34.3m. To the end of January £13.8m of the plan has been spent with robust plans in place to ensure the remaining balance of the capital plan is fully committed by 31 March 2022 ensuring achievement of the Capital Resource limit financial target. It is typical for the bulk of the capital plan expenditure to be incurred in the final quarter of the financial year due to the lead in times for delivery of equipment and completion of projects. This report is by way of an update on the status of the capital programme given the well documented risks around supply chain and increasing costs as an impact of the global pandemic.

2.2 Assessment

Significant capital allocations have been received since the beginning of the financial year to support a number of board priorities. In April the board had plans to spend £27.535m on various capital projects including equipment and statutory compliance works. Since April

further allocations of £10,427m have been secured. The table below identifies the capital plan allocations agreed at the beginning of the financial year and the allocations received from Scottish Government in year.

Capital Plan 2021/2022	Total Allocations	Payback	Equipment	Digital & Information	Statutory Compliance	Clinical Priorities	Projects					
	£m	£m	£m	£m	£m	£m	FEOC £m	Health Centres £m	HEPMA £m	Energy Grant £m	Mental Health £m	QMH* £m
01 April 2021	27.535	0.200	2.194	1.000	3.500	0.500	18.125	0.840	1.100		0.076	-
Additional Allocations:												
Energy Grant	1.850									1.850		
COVID	1.878		0.053	1.276		0.549						
National Equipping Board	2.713		2.713									
Additional CT Funding	0.700		0.700									
Laundry - Tunnel Finisher	0.655		0.655									
National Eyecare Workstream	0.228		0.228									
Colposcope	0.012		0.012									
Robotics Decontamination works & Equipment	0.350					0.350						
Decontamination Equipment	0.241		0.241									
Other Funding support from SG	0.727	(0.200)	0.704	0.200	0.023							
QMH- Theatre Refurb	1.000		0.101	0.161	0.481							0.257
Louisa Jordan equipment	0.022		0.022									
Middleware Funding (eye)	0.051		0.051									
Slippage Reported to SG	(3.657)						(2.218)	(0.285)	(1.100)		(0.054)	
28 February 2021	34.305	0.000	7.674	2.637	4.004	1.399	15.907	0.555	0.000	1.850	0.022	0.257

*£2.5m over 2 years

Within the capital programme, equipment, digital & information and works schemes have been allocated as timeously as possible. This also applies to additional allocations received, eg Covid, National Equipping Board and other additional equipment and digital funding.

The cashflow information for the major projects has been received from contractors and slippage of £3.657 has been notified to Scottish Government.

Due to failed contract negotiations with the preferred supplier the HEPMA scheme will no longer continue with the preferred supplier. The Scottish Government have been notified of the financial implications.

Additional equipment monies totalling £5.5m have been received from the National Equipping board and directly from Scottish Government. As well as numerous replacement equipment items two CT scanners have been ordered with one scanner to be stored and installed next financial year after installation of the first CT is complete.

Funding has been secured to refurbish theatres and the reception area at Queen Margaret Hospital. The funding awarded total £2.5m over 2 years with a planned £1m spend this year. Design work is underway of the reception area including the purchase of new doors. The bulk of this work will be completed in the next financial year.

Funding has been secured from Scottish Government to create a small decontamination facility at St Andrew's Community Hospital to provide decontamination services for Robotics instrumentation. At present instruments are travelling to the North of England for decontamination at significant cost and the travelling distance also adds risk to business continuity for robotic surgery.

The NDEE energy Grant of £1.8m will enable energy efficient schemes to be taken forward across the NHS Fife estate with anticipated energy savings of Circa £320k per annum.

Teams involved with capital expenditure plans are robustly monitoring the capital programme. They are taking immediate corrective action when schemes are showing

potential problems with alternative lists of deliverable equipment – especially if last minute capital allocations become available.

2.2.1 Quality/ Patient Care

Delivery of the most effective allocation of capital resources and increasing capacity across our system will enhance the quality of patient care

2.2.2 Workforce

Not Applicable

2.2.3 Financial

NHS Fife has a large capital investment programme for 2021/22 which is being monitored daily and managed robustly in the final weeks of the financial year. All outstanding purchase orders are routinely followed up with mitigating steps being taken when potential risks occur.

2.2.4 Equality and Diversity, including health inequalities

2.2.5 Other impact

2.3.6 Communication, involvement, engagement and consultation

2.3.7 Route to the Meeting

Capital funding allocations and spend plans are discussed and approved by Fife Capital Investment Group.

2.3 Recommendation

This paper is presented to the Committee for:

- Assurance

2.4 List of appendices

Appendix 1 – Status of Capital Programme at January 2022

Report Contact

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

Appendix 1: Capital Expenditure Breakdown January 2022

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2021/22 £'000
COMMUNITY & PRIMARY CARE			
Clinical Prioritisation	300	173	300
Statutory Compliance	334	302	334
Capital Equipment	151	119	151
Condemned Equipment	24	23	24
Lochgelly Health Centre	0	0	0
Kincardine Health Centre	0	0	0
National Infrastructure Equipment Funding	6	0	6
Total Community & Primary Care	815	616	815
ACUTE SERVICES DIVISION			
Statutory Compliance	2,910	1,904	2,910
Capital Equipment	1,933	1,124	1,933
Clinical Prioritisation	601	107	601
Condemned Equipment	88	63	88
National Infrastructure Equipment Funding	3,407	356	3,407
Elective Orthopaedic Centre	15,907	8,380	15,907
Laundry Equipment	600	0	600
National Eyecare Workstream	228	0	228
Total Acute Services Division	25,674	11,934	25,674
NHS FIFE WIDE SCHEMES			
Equipment Balance	51	0	51
Information Technology	1,200	200	1,200
Clinical Prioritisation	99	0	99
Statutory Compliance	54	0	54
Condemned Equipment	0	0	0
Fire Safety	60	29	60
Scheme Development	0	0	0
Vehicles	142	0	142
Covid Capital	1,325	48	1,325
Total NHS Fife Wide Schemes	2,932	277	2,932
TOTAL CAPITAL ALLOCATION FOR 2021/22	29,420	12,827	29,420
ANTICIPATED ALLOCATIONS 2021/22			
Kincardine Health Centre	207	165	207
Lochgelly Health Centre	348	280	348
Mental Health Review	22	3	22
Energy Funding Grant	1,800	480	1,800
Pre Capital Grant Funding	50	0	50
ECG Machines - Louisa Jordan Equipment	22	0	22
QMH Theatre	1,000	35	1,000
Capital to Revenue Transfer	-277	0	-277
Extra SG Funding Request	591	0	591
Decontamination Room	350	0	350
Colposcope	10	0	10
Extra Laundry Support Funding	55	0	55
Anticipated Allocations for 2021/22	4,178	963	4,178
Total Anticipated Allocation for 2021/22	33,598	13,790	33,598

Meeting:	Finance, Performance & Resources Committee
Meeting date:	15th March 2022
Title:	HEPMA Update
Responsible Executive:	Chris McKenna – Medical Director Ben Hannan – Director of Pharmacy and Medicines
Report Author:	Nicola Jensen – Digital & Information Programme Manager

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- NHS Board / Integration Joint Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

NHS Fife HEPMA Programme Board had been in ongoing negotiations with EMIS Healthcare since June 2021 regarding the contract for the supply of a HEPMA solution. Negotiations were ceased in January 2022 following a stalemate regarding the inclusion of a provision of limitation of liability in the contract, and the HEPMA Programme Board (following EDG recommendation) declined to enter into a contract with the supplier. NHS Fife now seek alternative options to procure a suitable HEPMA solution.

The HEPMA Programme Board are undertaking work in several avenues to progress the HEPMA Programme. This paper outlines the steps taken to inform the decision to cease contract negotiations, and the next steps in delivery.

2.2 Background

The primary aim of HEPMA is to remove paper-based processes from prescribing and medicines administration and significantly improve patient safety and quality of care. In addition, an electronic system will improve medicines management processes and enhance medicines optimisation. This will enable greater control over what is prescribed, how it is prescribed and how it is administered, enabling monitoring and feedback to prescribers and those administering medicines to address variation, minimise inefficiency and improve quality.

Following development of a National Business Case in 2016, agreement was reached that HEPMA procurement would be available as a National Framework with NHS Boards calling off the agreed framework. Three suppliers were available on the framework; EMIS (previously 'Ascribe'), Dedalus and System C (previously 'JAC', then 'WellSky'). At Outline Business Case (OBC) stage it was agreed that NHS Fife would undertake a mini competition to determine the provider that best met the needs and requirements of the Board and the citizens within. A consensus meeting of the evaluation panel led by NHS Fife Procurement met on 26th August 2020 and scores were ratified.

NHS Fife Procurement produced "*FIF19035 Hospital Electronic Prescribing and Medicines Administration Contract Award Recommendation Report*". The report detailed the tender process undertaken, the scoring of both suppliers which showed EMIS Healthcare should be selected as the preferred supplier as they provided the most economically advantageous tender for NHS Fife. An Options Appraisal document detailing the full decision-making process was provided in Appendix A of the Full Business Case (FBC) with relevant details in sections 4 and 5. The FBC was presented to NHS Fife Board in November 2020, where it was ratified that NHS Fife should award to EMIS Healthcare based on scoring as most appropriate supplier for NHS Fife.

NHS Fife HEPMA Programme Board had been in ongoing negotiations with EMIS Healthcare since June 2021 regarding the contract for the supply of a HEPMA solution. Negotiations were concluded in January 2022.

2.3 Assessment

Leadership from Pharmacy, Medical (Primary and Secondary Care settings), Nursing, Psychology, Allied Health Professionals as well as Finance & Strategy will all be required to deliver the HEPMA Programme. There was a recent proposal to EDG to ask for each Director to identify a nominated lead from their directorate to ensure active contributions which would create supportive conditions for change from the outset and allow the development of a programme that is multi-faceted and well-rounded.

There is now a request from Directors to lead the creation of an options appraisal for the various methods NHS Fife might employ to procure a new HEPMA solution. Each option for

procurement of a suitable HEPMA solution will be appraised in terms of timelines for procurement, timelines for delivery, cost, resourcing, implementation, and clinical impact. Appropriate governance routes will be followed in recommending the most appropriate option for procurement for the HEPMA Programme. It is anticipated that following recommendation on next steps, the HEPMA Business Case, resourcing profile, financial profile, and risk profile will be updated and circulated for approval.

To enable aspects of HEPMA to progress while a new supplier is found, work is currently being undertaken to achieve two major milestones for the HEPMA Programme:

1. Upgrade of the Pharmacy Stock Control solution & replacement of unsupported Windows 7 technology

The upgrade of the existing Pharmacy Stock Control solution should be commencing imminently, however exact are yet to be confirmed and are dependent on engagement of the supplier. It is anticipated that the upgrade will have minimal impact on provision of clinical care outside of Pharmacy.

2. Replacing the existing electronic Immediate Discharge Document (eIDD) solution.

Market engagement has begun to seek a replacement of the existing electronic Immediate Discharge Document (eIDD) solution. Conscious of the existing frailty and clinical concern regarding the current solution, the scoping, purchasing, and implementing of a replacement system is a priority for the HEPMA Programme Board. Once an appropriate supplier is found, timelines for delivery (including staff training etc) will be created and circulated.

2.3.1 Quality/ Patient Care

The full benefits which were identified within the business case will not be realised for NHS Fife until such times as a new supplier is identified, and procurement has completed on this process. However, the committee is asked to note the improvements which will be delivered through the two major milestones previously described.

2.3.2 Workforce

NHS Fife Procurement were being supported by resource from NHS Orkney. A large-scale procurement of HEPMA would require specialist NHS procurement knowledge and therefore, it is anticipated there will be a need for contracting of this work should this be required.

There has been a need to redeploy some of the resource recruited for HEPMA to other areas of work within the business, which has been discussed with the appropriate staff and teams.

2.3.3 Financial

Fife will be required to discuss with Scottish Government the financial implications to funding for the HEPMA Programme Board and discuss with NHS Fife the shortfall in funding.

2.3.4 Risk Assessment/Management

All HEPMA Programme risks are being managed as part of the HEPMA Programme recorded on the NHS Fife DATIX system. Any risks scored '15' or higher are escalated and discussed at HEPMA Programme Board.

2.3.5 Equality and Diversity, including health inequalities

An EQIA impact assessment has been completed and approved by the HEPMA Programme Board.

2.3.6 Other impact

There is potential for reputational impact to NHS Fife following the failing of successful contract negotiation with a supplier, however the strength of diligence applied would be a contraindicator of this.

2.3.7 Communication, involvement, engagement, and consultation

The HEPMA Programme Board recognises the need to ensure that appropriate communication with the respective internal HEPMA teams, as well as wider NHS Fife colleagues is required. Managing clinical expectation is very important in large scale transformations such as the HEPMA programme, and the HEPMA Programme team will continue to work at pace on a communication plan.

2.3.8 Route to the Meeting

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

NHS Fife Executive Directors Group – 16th December 2021, 3rd February 2022

2.4 Recommendation

The committee is asked to consider this report for **awareness**. Assurance is given to the Finance, Performance and Resources Committee that actions are being taken to ensure

the appropriate expertise is available to guide the appraising of options for the procurement of a HEPMA solution, and the subsequent decision making and actioning of 'next steps' in its delivery.

Assurance is also given to the committee through the rigour and detailed consideration of contract terms and management of the supplier prior to cessation of contract negotiations to ensure best value for NHS Fife. This rigour sought to minimise the risk to NHS Fife and ensure the establishment of contractual controls to support supplier management throughout the lifetime of the contract.

Report Contact

Nicola Jensen

Digital & Information Programme Manager

Email Nicola.jensen@nhs.scot

Meeting:	Finance, Performance & Resources Committee
Meeting date:	15 March 2022
Title:	Integrated Performance & Quality Report
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Bryan Archibald, Head of Performance

1 Purpose

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

- Assurance

This report relates to the:

- Joint Fife Remobilisation Plan for 2021/22 (RMP4)

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

This report informs the Finance, Performance & Resources (FPR) Committee of performance in NHS Fife and the Health & Social Care Partnership against a range of key measures (as defined by Scottish Government 'Standards' and local targets). The period covered by the performance data is (with certain exceptions due to a lag in data availability) up to the end of December 2021.

2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board. It is produced monthly and made available to Board Members via Admin Control.

The report is presented at the meetings of the Clinical Governance, Staff Governance, Finance, Performance & Resources and Public Health & Wellbeing Committees, and an 'Executive Summary' IPQR (ESIPQR) is then produced as a formal NHS Fife Board paper.

2.3 Assessment

Performance, particularly in relation to Waiting Times across Acute Services and the Health & Social Care Partnership has been hugely affected during the pandemic. NHS Fife is working according to the Joint Fife Remobilisation Plan for 2021/22 (RMP4), and the IPQR provides a high-level activity summary on Page 4. This will be updated monthly until the end of the FY.

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

WT = Waiting Times

RTT = Referral-to-Treatment

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

DTT = Decision-to-Treat-to-Treatment

Operational Performance – Acute Services / Corporate Services

Measure	Update	Target	Current Status
IVF WT	Monthly	100%	Achieving
4-Hour Emergency Access	Monthly	95%	Not achieving
New Outpatients WT	Monthly	95%	Not achieving
Diagnostics WT	Monthly	100%	Not achieving
Patient TTG	Monthly	100%	Not achieving
18 Weeks RTT	Monthly	90%	Not achieving
Cancer 31-Day DTT	Monthly	95%	Achieving
Cancer 62-Day RTT	Monthly	95%	Not achieving
Detect Cancer Early	Quarterly	29%	Not achieving
FOI Requests	Monthly	85%	Not achieving

Finance

Measure	Update	Forecast	Current Status
Revenue Resource Limit	Monthly	(£14.2m)	Achieving
Capital Resource Limit	Monthly	£33.5m	Achieving

2.3.1 Quality/ Patient Care

IPQR contains quality measures.

2.3.2 Workforce

IPQR contains workforce measures.

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

Not applicable.

2.3.5 Equality and Diversity, including health inequalities

Not applicable.

2.3.6 Other impact

None.

2.3.7 Communication, involvement, engagement and consultation

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

The February IPQR will be available for discussion at the round of March Standing Committee meetings.

2.3.8 Route to the Meeting

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

2.4 Recommendation

The FPR Committee is requested to discuss and take Assurance from this report.

3 List of appendices

IPQR

Report Contact

Bryan Archibald

Head of Performance

Email bryan.archibald@nhs.scot

Fife Integrated Performance & Quality Report

Produced in February 2022

Introduction

The purpose of the Integrated Performance and Quality Report (IPQR) is to provide assurance on NHS Fife's performance relating to National LDP Standards and local Key Performance Indicators (KPI).

A summary report of the IPQR, the Executive Summary IPQR (ESIPQR), is presented at each NHS Fife Board Meeting.

The IPQR comprises of the following sections:

I. Executive Summary

- a. LDP Standards & Local Key Performance Indicators (KPI)
- b. National Benchmarking
- c. Indicatory Summary
- d. Remobilisation Summary
- e. Assessment

II. Performance Assessment Reports

- a. Clinical Governance
- b. Finance, Performance & Resources
 - Operational Performance
 - Finance
- c. Staff Governance
- d. Public Health & Wellbeing

Section II provides further detail for indicators of continual focus or those that are currently experiencing significant challenge. Each 'drill-down' contains data, displaying trends and highlighting key problem areas, as well as information on current issues with corresponding improvement actions.

MARGO MCGURK

Director of Finance & Strategy
15th February 2022

Prepared by:

BRYAN ARCHIBALD

Planning & Performance Manager

I. Executive Summary

At each meeting, the Standing Committees of the NHS Fife Board consider targets and Standards specific to their area of remit. This section of the IPQR provides a summary of performance against LDP Standards and local Key Performance Indicators (KPI). These indicators are listed within the Indicator Summary, which shows current, previous and (where appropriate) 'Year Previous' performance as well as benchmarking against other mainland NHS Boards.

Health Boards are planning the recovery of services following the first and second waves of the COVID-19 Pandemic. NHS Fife agreed its Joint Remobilisation (RMP3) for 2021/22 at the start of 2021, and this effectively replaced the previous 1-year or 3-year Annual Operational Plans. It has now been superseded by RMP4, addressing the status and forecasts for the second half of the FY. Both RMP3 and RMP4 include forecasts for activity across key outpatient and inpatient services, and progress against these forecasts is included in this document by two methods:

- Update of monthly activity (Remobilisation Summary)
- Enhancement of drill-downs to illustrate actual v forecast activity

The RMP provides a detailed, strategic view of how NHS Fife will approach the recovery, while the IPQR drills down to a level where specific Improvement Actions are identified and tracked. In order to provide continuity between the IPQR from version to version (year to year), Improvement Actions carry a '20', '21' or '22' prefix, to identify their year of origin. They are shaded in **BLUE** if they are assessed as being complete or no longer relevant.

Action completion dates appear in **RED** text if they have slipped, but will revert to BLACK text in the next issue of the report, provided no further slips have been reported.

a. LDP Standards & Key Performance Indicators

The current performance status of the 29 indicators within this report is 8 (28%) classified as **GREEN**, 5 (17%) **AMBER** and 16 (55%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory.

There were notable improvements in the following areas in December:

- All HAI Infection Rates ahead of trajectory for achieving improvement targets by March
- % bed days lost due to patients in delay and 'Standard' delays at lowest levels since March 2021

Additionally, it has now been 20 months since the Cancer-31 DTT performance fell below the 95% Standard, with 5 months out of 9 this FY reporting no breaches.

b. National Benchmarking

National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). This benchmarking information indicates that whilst a number of areas continue to experience significant levels of challenge, in around 80% where we are able to compare our performance nationally we are delivering performance within either the upper quartile or the mid-range.

c. Indicator Summary

Performance	
meets / exceeds the required Standard / on schedule to meet its annual Target	
behind (but within 5% of) the Standard / Delivery Trajectory	
more than 5% behind the Standard / Delivery Trajectory	

Benchmarking	
●	Upper Quartile
●	Mid Range
●	Lower Quartile

Section	Measure	Target 2021/22	Reporting Period	Year Previous	Previous	Current	Trend	Reporting Period	Fife	Scotland					
Clinical Governance	Major & Extreme Adverse Events	N/A	Month	Dec-20	24	Nov-21	32	Dec-21	26	↑		N/A			
	HSMR	N/A	Year Ending	Sep-20	1.01	Jun-21	1.03	Sep-21	1.04	↓		YE Sep-21	1.04	●	1.00
	Inpatient Falls	7.68	Month	Dec-20	8.90	Nov-21	8.35	Dec-21	8.33	↑		N/A			
	Inpatient Falls with Harm	1.65	Month	Dec-20	2.35	Nov-21	1.37	Dec-21	2.18	↓		N/A			
	Pressure Ulcers	0.42	Month	Dec-20	0.83	Nov-21	1.40	Dec-21	1.37	↑		N/A			
	Caesarean Section SSI	2.5%	Quarter Ending	Sep-20	2.2%	Jun-21	3.6%	Sep-21	2.5%	↑		QE Dec-19	2.3%	●	0.9%
	SAB - HAI/HCAI	18.8	Quarter Ending	Dec-20	20.6	Nov-21	15.1	Dec-21	12.7	↑		QE Sep-21	16.6	●	18.3
	SAB - Community	N/A	Quarter Ending	Dec-20	11.7	Nov-21	11.9	Dec-21	9.6	↑		QE Sep-21	9.5	●	9.6
	C Diff - HAI/HCAI	6.5	Quarter Ending	Dec-20	6.5	Nov-21	5.8	Dec-21	4.6	↑		QE Sep-21	9.5	●	16.7
	C Diff - Community	N/A	Quarter Ending	Dec-20	2.1	Nov-21	2.1	Dec-21	1.1	↑		QE Sep-21	4.2	●	4.9
	ECB - HAI/HCAI	33.0	Quarter Ending	Dec-20	50.3	Nov-21	47.6	Dec-21	33.6	↑		QE Sep-21	60.3	●	41.4
	ECB - Community	N/A	Quarter Ending	Dec-20	24.4	Nov-21	32.4	Dec-21	33.1	↓		QE Sep-21	42.2	●	39.4
	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Dec-20	82.4%	Nov-21	71.4%	Dec-21	67.9%	↓		2020/21	80.2%	●	79.5%
	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Dec-20	25.8%	Nov-21	12.2%	Dec-21	7.0%	↓		2020/21	32.8%	●	57.8%
Operational Performance	IVF Treatment Waiting Times	90%	Month	Dec-20	100.0%	Nov-21	100.0%	Dec-21	100.0%	↔		N/A			
	4-Hour Emergency Access	95%	Month	Dec-20	86.9%	Nov-21	74.6%	Dec-21	71.4%	↓		Dec-21	76.1%	●	75.7%
	Patient TTG (% of Total Waits <= 12 Weeks)	100.0%	Month	Dec-20	62.3%	Nov-21	65.1%	Dec-21	63.1%	↓		Sep-21	69.3%	●	37.5%
	New Outpatients (% of Total Waits <= 12 Weeks)	95%	Month	Dec-20	57.5%	Nov-21	57.1%	Dec-21	53.8%	↓		Sep-21	58.0%	●	48.1%
	Diagnostics (% of Total Waits <= 6 Weeks)	100%	Month	Dec-20	95.9%	Nov-21	68.3%	Dec-21	57.8%	↓		Sep-21	75.8%	●	57.8%
	18 Weeks RTT	90%	Month	Dec-20	70.9%	Nov-21	70.0%	Dec-21	72.9%	↓		QE Sep-21	71.4%	●	75.1%
	Cancer 31-Day DTT	95%	Month	Dec-20	98.8%	Nov-21	100.0%	Dec-21	100.0%	↔		QE Sep-21	98.9%	●	96.7%
	Cancer 62-Day RTT	95%	Month	Dec-20	91.3%	Nov-21	85.0%	Dec-21	75.4%	↓		QE Sep-21	89.3%	●	83.1%
	Detect Cancer Early	29%	Year Ending	Mar-20	24.5%	Dec-20	19.4%	Mar-21	19.6%	↑		2019, 2020	22.5%	●	24.1%
	Freedom of Information Requests	85%	Quarter Ending	Dec-20	85.4%	Nov-21	80.9%	Dec-21	84.5%	↑		N/A			
	Delayed Discharge (% Bed Days Lost)	5%	Month	Dec-20	5.3%	Nov-21	10.6%	Dec-21	6.0%	↑		QE Jun-21	9.2%	●	5.0%
	Delayed Discharge (# Standard Delays)	N/A	Month	Dec-20	25	Nov-21	82	Dec-21	44	↑		Dec-21	14.56	●	23.83
	Antenatal Access	80%	Month	Nov-20	85.1%	Oct-21	90.2%	Nov-21	88.4%	↓		FY 2020/21	89.3%	●	88.5%
	Smoking Cessation	473	YTD	Oct-20	51.4%	Sep-21	57.6%	Oct-21	52.9%	↓		QE Jun-21	64.4%	●	92.4%
	CAMHS Waiting Times	90%	Month	Dec-20	85.8%	Nov-21	71.2%	Dec-21	68.2%	↓		QE Sep-21	83.8%	●	78.6%
	Psychological Therapies Waiting Times	90%	Month	Dec-20	80.8%	Nov-21	78.8%	Dec-21	81.1%	↑		QE Sep-21	86.3%	●	87.2%
	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Mar-19	60.2%	Dec-19	75.7%	Mar-20	79.2%	↑		FY 2019/20	79.2%	●	83.2%
Drugs & Alcohol Treatment Waiting Times	90%	Month	May-20	86.8%	Apr-21	91.0%	May-21	87.1%	↓		QE Mar-21	94.5%	●	95.6%	
Dementia Post-Diagnostic Support	N/A	Annual	2018/19	93.4%	2019/20	93.2%	2020/21	96.1%	↑		2018/19	93.7%	●	75.1%	
Dementia Referrals	N/A	Annual	2018/19	61.0%	2019/20	58.5%	2020/21	50.5%	↓		2018/19	60.9%	●	43.4%	
Finance	Revenue Resource Limit Performance	(£14.2m)	Month	Dec-20	N/A	Nov-21	(£14.2m)	Dec-21	(£13.8m)	↑		N/A			
	Capital Resource Limit Performance	£33.5m	Month	Dec-20	N/A	Nov-21	£9.9m	Dec-21	£11.8m	↑		N/A			
Staff Governance	Sickness Absence	3.89%	Month	Dec-20	5.87%	Nov-21	6.79%	Dec-21	6.98%	↓		YE Mar-21	4.77%	●	4.67%

d. NHS Fife Remobilisation Summary – Position at end of January 2022

		Quarter End			Month End			
		Jun-21	Sep-21	Dec-21	Jan-22	Feb-22	Mar-22	Mar-22
Better than Projected Worse than Projected No Assessment (NOTE: Better/Worse may be higher or lower, depending on context)								
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	2,981	3,120	3,400	1,203	1,269	1,268	3,740
	Actual	3,260	2,953	2,795	752			
	Variance	279	-167	-605	-451			
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	17,100	19,125	20,905	7,286	7,287	7,288	21,861
	Actual	19,488	20,161	19,599	5,060			
	Variance	2,388	1,036	-1,306	-2,226			
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,801	1,833	1,840	613	613	614	1,840
	Actual	1,406	1,511	1,258	441			
	Variance	-395	-322	-582	-172			
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	10,850	11,250	13,642	4,480	4,605	4,607	13,692
	Actual	12,971	12,629	11,733	3,962			
	Variance	2,121	1,379	-1,909	-518			
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	17,110	19,110	20,620	7,110	6,450	6,780	20,340
	Actual	20,728	21,110	18,701	5,920			
	Variance	3,618	2,000	-1,919	-1,190			
A&E 4-Hour Performance (%) : ALL A&E and MIU (Definitions as per Core Sites, unplanned attendances only)	Projected			80.0%	85.0%	86.0%	87.0%	83.0%
	Actual			77.4%	77.1%			
	Variance			-2.6%	-7.9%			
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	8,040	8,320	10,680	3,520	3,190	3,410	10,120
	Actual	10,085	10,006	9,980	3,298			
	Variance	2,045	1,686	-700	-222			
Total Emergency Admission Mean Length of Stay (Definitions as per Discovery indicator attached)	Projected	5.82	5.85	5.63				5.73
	Actual	5.55	6.17	6.34				
	Variance	-0.27	0.32	0.71				
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected	2,450	2,610	2,610	870	870	870	2,610
	Actual	2,885	3,047	2,819	980			
	Variance	435	437	209	110			
31 Day Cancer – Decision to treat to first treatment (Definitions as per published statistics)	Projected	415	435	384	128	128	128	384
	Actual	305	337	306				
	Variance	-110	-98	-78				
62 Day Cancer - Referral to First treatment (Definitions as per published statistics)	Projected			200	70	70	70	210
	Actual			215				
	Variance			15				
CAMHS - First Treatment Appointments (patients treated within 52 weeks of referral)(Definitions as per published statistics)	Projected			405	130	143	120	393
	Actual			350				
	Variance			-55				
CAMHS - Backlog First Treatment Appointments (patients treated after waiting 52+ weeks, if applicable) (Definitions as per published statistics)	Projected			68		10	0	30
	Actual			13				
	Variance			-55				
CAMHS - Performance against the 18 week standard (%) (Definitions as per published statistics)	Projected			69.3%	70.0%	75.0%	80.0%	75.0%
	Actual			71.9%				
	Variance			2.6%				
Psychological Therapies - First Treatment Appointments (patients treated within 52 weeks of referral) (Definitions as per published statistics)	Projected			1,941	768	799	630	2,197
	Actual			1,750				
	Variance			-191				
Psychological Therapies - Backlog First Treatment Appointments (patients treated after waiting 52+ weeks, if applicable) (Definitions as per published statistics)	Projected			234	85	70	55	210
	Actual			113				
	Variance			-121				
Psychological Therapies - Performance against the 18 week standard (%) (Definitions as per published statistics)	Projected			73.2%	67.5%	65.9%	70.9%	67.9%
	Actual			80.1%				
	Variance			6.9%				
		Month End	Month End	Month End	Month End			Month End
		Jun-21	Sep-21	Dec-21	Jan-22	Feb-22	Mar-22	Mar-22
Delayed Discharges at Month End (Any Reason or Duration, per the Definition for Published Statistics) ¹	Projected	65	63	84	81	73	66	66
	Actual	128	112	69	96			
	Variance	63	49	-15	15			
Code 9 Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) ¹	Projected	28	27	23	21	21	20	20
	Actual	47	29	25	46			
	Variance	19	2	2	25			
Standard Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) ¹	Projected	37	36	61	60	52	46	46
	Actual	81	83	44	50			
	Variance	44	47	-17	-10			

¹ The data required is the estimated number of people delayed at each census point (the snapshot figure). Baseline figures used are the census point figures as at the end of each month

e. Assessment

CLINICAL GOVERNANCE		Target	Current
HSMR		1.00	1.04
<p>Hospital Standardised Mortality Ratio (HSMR) is not intended for use in a pandemic situation. However, the increased HSMR will be closely monitored over the coming months, and appropriate action including target audit will be commenced if required.</p>			
Inpatient Falls (with Harm)	<i>Reduce falls with harm rate by 10% in FY 2021/22 compared to rate in FY 2020/21</i>	1.65	2.18
<p>Falls data/trends are reviewed continuously, and currently show a broadly static picture in the number of falls with harm over the last year, with some increase noted in December. This correlates with an increase in staff absence alongside significant vacancies and an associated increase in the use of supplementary staffing. Environmental challenges in relation to maintaining the appropriate infection control measures and the demand on capacity across all in patient areas increases the challenge of maintaining supervision. Data is reviewed with wards to support mitigation and consider action for improvement, but the challenges noted has impacted the pace of improvement towards the target.</p>			
Pressure Ulcers	<i>50% reduction by December 2020, continued for FY 2021/22</i>	0.42	1.37
<p>Acute: In the previous quarter the pressure ulcer performance remains below trajectory. The data shows non-random variation with no noticeable signs of improvement. Data continues to be shared with local teams in order to drive improvement. To complement the Excellence in Care, CAIR dashboard a Quality and Clinical Governance dashboard is being built locally. This will allow for a real time review of adverse events, including pressure ulcers and will allow for early identification of emerging themes so that that support can be provided timely.</p> <p>HSCP: The rate of hospital acquired pressure ulcers has increased from the last quarter. Monitoring is undertaken weekly at the Quality Matters Assurance Safety Huddle using adverse events quality dashboard, involving senior clinicians and managers from across the HSCP representing all services. This dashboard continues to evolve and covers all care delivery services within the partnership, and enables a timely action to be taken to the incidences. The LAER/SAER process continues to ensure robust review with key learning to inform improvement activity, and there is ongoing work to improve the sharing of learning from these reviews.</p>			
Caesarean Section SSI	<i>We will reduce the % of post-operation surgical site infections to 2.5%</i>	2.5%	2.5%
<p>Mandatory SSI surveillance remains paused until further instruction from the Scottish Government. However, Maternity Services continue to monitor Caesarean Section SSI cases and, where necessary carry out Clinical Reviews. The performance data provided is non-validated and does not follow the NHS Fife Methodology, and no national comparison data has been published since Q4 2019.</p>			
SAB (MRSA/MSSA)	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	18.8	12.7
<p>NHS Fife continues to be on target to achieve a 10% infection rate reduction by March 2022. There was one Renal haemodialysis line SAB in October, but there have been no PVC SABs since August.</p>			
C Diff	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	6.5	4.6
<p>At the end of December, NHS Fife is in line to achieve the local improvement trajectory for a 10% reduction of HCAI CDI by March 2022. There was just one health care associated CDI in December. Reducing the incidence of CDI recurrence is pivotal to achieving the HCAI reduction target, and continues to be addressed. There has not been a recurrence since August.</p>			
ECB	<i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2022</i>	33.0	33.6
<p>The target for NHS Fife is to achieve a 25% reduction of HCAI ECBs by March 2022. At the end of December, NHS Fife was on target to achieve this. There were 18 ECBs in total for December with two of these due to a CAUTI. Reducing CAUTI incidence remains the quality improvement focus to achieve the reduction target of HCAI ECBs.</p>			

CLINICAL GOVERNANCE		Target	Current
Complaints – Stage 2	<i>At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)</i>	65%	7.0%
<p>There continues to be an ongoing challenge to investigate and respond to Stage 2 complaints within the national timescales due to the ongoing response to COVID-19 and current service pressures. There is an increase in the complexity and number of complaints received and numbers received continue to be high. PRD continues to respond to concerns and Stage 1 complaints relating to COVID-19 vaccination appointments, particularly in regard to the programme team delivering third vaccines.</p>			

OPERATIONAL PERFORMANCE		Target	Current
4-Hour Emergency Access	<i>95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>	95%	74.6%
<p>The high attendance trend has continued which has impacted on the 4-hour access target, a theme across mainland health boards. Access pathways through the Flow and Navigation Centre are being increased further to support prevention of admission from primary care and early redirection where possible. Embedding of the Assessment pathways in AU1 continues, but is challenged by high occupancy and demand for bed capacity. The Emergency Department has successfully remodelled the Resus area, providing increased capacity accommodating both red and amber pathways.</p>			
Patient TTG (Waiting)	<i>All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat</i>	100%	63.1%
<p>Performance in December has deteriorated further with 63.1% waiting less than 12 weeks compared to stable performance of 68% in June. Elective activity in December was significantly less than projected with surgery being restricted to urgent patients only in response to significant pressures in unscheduled care and the emergence of the Omicron variant. The waiting list continues to rise with 4,121 patients on list in December, 34% greater than in January. There is a continued focus on clinical priorities whilst reviewing long waiting patients. A recovery plan is in place with additional resources agreed with the Scottish Government to deliver the plan. However, the implementation has been restricted following the decision to focus on urgent patients and difficulties in maintaining access to beds for elective activity. It is anticipated that there will be a gradual resumption in non urgent activity in February, but this is heavily dependent on our ability to maintain access to beds for elective activity.</p>			
New Outpatients	<i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i>	95%	53.8%
<p>Performance stabilised in November but deteriorated in December with 53.8% waiting less than 12 weeks following the decision to cancel routine outpatients to support the response to the emergence of the Omicron variant and significant pressures in unscheduled care. The waiting list has reduced but remains high with 20,619 on the outpatient waiting list. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 52 weeks. The number waiting over 52 weeks rose slightly in December but has reduced by 67% since March. Due to the ongoing need for physical distancing our outpatient capacity and therefore activity continues to be restricted. A recovery plan is in place with additional resources agreed with the Scottish Government to deliver the plan. However, the implementation has been restricted following the decision to focus on urgent patients.</p>			
Diagnostics	<i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>	100%	57.8%
<p>Performance continues to be under significant pressure, decreasing to 57.8 % of patients in December waiting less than 6 weeks (52.7 % for endoscopy and 58.7% for radiology). The waiting list for diagnostics has increased again, to 6,661 in December. This increase is seen in both endoscopy (mainly Colonoscopy) and radiology (mainly CT and Ultrasound). The demand for urgent and inpatient examinations particularly for CT and Ultrasound remains high resulting in increased routine waits for these modalities. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those routine patients who have been experiencing long waits. Activity continues to be restricted in Endoscopy due to the need for social distancing and enhanced infection control procedures. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan but the recovery is likely to be slower than anticipated because of the continued restrictions in activity and increases in unscheduled and urgent demand.</p>			
Cancer 62-Day RTT	<i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i>	95%	75.4%
<p>December continued to see challenges in the 62-day performance. The number of USC referrals remains high, consistently exceeding pre pandemic numbers. Breaches are attributed to staffing issues and lack of resources. Breast, Oncology and Urology capacity are our current most challenging areas. The majority of breaches continue to be seen in Prostate due to the challenging, lengthy pathway. The range of breaches were 2 to 126 days (average 27 days).</p>			
FOI Requests	<i>At least 85% of Freedom of Information Requests are completed within 20 working days</i>	85%	84.5%

OPERATIONAL PERFORMANCE**Target****Current**

There were 55 FOI requests closed in December, 7 of which were late, a monthly closure performance of 87.3%.

The performance figure above reflects the performance for the final quarter of 2021, and is the highest 3-month figure since the period from April to June, earlier in the year. Recent figures show a continuing improvement towards the target after a challenging period in the summer.

An Information Governance and Security Advisor has been appointed as FOISA lead and is now overseeing FOISA requests.

Delayed Discharges

The % of Bed Days 'lost' due to Patients in Delay is to reduce

5%**6.0%**

The number of bed days lost due to patients in delay has reduced from the previous quarter, but has remained above the target of 5%. Increased hospital activity over the recent months has resulted in more people requiring social care; this demand has been unable to be met due to social care services experiencing significant workforce pressures. H&SCP have surged 65 downstream beds over the last 6 months to mitigate against the lack of care at home, care home and ward closures, and continue to recruit for care at home and commission additional interim beds. As of the 31st December, 40% of the official delays are code 100 and code 51X and 14% are coded against care home/ward closures.

FINANCE**Forecast****Current****Revenue Expenditure**

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

(£14.2m)**(£13.8m)**

At the end of December the board's reported financial position is an overspend against budget of £13.8m comprising an adverse variance for Acute Services Division of £16.5m and £4m for External Health Care Providers, offset by favourable variances across Corporate Budgets of £6.7m. The exceptional demand on unscheduled care capacity within Acute Services continues to be a challenge to available financial resources coupled with increasing costs of External Health Care Providers. The forecast outturn for the board is an overspend of £14.2m which is a significant improvement on the September (Q2) forecast of £16.9m. The savings target of £8.2m the board committed to delivering in year was delivered in full at the end of December.

Capital Expenditure

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

£33.5m**£11.8m**

The overall anticipated capital budget for 2021/22 is £33.5m. The capital position for the period to December records spend of £11.8m. The full capital budget is on track to be delivered in full by 31 March 2022.

STAFF GOVERNANCE**Target****Current****Sickness Absence**

To achieve a sickness absence rate of 4% or less

3.89%**6.98%**

The sickness absence rate in December was 6.98%, an increase of 0.19% from the rate in November. The average rate for COVID-19 related special leave, as a percentage of available contracted hours for the financial year to date was 1.37%.

Given on-going workforce pressures and service challenges, the March 2022 target set in relation to NHS Circular PCS(AfC)2019/2 is unlikely to be achieved and we anticipate further NHSScotland guidance on sickness absence targets, which will reflect the circumstances of the last two years.

PUBLIC HEALTH & WELLBEING		Target	Current
Smoking Cessation	<i>Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas</i>	473	146
<p>Service provision has continued to be delivered remotely by phone, Near Me appointments and use of translation service. Main service access is self-referral by phone, with limited referrals for other health professionals. Some service staff have been deployed to support organisational pressures therefore reduced capacity within the team. The specialist smoking cessation service have been asked to support the Midwifery smoking cessation service as they are experiencing capacity issues with one member of staff on long term absence and one retired. Services have been promoted on hospital radio and planning has started for No Smoking Day on 9th March.</p>			
CAMHS Waiting Times	<i>90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral</i>	90%	68.2%
<p>As predicted in the CAMHS Referral to Treatment (RTT) Projections, RTT% has reduced as work on the longest waits increases. The amount of activity is lower than projected due to ongoing vacancies, persistent levels of staff absence and patient cancellations as a result of Covid-19. Urgent and priority referrals remain high with an increased proportion of staff activity allocated to this client group. To assist in managing the urgent presentations and to free capacity to offer same day assessments at VHK/A&E, CAMHS has introduced Risk Assessment Clinics provided by East & West Core Teams. New recruits are working towards full capacity and Longest Waits staff will take up post in February. Vacant posts remain under review and out to advert. SG Recovery & Renewal funding proposal for Phase 2 recruitment has been approved by HSCP SLT and has been escalated to NHS Fife EDG for support.</p>			
Psychological Therapies	<i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i>	90%	81.1%
<p>The demand for PTs increased significantly in the latter half of 2021 compared to the first 6 months of the year, with an average increase of 82 referrals per month. This has resulted in an increase in numbers on the waiting list and a slowing of the reduction in the number of people waiting over 53 weeks. Issues of workforce availability have negatively impacted the increase in activity that was anticipated from October onwards.</p>			

II. Performance Exception Reports

Clinical Governance

Adverse Events (Major & Extreme)	11
HSMR	12
Inpatient Falls (With Harm)	13
Pressure Ulcers	14
Caesarean Section SSI	15
SAB (HAI/HCAI)	16
C Diff (HAI/HCAI)	17
ECB (HAI/HCAI)	18
Complaints (Stage 2)	19

Finance, Performance & Resources: Operational Performance

4-Hour Emergency Access	20
Patient Treatment Time Guarantee (TTG)	21
New Outpatients	22
Diagnostics	23
Cancer 62-day Referral to Treatment	24
Freedom of Information (FOI) Requests	25
Delayed Discharges	26

Finance, Performance & Resources: Finance

Revenue Expenditure	27
Capital Expenditure	36

Staff Governance

Sickness Absence	40
------------------	----

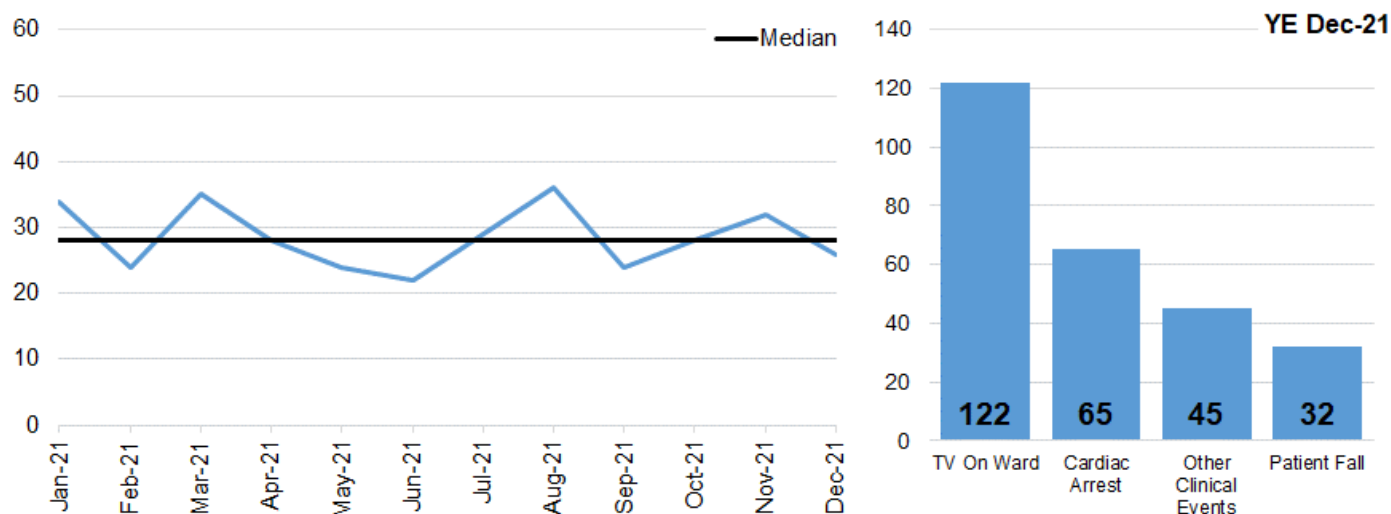
Public Health & Wellbeing

Smoking Cessation	41
CAMHS 18 Weeks Referral to Treatment	42
Psychological Therapies 18 Weeks Referral to Treatment	43

CLINICAL GOVERNANCE

Adverse Events

Major and Extreme Adverse Events



All Adverse Events

	Month	2020/21						2021/22					
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
ALL	NHS Fife	1289	1209	1366	1358	1372	1350	1419	1452	1396	1387	1427	1459
	Acute Services	573	530	631	594	648	605	629	615	608	642	623	582
	HSCP	695	653	708	725	682	694	740	799	746	690	743	820
	Corporate	21	26	27	39	42	51	50	38	42	55	61	57
CLINICAL	NHS Fife	905	854	955	937	1011	935	1008	954	963	943	1007	950
	Acute Services	534	494	589	547	599	546	568	549	535	564	572	522
	HSCP	360	346	353	372	388	365	411	384	401	351	406	395
	Corporate	11	14	13	18	24	24	29	21	27	28	29	33

Commentary

The overall number of incidents reported in November and December are in keeping with normal variation. There is an upward surge in November of incidents reported related to patient information; within this category document/results or wrong patient or wrong document sees the biggest increase.

Within clinical categories, confidentially, communication or consent increased in November and returned to a level that is seen across normal variation in December.

Focused improvement work continues in relation to falls, pressure ulcers and deteriorating patient.

Adverse Events improvement work has commenced. Staff have engaged in the review of the SAER process through a FORMS questionnaire. Results will be available at the end of February and provide valuable feedback to inform the improvement plan.

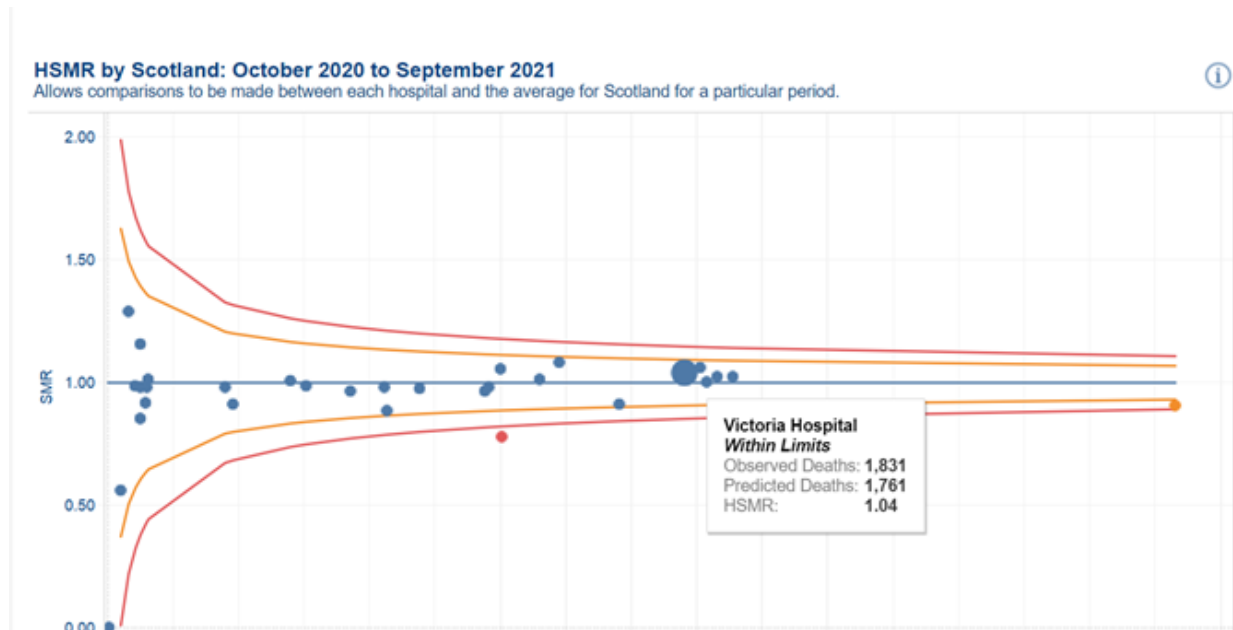
HSMR

Value is less than one, the number of deaths within 30 days of admission for this hospital is fewer than predicted. If value is greater than one, number of deaths is more than predicted.

Reporting Period; October 2020 to September 2021^P

Please note that as of August 2019, HSMR is presented using a 12-month reporting period when making comparisons against the national average. This will be advanced by three months with each quarterly update.

The rate for Victoria Hospital is shown within the Funnel Plot.



Commentary

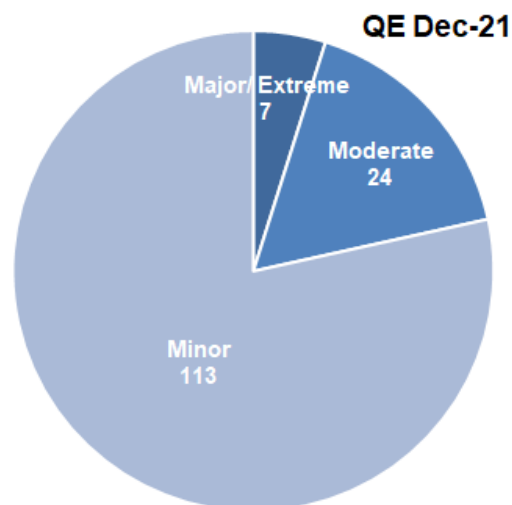
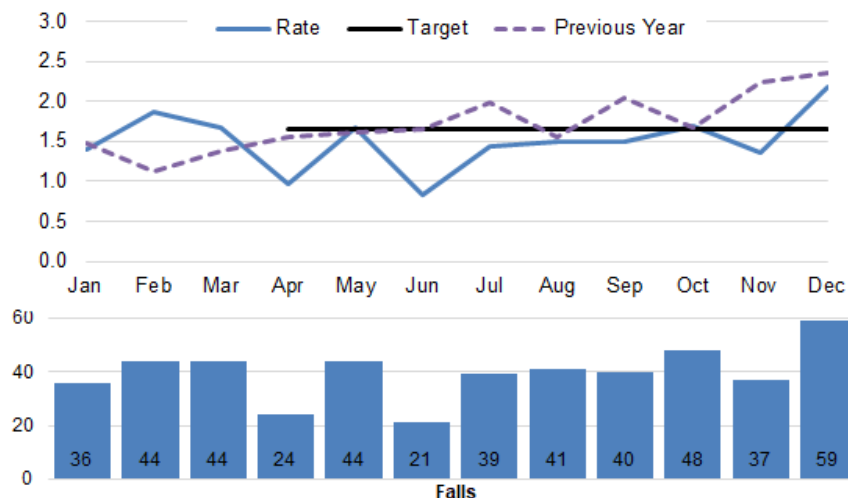
Hospital Standardised Mortality Ratio (HSMR) is not intended for use in a pandemic situation. However, the increased HSMR will be closely monitored over the coming months, and appropriate action including target audit will be commenced if required.

Inpatient Falls with Harm

Reduce Inpatient Falls with Harm rate per 1,000 Occupied Bed Days (OBD)

Target Rate (by end March 2022) = 1.65 per 1,000 OBD

Local Performance



Performance by Service Area

	2020/21			2021/22								
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	1.39	1.87	1.68	0.98	1.68	0.82	1.45	1.50	1.50	1.69	1.37	2.18
Acute Services	1.24	1.18	0.98	0.35	0.88	0.33	0.79	1.26	0.81	1.52	1.27	2.08
HSCP	1.53	2.47	2.29	1.54	2.40	1.27	2.03	1.72	2.11	1.84	1.46	2.27
Target				1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65

KEY CHALLENGE(S) IN 2021/22

- Continued challenges in in-patient settings with patient placement, social distancing - the falls toolkit is continuing to be used to support assessment and local plans on care delivery and this will be reviewed in line with the national work expected later this year
- Ongoing combined challenges of the dynamic nature of provision of care while ensuring COVID measures are firmly in place, and remobilisation of services
- Re-establishing the Falls Champion Network across all in-patient areas to support local work and support how to address the challenges noted

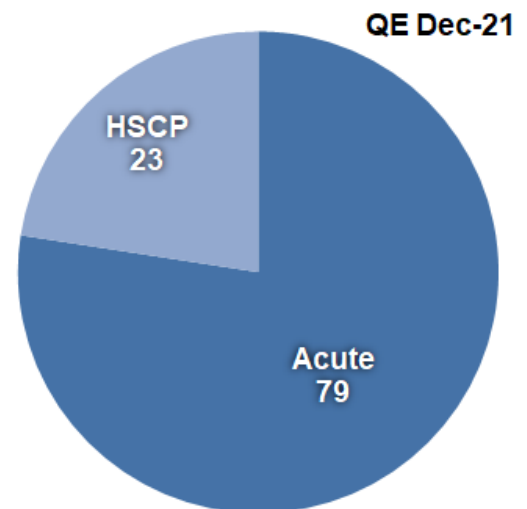
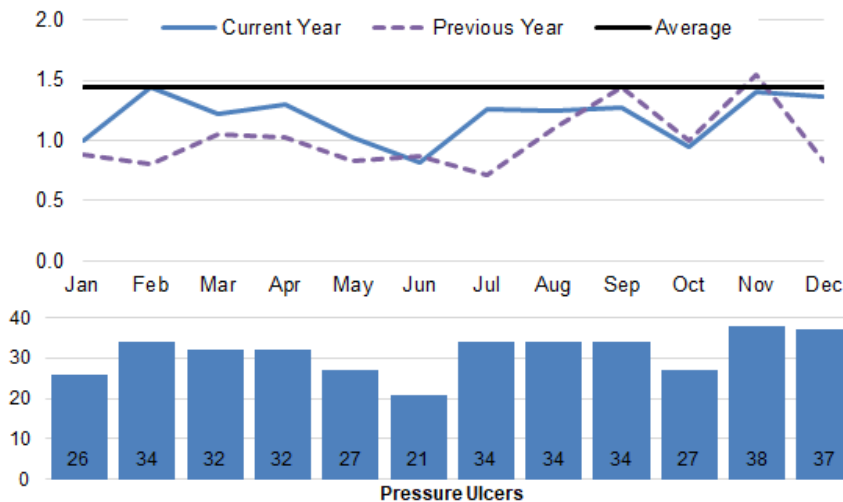
IMPROVEMENT ACTIONS

20.3 Falls Audit	By May-22
A new national driver diagram and measurement package have still to be finalised and due to current challenges NHS Fife documentation will be reviewed and audit plans finalised. There is no update on progress in the national work and the planned review of local documentation and update of the local paperwork will be deferred until then. This action will be for ongoing review and local action until the national position is clarified.	
20.5 Improve effectiveness of Falls Champion Network	By Mar-22
This work is on hold due to staffing challenges, with contact being maintained with existing champions	
21.2 Falls Reduction Initiative	Complete Nov-21
21.3 Integrated Improvement Collaborative	Complete Jan-22
The Community Hospital collaborative has been concluded. As a result of this work data is collated and shared with the Nursing Directorate and Heads of Service weekly. This data looks at a number of differing indicators including falls, tissue viability, and medication errors to inform decisions and strategy. Actions from the weekly Quality matters huddle are logged and actioned, with involvement of Lead Nurses and services real time. This is now embedded and this specific action is closed.	

Pressure Ulcers

Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting
Target Rate (by end March 2022) = 0.42 per 1,000 OBD

Local Performance



Performance by Service Area

		2020/21					2021/22						
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Grade 2 to 4	NHS Fife	1.00	1.44	1.22	1.30	1.03	0.82	1.26	1.25	1.28	0.95	1.40	1.37
	Acute Services	2.06	2.18	2.12	2.51	1.68	1.58	2.13	2.36	2.18	1.44	2.46	2.32
	HSCP	0.07	0.80	0.43	0.23	0.44	0.15	0.49	0.27	0.49	0.53	0.49	0.55

KEY CHALLENGE(S) IN 2021/22

Analysing impact of COVID-19 on clinical pathway for handling Pressure Ulcers, and taking appropriate action to improve performance – this continues to require an agile response

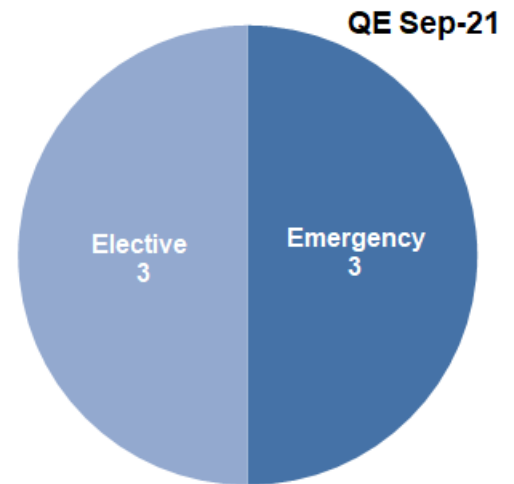
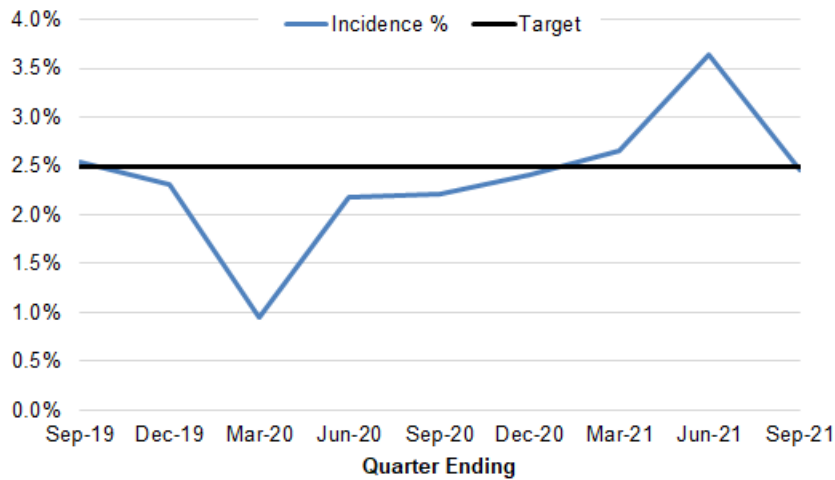
IMPROVEMENT ACTIONS

21.2 Integrated Improvement Collaborative	Complete Jun-21
21.3 Implementation of robust audit programme for audit of documentation	Complete Jun-21
22.1 Improvement Collaboratives - HSCP	By Apr-22
Community inpatients wards continue to undertake self-assessment against the Prevention and Management of Pressure Ulcers to enhance good practice and identify opportunities for improvement. Due to the pandemic, and current staffing pressures, and in order to reflect and establish SMART objectives and ensure improvement targets are met, support from the QI team is more targeted to individual areas on a bespoke basis.	
Wards continue to measure compliance with skin assessment, review and intervention, using weekly data to identify areas for improvement. Dashboards are displayed and staff are encouraged to discuss the data at their daily huddles.	
22.2 Community Nursing QI Work	By Mar-22
One of the community nursing teams has implemented a focused piece of improvement work to ensure that all relevant skin and risk assessments are completed. This is having a positive impact on patient outcomes. Joint adverse event reviews and sharing learning have increased between services, including working collaboratively with care homes.	
22.3 ASD Pressure Ulcer Improvement Programme	By Mar-22
The Pressure Ulcer Improvement Programme remains temporarily paused due to sustained nursing workforce shortages but ongoing review of data and response continues at local level and through directorate discussions. Four of the wards previously involved in the programme continue to collect process measures data to identify areas for improvement and address any quick fixes. QI support is still available to the teams but uptake has been extremely low.	
22.4 Implementation of Focused Improvement Activities	By Mar-22
ICU continue to test change ideas to prevent Medical Device Related Pressure Ulcers, including prophylactic use of barrier creams and the development of a poster depicting preventative techniques. All mattresses have been replaced with specialist mattresses that have the technology to deflate individual cells under targeted areas of the body at particular risk. Ward 31 and ED continue to discuss pressure ulcer incidences at the Hip Fracture Meeting.	

Caesarean Section SSI

Sustain C-Section SSI incidence for inpatients and post discharge surveillance (day 10) below 2.5% during FY 2021/22

Local Performance



National Benchmarking

Quarter Ending	2018/19				2019/20		
	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19
NHS Fife	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%	2.3%
Scotland	1.5%	1.5%	1.4%	1.6%	1.0%	1.2%	0.9%

KEY CHALLENGE(S) IN 2021/22

Resumption of SSI surveillance (when instructed/agreed) will require a review of the previously established methodology (adopted in Q4 2019 and paused during Q1 2020 due to the pandemic response), with regards to possible subsequent changes both nationally and locally. Then training of staff in the definitions of C-section SSI and the surveillance programme, areas include; Maternity Assessment, Maternity Ward, Observation Ward and the Community Midwives.

IMPROVEMENT ACTIONS

20.1 Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan

By Mar-22

The SSI Implementation Group de-mobilised in August 2020 as there were no outstanding actions, infection rates had improved and there was a robust system in place for reviewing (LAER/SAER) any Deep or Organ Space SSI cases. The group will re-establish if any future concerns develop.

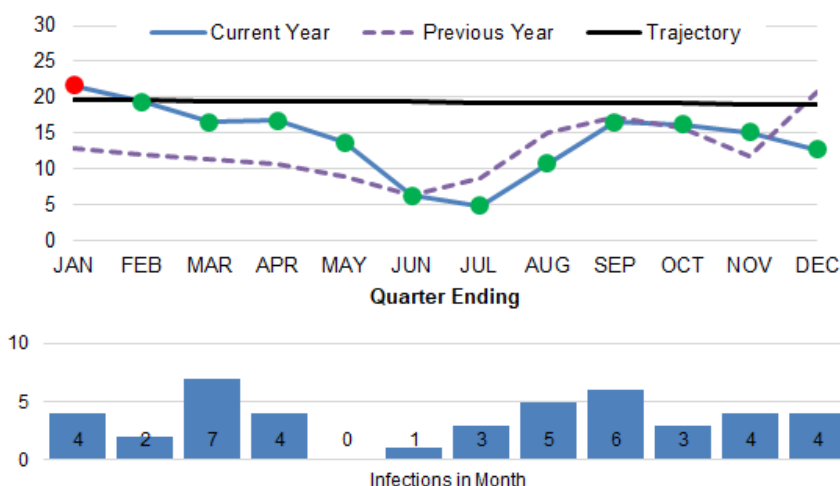
Due to the ongoing Covid-19 pandemic, there is currently no date (set by ARHAI) for resumption of SSI surveillance.

On resumption of the C-section SSI surveillance programme, the IPCT will review the surveillance methodology to capture any practice/patient pathway changes due to the pandemic response and/or any alterations to the case definition. This will ensure that the surveillance methodology remains the most effective means of capturing SSI cases.

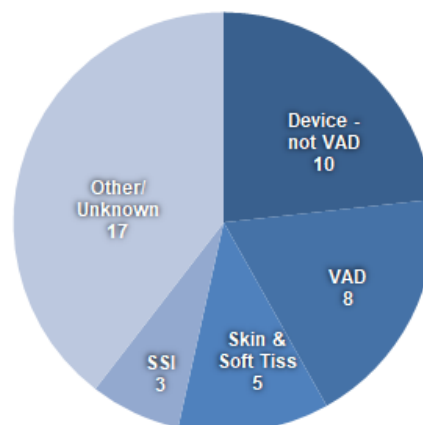
SAB (HAI/HCAI)

Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Local Performance



Infection Source: YE Dec-21



National Benchmarking

Quarter Ending	2019/20		2020/21				2021/22	
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	
NHS Fife	12.5	6.3	18.7	20.6	17.8	6.3	16.6	
Scotland	16.3	20.3	17.3	18.9	18.4	18.6	18.3	

KEY CHALLENGE(S) IN 2021/22

Vascular access devices and medical devices such as urinary catheters are risk factors identified for SAB, and infections in these areas need to be minimised in order to achieve the 10% reduction by March 2022

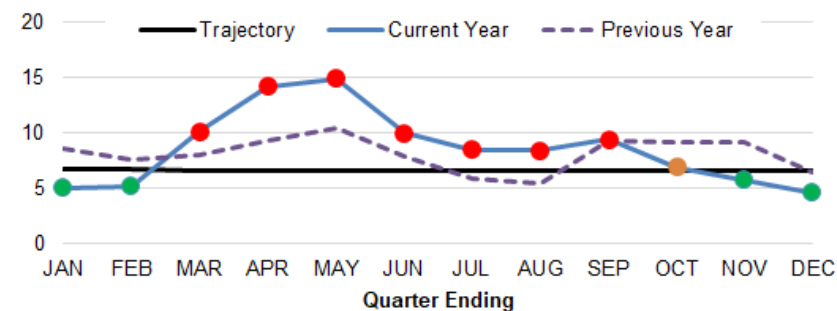
IMPROVEMENT ACTIONS

20.1 Reduce the number of SAB in PWIDs	By Mar-22
The incidence of SABs in PWIDs has continued to reduce, with only 4 cases identified in 2021 (compared to 5 in 2020 and 14 in 2019). The PGD for Antibiotic prescribing is now in progress by Addiction Services and IPCT continues to provide support. IPCT are currently awaiting an update from the Addictions Services Manager. A voiced over educational video by IPCT on SAB definitions, signs, symptoms and interventions has been completed for AS staff training.	
20.2 Ongoing surveillance of all VAD-related infections	By Mar-22
Monthly charts distributed to clinical teams to inform of incidence of VAD SABs - these demonstrate progress and promote quality improvement as well as raising triggers and areas of concern	
20.3 Ongoing surveillance of all CAUTI	By Mar-22
Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) identify key issues and initiate appropriate corrective actions in regard to catheter and urinary care with ECB data presented to indicate CAUTI incidence and trends. The most recent January meeting was cancelled. The Driver Diagram for the UCIG is currently being reviewed and updated.	
20.4 Optimise comms with all clinical teams in ASD & the HSCP	By Mar-22
Monthly SAB reports distributed with Microbiology comments, to gain better understanding of disease process and those most at risk. This allows local resources to be focused on high-risk groups/areas and improve patient outcomes. The Ward Dashboard utilised by clinical staff to access and display 'days since last SAB' in each ward for public assurance is currently inaccessible, so wards are currently being updated by the IPC surveillance team.	
22.1 Use Electronic insertion and maintenance bundles for PVC, CVC, urinary catheters	By Mar-22
Electronic insertion and maintenance bundles for PVCs are completed on Patientrack to support best practice. Compliance is reported weekly to ward Senior Charge Nurses if the ward failed to achieve 90% of all PVC being removed prior to the 72hr breach. There are Quality Improvement (QI) projects to support areas which are not achieving best practice. Similar electronic insertion and maintenance bundles are planned for in-dwelling urinary catheters and CVCs to promote and support best practice, reduce avoidable harm and improve quality of care.	

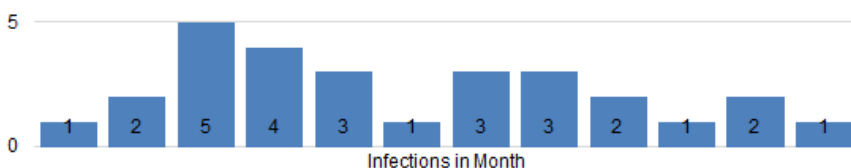
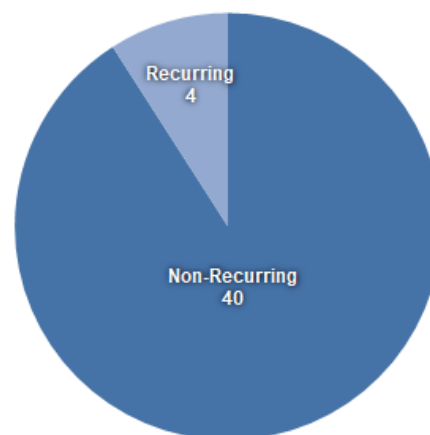
C Diff (HAI/HCAI)

Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Local Performance



CDI Recurrence: YE Dec-21



National Benchmarking

Quarter Ending	2019/20		2020/21		2021/22		
	Mar	Jun	Sep	Dec	Mar	Jun	Sep
NHS Fife	8.0	7.9	9.3	7.7	14.0	10.0	9.5
Scotland	13.6	15.4	17.4	16.4	15.8	14.6	16.7

KEY CHALLENGE(S) IN 2021/22

Sustain and further reduce healthcare-associated CDI and recurrent CDI in order to achieve the 10% reduction target by March 2022

IMPROVEMENT ACTIONS

20.1 Reducing recurrence of CDI

By Mar-22

Each CDI occurrence is reviewed by a consultant microbiologist. The patient's clinician is then advised regarding patient treatment and management to optimize recovery and prevent recurrence of infection.

To reduce recurrence of CDI Infection for patients at high risk of recurrent infection, two treatments are utilised in Fife, Fidaxomicin and Bezlotoxumab. The latter can be prescribed whilst faecal microbiota transplantation is unavailable during the COVID-19 pandemic.

20.2 Reduce overall prescribing of antibiotics

By Mar-22

NHS Fife utilises National antimicrobial prescribing targets by NHS Fife microbiologists, working continuously alongside Pharmacists and GPs to improve antibiotic usage.

Empirical antibiotic guidance and the revised Microguide app has been circulated to all GP practices.

20.3 Optimise communications with all clinical teams in ASD & the HSCP

By Mar-22

Monthly CDI reports are distributed, to enable staff to gain a clearer understanding of the disease process, recurrences and rates.

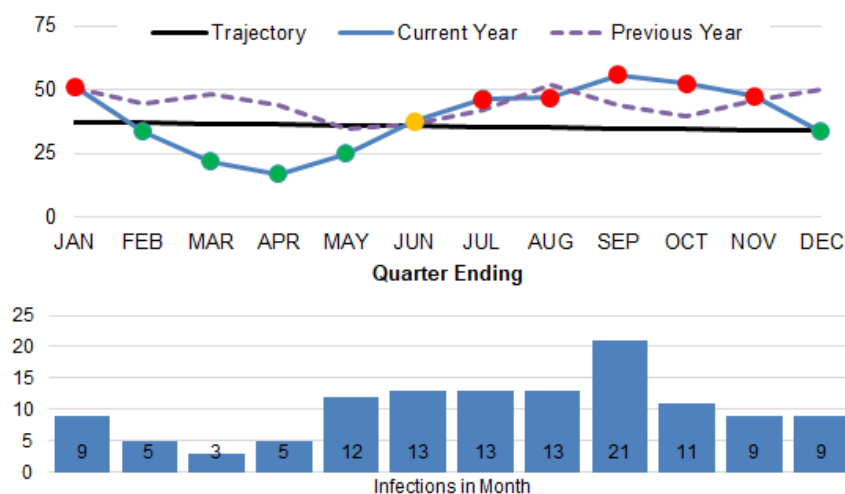
IPCN ward visits reinforce SICPs and transmission-based precautions, provide education to staff to promote optimum CDI management and daily Medical Management form completion.

The Ward Dashboard utilised by clinical staff to access and display 'days since last CDI' in each ward for public assurance is currently inaccessible, so wards are currently being updated by the IPC surveillance team.

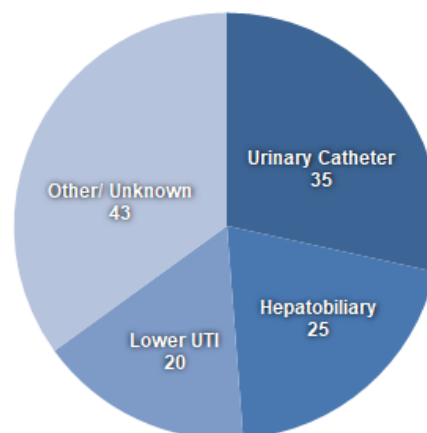
ECB (HAI/HCAI)

Reduce Hospital Infection Rate by 25% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Local Performance



Infection Sources: YE Dec-21



National Benchmarking

Quarter Ending	2019/20		2020/21				2021/22		
	Mar	Jun	Sep	Dec	Mar	Jun	Sep		
NHS Fife	47.9	36.4	45.3	50.3	21.6	37.6	60.3		
Scotland	36.4	39.7	42.0	40.9	34.7	38.2	41.4		

KEY CHALLENGE(S) IN 2021/22

Lower Urinary tract Infections (UTIs) and Catheter associated UTIs (CAUTI) remain the prevalent source of ECBs and are therefore the areas to address to reduce the healthcare-associated infection ECB rate

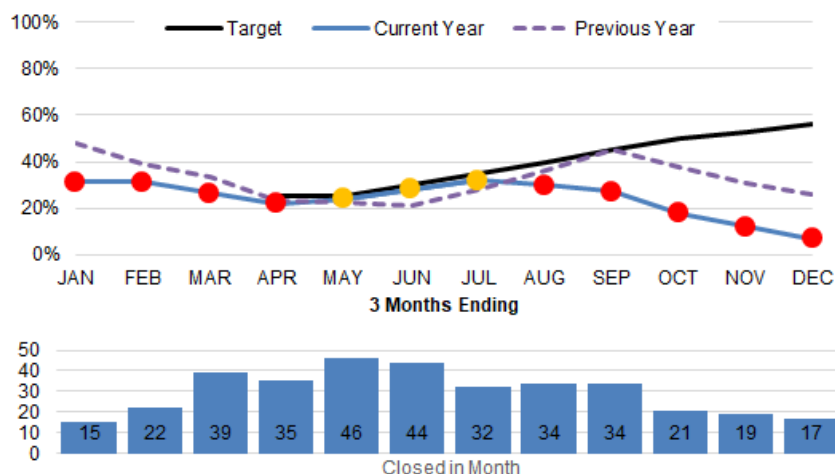
IMPROVEMENT ACTIONS

20.1 Optimise communications with all clinical teams in ASD & the HSCP	By Mar-22
<p>Monthly reports and charts are distributed to key clinical staff across the HSCP and ASD. Each CAUTI associated ECB undergoes IPC surveillance to establish a history. From December, as part of the strategy to reduce E.coli Bacteraemia (ECB), a DATIX will be submitted for ALL catheter associated ECBs (including those without trauma), prompting an LAER by the patient's clinical team.</p> <p>During Q3 2021 (Jul-Sep), NHS Fife was above the national rate for HCAI & CAI. This has resulted in the board being issued with an Exception Report from ARHAI (Antimicrobial Resistance & Healthcare Associated Infection, National Services Scotland). The data is being examined locally and an Action Plan is being developed, to be returned to ARHAI by 8th February.</p>	
20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG)	By Mar-22
<p>The UCIG meeting last met in November. Initiatives to promote hydration and provide optimum urinary catheter care (including continence care) across Fife continue. They cover analysis and update of process, training/education/promotion and quality improvement work. Work involves the district nursing service and staff in both private and NHS care homes as well as a QI CAUTI programme at Kelty GP Practice.</p>	
22.1 Develop ECB Strategy	By TBD
<p>NHS Fife are collaborating with NHS Shetland and NHS Grampian to pioneer an enhanced ECB CAUTI surveillance tool. The aim is to gather data on all CAUTIs, identify risk factors and, where appropriate, make subsequent improvements to practice.</p>	

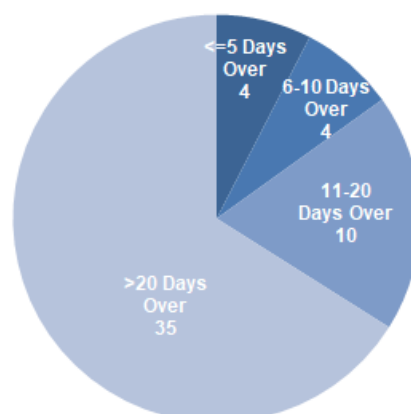
Complaints | Stage 2

At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)

Local Performance



Closure Breaches; QE Dec-21



Performance by Service Area

3-Month Ending	2020/21						2021/22					
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	31.3%	31.1%	26.3%	21.9%	24.2%	28.0%	32.0%	30.0%	27.0%	18.0%	12.2%	7.0%
Ack <= 3 Days (Monthly)	93.3%	95.5%	94.9%	100.0%	93.5%	100.0%	96.9%	100.0%	100.0%	100.0%	100.0%	94.1%
ASD	36.5%	35.3%	19.3%	15.9%	15.7%	22.5%	23.5%	25.7%	27.3%	20.7%	15.7%	7.5%
HSCP	20.0%	18.2%	50.0%	38.1%	48.3%	31.4%	38.7%	23.3%	20.8%	13.0%	5.9%	8.3%

KEY CHALLENGE(S) IN 2021/22

- Service recovery following Covid-19 pandemic
- Improve the quality of complaint handling
- Complex complaints / Multi-Directorate Complaints

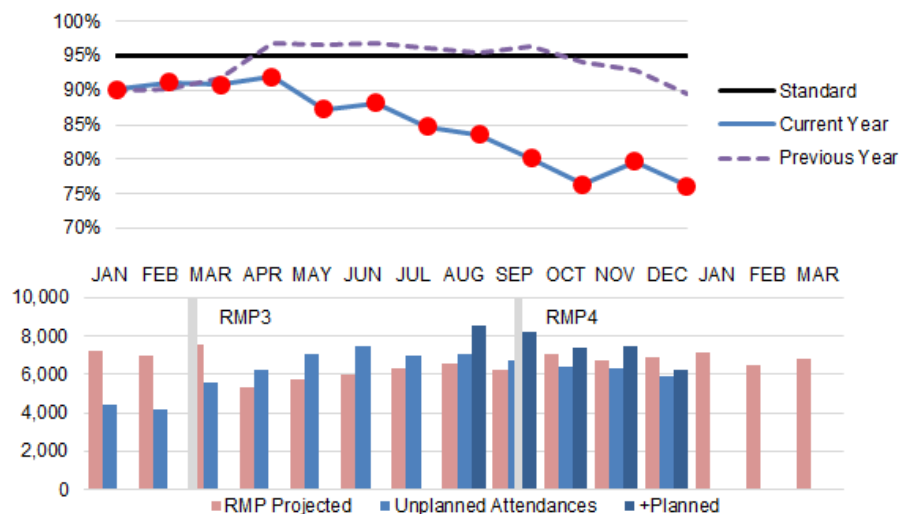
IMPROVEMENT ACTIONS

22.1 Review complaint handling process and agree measures to ensure quality	By Mar-22
Patient Relations are completing in-house QA checks on draft final responses; however this has been impacted due to current pressures within the department. A review of the current complaint handling process by Clinical Governance and Patient Relations has started, but remains on hold due to the ongoing response to COVID-19 and current capacity issues.	
22.2 Improve education of complaint handling	By Mar-22
This action aims to improve overall quality by delivering education programmes at induction and bespoke training sessions across the Clinical Services. While some training sessions have been delivered virtually, this remains on hold due to the ongoing response to COVID-19 and current capacity issues. Although bespoke training sessions were undertaken with Fife Wide & Fife East in May and June 2021, the aim was to restart during the remainder of 2021; however, there has not yet been the capacity to do so.	

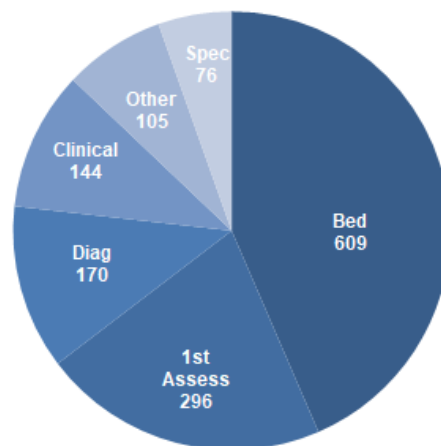
4-Hour Emergency Access

At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident & Emergency treatment

Local Performance



Breach Reason; Dec-21



National Benchmarking

Month	2020/21					2021/22						
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	90.1%	91.1%	90.8%	91.9%	87.2%	88.2%	84.7%	83.6%	80.1%	76.3%	79.7%	76.1%
Scotland	86.0%	86.2%	88.5%	88.7%	87.2%	85.0%	81.5%	77.8%	76.1%	73.5%	75.9%	75.7%

KEY CHALLENGE(S) IN 2021/22

- Achievement of 4-hour access Standard
- Delivery of an integrated Flow and Navigation HUB
- Increased patient demand for urgent care

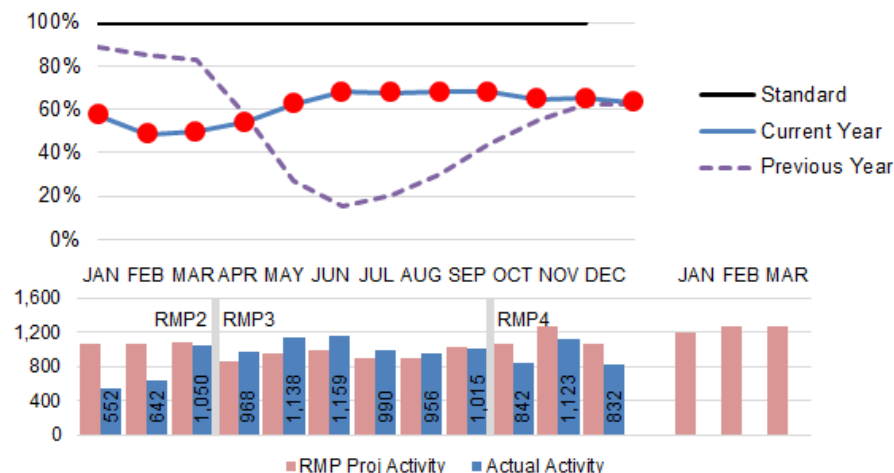
IMPROVEMENT ACTIONS

21.2 Integration of the Redesign of Urgent Care model and the Flow & Navigation Hub	By Apr-22
Virtual Flow and Navigation appointments to ED are now in place and the Hub has expanded to handle GP calls previously taken by ANPs into AU1. Early indication shows decreased number of referrals with a re-direction rate of 26%. Expansion for 24/7 handling is in planning and the Clinical Director for Planned Care is reviewing surgical pathways through FNC with a focus on a more streamlined urology pathway.	
22.1 Co-produce (with NHS 24) patient criteria for access to ED via 1-hr and 4-hr pathways	Complete Nov-21
22.2 Reduce number of patients breaching at 4 hrs, 8 hrs, and waits for beds	By Mar-22
Bed waits continue to be the principal reason for breaches. There has been an increase in 8-hour breaches due to capacity challenges across the site. All directorates are focused on improvement actions which can improve flow into downstream wards and effectively manage admission demand from front door. Principle actions are focused on: reducing duplication with handovers, in reach model from wards to AU1 achieving earlier transfers, reducing number of patients in delay, earlier discharge planning and improving team(s) communication. An OPEL escalation tool is in development and at the testing stage to support capacity planning and management – EDG and SLT fully sighted and supportive of the tool. Early indications are positive with action cards out for consultation.	
22.3 Develop re-direction policy for ED	Complete Dec-21
SLWG and joint HSCP/ASD reference group established to embed principles from National Re-direction Guidance into ED pathways and re-direct patients who can be supported in alternative clinical settings or through self care. Formal redirection in place, action complete.	

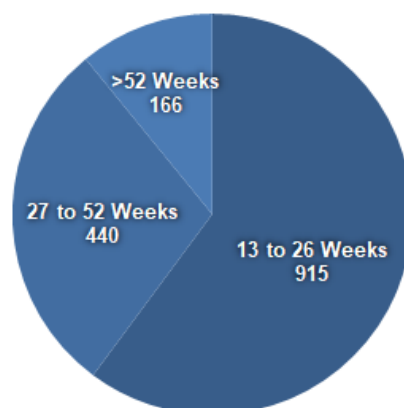
Patient TTG

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

Local Performance



Breaches Breakdown Dec-21



National Benchmarking

	2020/21					2021/22						
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	57.4%	48.6%	49.7%	54.1%	62.7%	67.9%	67.6%	68.2%	68.2%	64.9%	65.1%	63.1%
Scotland	35.9%	33.5%	34.7%	35.5%	37.2%	38.6%	36.7%	36.5%	34.0%			

KEY CHALLENGE(S) IN 2021/22

- Reduced Theatre Capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of backlog in outpatients and change in case mix
- Increased unscheduled workload
- Staff vacancies, absence and fatigue

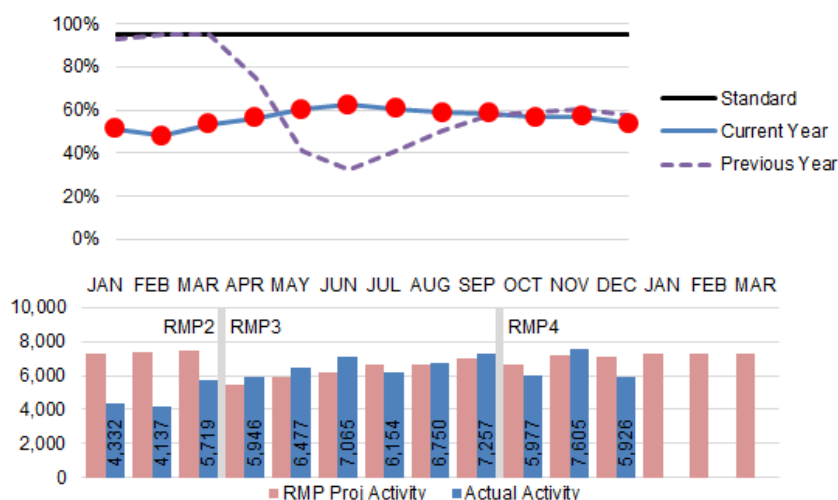
IMPROVEMENT ACTIONS

22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	Complete Sep-21
22.2 Redesign Pre-assessment to increase capacity and flexibility around theatre scheduling	By Mar-22
Business case delayed awaiting decision on suitable IT system	
22.3 Undertake waiting list validation against agreed criteria	By Mar-22
Clinical teams continue to review lists and prioritise patients, Clinical Prioritisation Group meets regularly. This work will continue as clinical prioritisation remains essential when elective capacity is restricted due bed capacity and unscheduled care demand.	
22.4 Develop and deliver improvement actions in line with CFSD priority projects overseen by Integrated Planned Care Programme Board	By Mar-22
First meeting of Integrated Planned Care Programme Board held on 8 th December; revised HEAT map being developed	

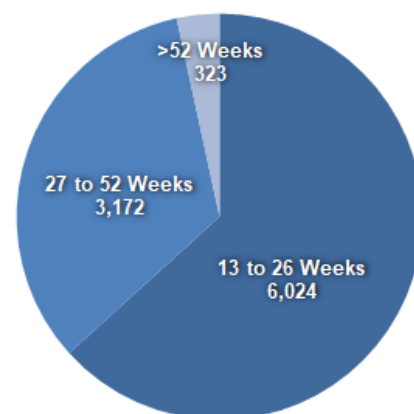
New Outpatients

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

Local Performance



Breaches Breakdown Dec-21



National Benchmarking

	2020/21			2021/22								
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	51.2%	48.0%	53.4%	56.4%	60.3%	62.4%	60.7%	58.6%	58.3%	56.5%	57.1%	53.8%
Scotland	44.5%	43.9%	48.3%	50.5%	52.3%	53.4%	51.6%	49.7%	48.1%			

KEY CHALLENGE(S) IN 2021/22

- Reduced Clinic capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of unmet need and change in case mix of referrals
- Increased unscheduled workload
- Staff vacancies, absence and fatigue

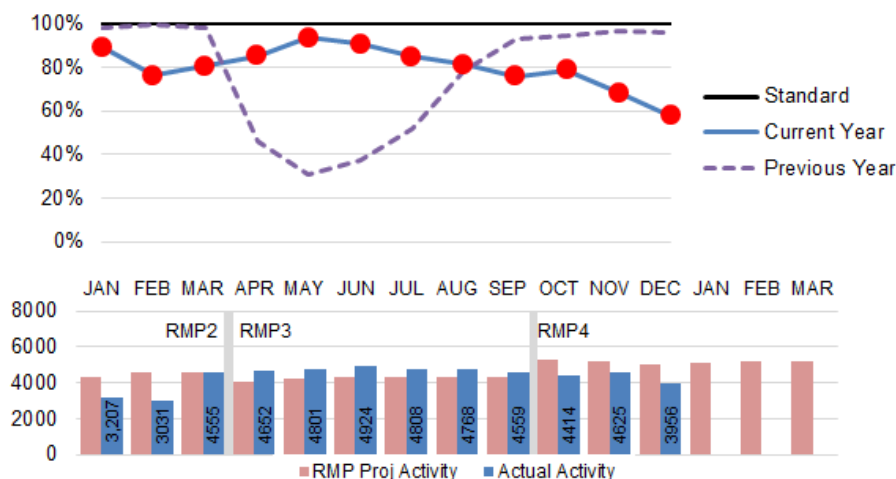
IMPROVEMENT ACTIONS

22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	Complete Sep-21
22.2 Deliver appropriate elements of Modernising outpatients and unscheduled care redesign to reduce and manage demand and sustain capacity	By Mar-22
First meeting of Integrated Planned Care Programme Board held on 8 th December; revised HEAT map being developed	
22.3 Actively promote and support staff wellbeing initiatives within the acute division	By Mar-22
Directorates promoting and supporting initiatives	
22.4 Understand impact of potential changes to guidance on social distancing and actions needed to implement	Complete Dec-21
Revised guidance issued and following advice from Infection Control local team unable to reduce social distancing to 1m in outpatients in VHK or QMH. Restricted capacity remains.	

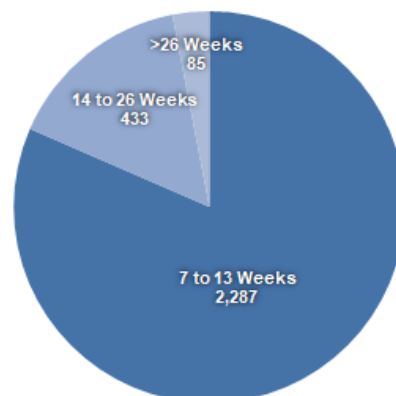
Diagnostics Waiting Times

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

Local Performance



Breach Breakdown Dec-21



National Benchmarking

	2020/21						2021/22					
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	89.2%	76.2%	80.6%	85.3%	93.5%	90.6%	84.9%	81.2%	75.7%	78.7%	68.3%	57.8%
Scotland	52.0%	57.8%	61.4%	61.8%	64.1%	62.6%	57.2%	56.5%	57.8%			

KEY CHALLENGE(S) IN 2021/22

- Reduced diagnostic capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of unmet need, backlog in outpatients and change in case mix of referrals
- Staff vacancies, absence and fatigue

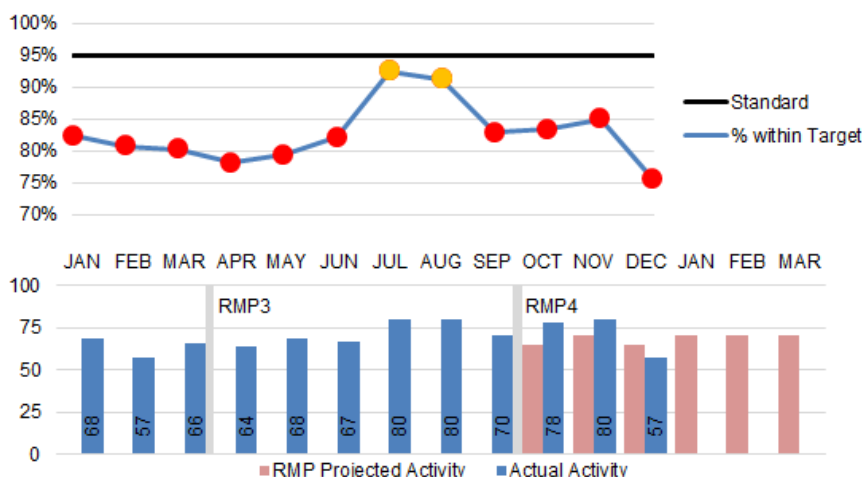
IMPROVEMENT ACTIONS

22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	Complete Sep-21
22.2 Explore implementation of point of care testing in endoscopy	By Mar-22
Testing platform chosen, governance processes to support implementation nearing completion and implementation date agreed for February	
22.3 Actively promote and support staff wellbeing initiatives within the acute division	By Mar-22
Directorates promoting and supporting initiatives	
22.4 Actively seek alternative sources of additional CT capacity to manage increasing waiting times for routine patients	Complete Jan-22
CT mobile van secured for March, and funding agreed with Scottish Government	

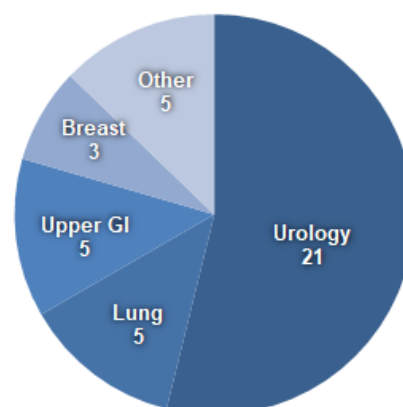
Cancer 62-Day Referral to Treatment

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

Local Performance



Breaches: Oct to Dec 21



National Benchmarking

Month	2020/21			2021/22								
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	82.4%	80.7%	80.3%	78.1%	79.4%	82.1%	92.5%	91.3%	82.9%	83.3%	85.0%	75.4%
Scotland	81.6%	81.9%	83.0%	84.5%	83.0%	83.6%	82.8%	83.5%	83.1%	78.8%	78.1%	

KEY CHALLENGE(S) IN 2021/22

- Prostate cancer pathway (remains the most challenged pathway in NHS Fife)
- Increased number of referrals into the breast service, converting to cancers
- Catch up with the paused screening services (which will increase the number of patients requiring to be seen)
- Introduction of the robot may impact on waits to surgical treatment due to training requirements

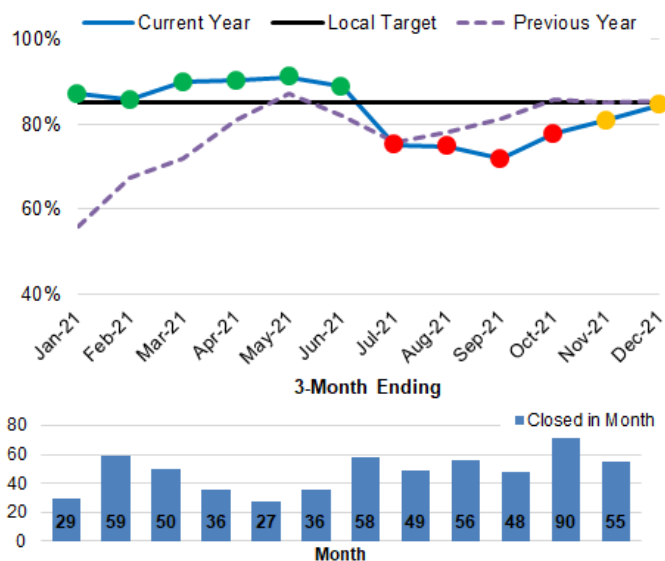
IMPROVEMENT ACTIONS

20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points	By Mar-22
This will be addressed as part of the overall recovery work and in line with priorities set within the Cancer Recovery Plan and by the leadership team. Priority will be given to the most challenging pathways.	
20.4 Prostate Improvement Group to continue to review prostate pathway	By Mar-22
This is ongoing work related to Action 20.3, with the specific aim being to improve the delays within the whole pathway. A national review of the prostate pathway will be undertaken as part of the Recovery Plan.	
21.2 Cancer Strategy Group to take forward the National Cancer Recovery Plan	By May-22
The National Cancer Recovery Plan was published in December 2020. A Strategic & Governance Cancer Group has been established with a Cancer Framework Core Group to develop and take forward the NHS Fife Cancer Framework and annual delivery plan for cancer services in Fife. Engagement sessions have been completed and the Framework and delivery plan is currently being drafted.	
22.1 Effective Cancer Management Review	By Mar-22
The Scottish Government Effective Cancer Management Framework review to improve cancer waiting times performance is underway. The recommendations from the review will be addressed as part of the improvement process. The Scottish Government will be visiting NHS Fife to introduce the reviewed Framework.	

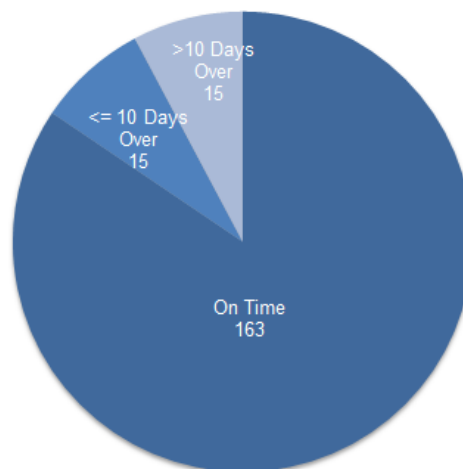
Freedom of Information Requests

We will respond to a minimum of 85% of FOI Requests within 20 working days

Local Performance



Closure Period, QE Dec-21



Performance by Service Area

Monthly	2020/21			2021/22								
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Health Board	92.3%	83.6%	93.5%	93.5%	79.2%	88.6%	58.0%	83.3%	74.5%	78.0%	84.1%	85.4%
IJB	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	42.9%	77.8%	100.0%	87.5%	100.0%

KEY CHALLENGE(S) IN 2021/22

Establishment of a permanent resource level for all Information Governance and Security activities. Within the area of Freedom of Information, the temporary appointment has left the organisation and an Information Governance and Security Advisor is overseeing FOI administration. The route to a permanent post is still going through Human Resources and it is hoped that this will be ready for advertisement soon.

IMPROVEMENT ACTIONS

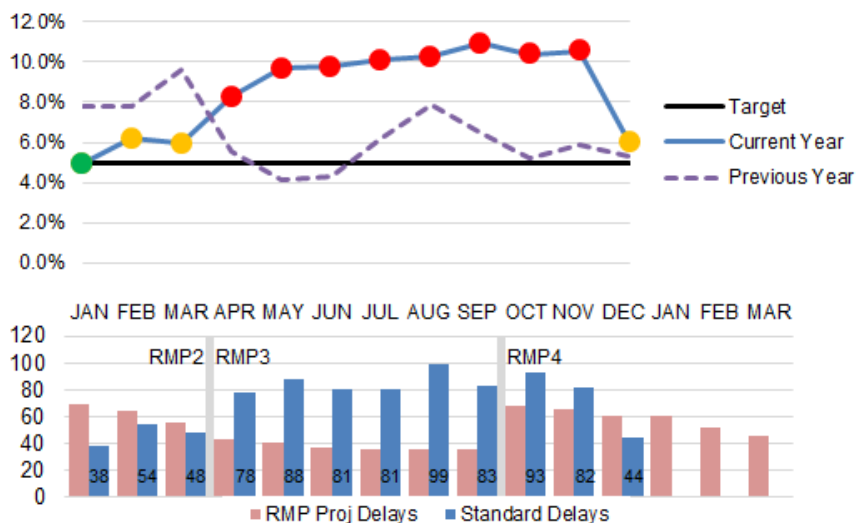
21.1 Organisation-wide Publication Scheme to be introduced	Complete Jun-21
21.2 Improve communications relating to FOISA work	Complete Dec-21

The first EDG Paper (1.0 - Process) passed through EDG in February. The Scottish Information Commissioner's Office commended the work NHS Fife has undertaken to remedy the Board's previous low level of FOISA compliance. With resourcing problems now addressed, this action is complete.

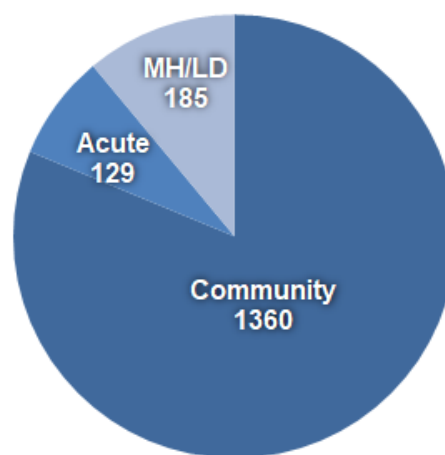
Delayed Discharges (Bed Days Lost)

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

Local Performance



Bed Days Lost | Dec-21



National Benchmarking

Quarter Ending	2019/20				2020/21				2021/22
	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	7.6%	8.0%	7.2%	8.3%	4.6%	6.8%	5.4%	5.7%	9.2%
Scotland	6.8%	7.2%	7.1%	7.3%	3.8%	5.1%	4.8%	4.6%	5.0%

KEY CHALLENGE(S) IN 2021/22

- Capacity in the community – demand for complex packages of care has increased significantly
- Information sharing – H&SC workforce having access to a shared IT, for example Trak, Clinical Portal
- Workforce – Ensuring adequate and safe staffing levels to cover the additional demand to facilitate discharge from the acute setting to the community hospitals and social care provision

IMPROVEMENT ACTIONS

22.1 Progress HomeFirst model / Develop a 'Home First' Strategy	By Mar-22
The Oversight "Home First" group continue to meet on a regular basis. Seven subgroups are taking forward the operational actions to bring together the "Home First" strategy for Fife. Monthly meetings take place, action plans/driver diagrams are now in place for the oversight and subgroups.	
22.1 Fully implement the "Moving On" Policy in Acute and Community Hospitals	Complete Jul-21
22.2 Test of Change – Trusted Assessor Model (or similar) to support more timely discharges to STAR/Assessment placements in the community	By Mar-22
The test of change is ongoing, however, the number of STAR beds available has been limited due to care home closures (COVID)	
22.3 Reduce number of delays due to awaiting the appointment of a Welfare Guardian	By Mar-22
Project working with families/carers to ensure that they can navigate the system to apply for private guardianship started last May and will be taken forward by Circles Project. A review of the guardianship paperwork and templates is complete, and the refreshed document has been approved by H&SC and NHS Fife (Acute). It will be held within patient notes to provide an overview and audit trail.	
22.4 Develop capacity within START plus additional investment to develop a programme of planning with the private agencies supported by Scottish Care	By Apr-22
Development of Care at Home Collaborative, supported by Scottish Care, started in November. This will bring together 10-12 care at home providers to work together, to maximise resources and capacity to help service user return to their own home, following a period in a care home interim placement. Recruitment is ongoing.	
22.5 Surge capacity established to support admission demand	By Jun-22
QMH (Ward 3/8/8A), Glenrothes (Ward 1/2/3), Cameron (Balgonie/Balcurvie/Letham), VHK (Ward 6/9)	

Revenue Expenditure

NHS Boards are required to work within the revenue resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD)

1. Executive Summary

At the end of December the board's reported financial position is an overspend against budget of £13.796m comprising an adverse variance for Acute Services Division of £16.490m and £4.024m for External Health Care Providers, offset by favourable variances totalling £6.718m across Corporate Functions. Included in the Acute Services overspend is an adverse variance for Set Aside budgets of £5.1m and, as NHS Fife have current responsibility for the set aside budgets, this places additional financial pressure on the board and non-IJB health care services. The health services delegated to the Health & Social Care Partnership (H&SCP) are reporting an underspend of £0.606m for the 9 months to December following a non-recurring payment (budget realignment) made from Health Board to Fife Council of £3.734m.

Revenue Financial Position as at 31st December 2021

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
NHS Services (incl Set Aside)				
<u>Clinical Services</u>				
Acute Services Division	234,729	178,742	195,232	-16,490
IJB Non-Delegated	9,462	7,112	6,954	158
Non-Fife & Other Healthcare Providers	90,611	67,975	71,999	-4,024
<u>Non Clinical Services</u>				
Estates & Facilities	77,516	57,656	56,459	1,197
Board Admin & Other Services	89,735	70,154	68,817	1,337
<u>Other</u>				
Financial Flexibility & Allocations	20,028	3,961		3,961
HB retained offsets	60	0	0	0
Income	-38,709	-30,702	-30,767	65
SUB TOTAL	483,432	354,898	368,694	-13,796
<u>Health & Social Care Partnership</u>				
Fife H & SCP	383,444	281,601	280,995	606
SUB TOTAL	383,444	281,601	280,995	606
TOTAL	866,876	636,499	649,689	-13,190

- 1.2 Included in the board's reported overspend are Health Board retained unachieved legacy savings targets totalling £10.242m (annual £13.656m).
- 1.3 As previously reported, the Scottish Government has confirmed non repayable funding support to enable the board to break even at the end of the financial year. We have commenced submission of our additional monthly reporting templates to SG which addresses the actions the board has taken to minimise the level of funding support required. These actions include the board conducting a robust review of savings plans and developing savings plans which will reflect 50% of the 2022-23 funding gap by the end of quarter 3 of this financial year. The steps taken by NHS Fife to take forward the actions requested by Scottish Government include our detailed 2022/23 Strategic Planning Resource Allocation Process, enhancement of the capacity within the PMO team and the establishment of a Financial Improvement/Sustainability programme reporting to the boards Population Health and Wellbeing Portfolio Board. This programme will develop and agree productive opportunities and savings targets for 2022/23 and a clear pipeline of plans for the more medium term.
- 1.4 Cost pressures within Acute Services continue to increase reflecting the exceptional demand on unscheduled care capacity. The many actions being taken to manage demand pressures have increased the requirement for temporary staffing. Additionally, increasing expenditure across medicines budgets continues to add to the significant cost pressures within clinical directorates particularly with Haematology/Oncology drugs budgets. Robotic assisted surgery is operational for the fifth month and the costs of surgical instruments are currently

FINANCE, PERFORMANCE & RESOURCES: FINANCE

signposted as a pressure within the financial planning process. Planned Care are absorbing the cost within existing underspend this year, with a longer term solution sought.

- 1.5 The financial impact of COVID-19, including direct additional costs for vaccination, testing and remobilisation plus indirect costs associated with the managing the wider impact and recovery measures continues to be regularly updated and shared through established reporting mechanisms through quarterly reporting returns. Details are contained within Appendix 1.
- 1.6 Funding allocations confirmed in month included additional Band 2-4 Staffing £1.022m and Multi-disciplinary of £1.384m. Anticipated allocations total £3.074m. Allocation details are contained within Appendix 2.
- 1.7 At the beginning of the financial year the board was committed to delivering cost improvements in year of £8.181m which are now confirmed as delivered in full, with £8.383 delivered at the end of December. Appendix 3 sets out the savings achieved including an analysis of recurring and non-recurring sources, and forms the basis of our additional monthly reporting to Scottish Government.
- 1.8 Redesign of Urgent Care (RUC) will be fully funded this year through a combination of Scottish Government funding £0.681m and earmarked H&SCP reserves of £0.935m brought forward from 2020/21. The expenditure against the Navigation Flow Hub will be monitored on a regular basis alongside the other workstreams that are focusing on RUC.
- 1.9 The overall anticipated capital budget for 2021/22 is £33.546m. The capital position for the period to December records spend of £11.811m. Therefore, 35.21% of the anticipated total capital allocation has been spent to month 9.

2. Health Board Retained Services

Clinical Services financial performance at December 2021

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Acute Services Division	234,729	178,742	195,232	-16,490
IJB Non-Delegated	9,462	7,112	6,954	158
Non-Fife & Other Healthcare Providers	90,611	67,975	71,999	-4,024
Income	-38,709	-30,702	-30,767	65
SUB TOTAL	296,093	223,127	243,418	-20,291

- 2.1 Costs directly attributable to Covid-19 have been identified and matched with budget, on a non-recurring basis and work continues to develop the projected covid impact into the new financial year. The Quarter 3 financial return and projections which includes an update on the financial impact of Covid 19 will be used by Scottish Government to inform further funding allocations for Covid 19 for the remainder of the financial year.
- 2.2 The Acute Services Division reports an **overspend of £16.490m**. Acute Services are experiencing particularly challenging capacity pressures at the front door and downstream wards on top of existing historic cost pressures.. Measures are underway to ease the pressures including increasing temporary over recruitment to unregistered nursing posts and creation of a nursing pool. A significant proportion of the reported overspend to December relates to unachieved savings of £9.077m. The remainder of the reported overspend continues across Nursing, Senior and Junior Medical Pay budgets, non-pay pressures within Haematology/Oncology medicines budgets and growth demand on diabetic pumps. Growth in spend on Acute medicines has accelerated beyond available funding significantly and is an issue being reported across boards in Scotland.
- 2.3 The IJB Non-Delegated budget reports an **underspend of £0.158m**. This is mostly being driven by a pay underspend in the Daleview Regional Unit, resulting from occupational therapy and learning disabilities nursing vacancies.
- 2.4 The budget for healthcare services provided out-with NHS Fife is **overspent by £4.024m** per Appendix 4. As reported previously, the main driver is the increase in the expected annual value of the service agreement with NHS Lothian. Discussions are still ongoing with NHS Tayside. There has been seen an increase in spend (actual & expected) for patients receiving treatment out-with Scotland.

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Corporate Functions and Other Financial performance at December 2021

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
<u>Non Clinical Services</u>				
Estates & Facilities	77,516	57,656	56,459	1,197
Board Admin & Other Services	89,735	70,154	68,817	1,337
<u>Other</u>				
Financial Flexibility & Allocations	20,028	3,961		3,961
HB retained offsets	60			0
SUB TOTAL	187,339	131,771	125,276	6,495

- 2.5 The Estates and Facilities budgets report an **underspend of £1.197m**. This comprises an underspend in pay of £0.396m across several departments including estates services, catering, and laundry. The non-pay underspend includes £0.800m on rates as previously reported and additional rebates were received for two sites in month. This benefit is partially offset by overspends on property maintenance £0.471m which includes grounds spend and waste management.
- 2.6 Within the Board's corporate services there is **an underspend of £1.337m**. The main driver for this underspend is the level of vacancies across Finance (£0.256m) and Nursing (£0.287m) directorates.
- 2.7 As part of the financial planning process, expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year as part of the respective devolved budgets. A number of residual uplifts and cost pressure/developments and new in-year allocations are held in a central budget; with allocations released on a monthly basis. The **financial flexibility of £3.961m** has been released at month 9, with further detail shown in Appendix 5.

3. Health & Social Care Partnership

- 3.1 Health services in scope for the Health and Social Care Partnership report an **underspend of £0.606m**. This underspend is net of a non-recurring payment on account of the Health Delegated in-year underspend to Social Care made in December.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
<u>Health & Social Care Partnership</u>				
Fife H & SCP	383,444	281,601	280,995	606
SUB TOTAL	383,444	281,601	280,995	606

The Health and Social Care Partnership budget detailed above are Health budgets designated as in scope for HSCP integration, excluding services defined as Set Aside. The financial pressure related to 'Set Aside' services is currently held within the NHS Fife financial position. These services are currently captured within the Clinical Services areas of this report (Acute set aside £5.1m overspend to month 9 per 1.1 above).

- 3.2 A review of the Integration Scheme has been agreed by the respective partners, NHS Fife Board and Fife Council in September 2021, and has been submitted for Ministerial Approval, after which final approval will be sought at the IJB Committee in January 2022.
- 3.3 The overspend on the set-aside services is currently held within the Acute Services Directorate Budget and not the IJB and is not included in the reported projected overspend for the IJB. If a different arrangement was in place between the IJB and the Health Board in relation to the management of costs in excess of the available budget, the IJB would face significant cost pressure as a result of the significant demand for hospital services.

Details of funds held within Delegated Health Earmarked Reserves are noted at Appendix 6.

4. Forecast

- 4.1 Our forecast outturn to the year end is held at a potential overspend of £14.207m for Health Board retained services (as reported at month 8). This includes the in-year deficit in our opening financial plan of £13.656m unachieved savings and a core potential additional overspend of £0.551m. We continue to work to reduce the potential overspend and are working with Scottish Government colleagues to secure ADEL (Additional Departmental Expenditure Limit) funding. This follows a detailed review of our expenditure which includes ADEL qualifying expenditure across replacement of obsolete equipment; and property and vehicle repair expenditure. An update will be provided next month.
- 4.2 In addition, we have previously reported that limited NRAC funding was received in 2021/22, which means we remain c£5m-£8m away from NRAC funding parity across Scotland. Whilst this issue has been largely addressed in the Draft Scottish Government 2022/23 budget settlement for NHS Fife, it remains a significant bearing on our 2021/22 financial planning arrangements and our qualitative and quantitative performance.
- 4.3 The Health delegated underspend position is forecast at £5.871m and £3.734m has been transferred to Fife Council following a non-recurring budget realignment in December. The most recent H&SCP finance report identifies a projected year end overspend position of £1.050m (Source: January 2022 H&SCP Finance & Performance Committee). Five key areas of overspend that are contributing to the projected outturn overspend are Hospital & Long Term Care, Family Health Services, Older People Residential and Day Care, Homecare Services and Adult Placement. The agreed recovery plan has been implemented and actions taken have helped reduce the projected overspend position. The Scottish Government have confirmed that whilst no funding is being allocated at this time to meet under-achievement of savings, support will be provided to Integration Authorities to deliver breakeven on a non-repayable basis, providing there is appropriate review and control in place. Discussion and detailed review of the projected year end outturn and the mitigating actions required to improve the financial position will continue with the Chief Finance Officer of the H&SCP.
- 4.4 The projected NHS Fife forecast does not include any risk share with the Health and Social Care Partnership given Integration Authorities will also be provided with Scottish Government support to a balanced position. A cash transfer has been actioned in December from Health to Council to allow both organisations to report a balanced position; and it is likely a further transfer will crystallise towards the end of the financial year.

5. Recommendation

- 5.1 Members are invited to approach the Director of Finance and Strategy for any points of clarity on the position reported and are asked to:
- **Note** the reported core overspend of £13.796m for the 9 months to date;
 - **Note** that workforce and capacity pressures across our system continue to drive increased costs in-year and present a financial challenge.
 - **Note** the potential total overspend outturn position is held at £14.207m, with work continuing to reduce this position
 - **Note** the confirmation of funding support by Scottish Government on the proviso a number of actions are taken forward

Appendix 1: Covid-19 Funding

COVID funding	Health Board	Health delegated	Social Care delegated	Total	Capital
	£000's	£000's	£000's	£000's	£000's
Allocations Q1	8,702	2,878		11,580	
Additional allocation	6,815	7,023		13,838	
HSCP ear marked reserve		2,898		2,898	
Anticipated allocation	4,088			4,088	
Total funding	19,605	12,799	0	32,404	0
Allocations made for April to December					
Planned Care & Surgery	1,220			1,220	
Emergency Care & Medicine	5,974			5,974	
Women, Children & Clinical Services	2,361			2,361	
Acute Nursing	170			170	
Estates & Facilities	873			873	
Board Admin & Other Services	1,399			1,399	
Public Health Scale Up	778			778	
Test and Protect	3,872			3,872	
Primary Care & Prevention Serv		576		576	
Community Care Services		1,198		1,198	
Complex & Critical Care Serv		214		214	
Professional/Business Enabling		156		156	
Covid Vaccine/Flu		9,987		9,987	
Social Care					
Total allocations made to M9	16,647	12,131	0	28,778	0
Balance In Reserves	2,958	668	0	3,626	0

Appendix 2: Revenue Resource Limit

		Baseline Recurring £'000	Earmarked Recurring £'000	Non- Recurring £'000	Total £'000	Narrative
	Initial Baseline Allocation	712,534			712,534	
	June Letter	9,264	12,244	20,964	42,472	
	July Letter			8,002	8,002	
	August Letter	141	230	1,522	1,893	
	September Letter	-135	59,994	-1,931	57,928	
	October Letter		3,390	14,908	18,298	
	November Letter	2,042	1,704	4,333	8,079	
22 December 2021	Increase in Motor Neuron Disease Clinical Nurse Specialists			19	19	As per allocation letter
	HNC Students backfill Q1&Q2			48	48	Normal support for students
	Improvements to forensic medical services			10	10	As per allocation letter
	Chronic Pain winter support funding			9	9	Specific allocation
	Preregistration pharmacy scheme		-166		-166	Annual Adjustment
	Community Pharmacy Champion		20		20	Annual Allocation
	PMS - Telephony Systems			35	35	Agreed allocation
	Support acceleration of 22/23 MDT recruitment plans			300	300	Specific allocation
	Additional CT & MRI capacity			44	44	Specific allocation
	Redesign and merged eyecare service			81	81	Specific allocation
	Inequalities Project			27	27	As per allocation letter
	Task force for ADP			147	147	As per previous PfG
	Mental Health Funding for Pharmacy		64		64	As per allocation letter
	Mental Health & Wellbeing in Primary Care Services		105		105	As per allocation letter
	Multi-Disiplinary Teams			1,384	1,384	Specific allocation from announced Winter Funding
	Additional Band 2-4			1,022	1,022	Specific allocation from announced Winter Funding
	Total Core RRL Allocations	723,846	77,585	50,924	852,355	
Anticipated	Distinction Awards		193		193	
Anticipated	NSS Discovery		-39		-39	
Anticipated	NDC Contribution		-842		-842	
Anticipated	Golden Jubilee SLA		-24		-24	
Anticipated	PCIF		682		682	
Anticipated	Waiting List		1,367		1,367	
Anticipated	Covid 19			4,089	4,089	
Anticipated	GP Sustainability payment			1,000	1,000	
Anticipated	Capital to Revenue			277	277	
Anticipated	NSD Adjustments		-2,130		-2,130	
		0	-793	5,366	4,573	
Anticipated	IFRS			8,900	8,900	
Anticipated	Donated Asset Depreciation			115	115	
Anticipated	Impairment			1,333	1,333	
Anticipated	AME Provisions			-400	-400	
	Total Anticipated Non-Core RRL Allocations	0	0	9,948	9,948	
	Grand Total	723,846	76,792	66,238	866,876	

Appendix 3: Savings Position at December 2021

Total Savings	Total Savings Target £'000	Forecast Achievement (Core) £'000	Forecast unmet savings (Covid-19) £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Identified & Achieved to December £'000	Unachieved to March £'000
Health Board	21,837	8,181	13,656	5,779	2,604	8,383	0
					0		0
Total Savings	21,837	8,181	13,656	5,779	2,604	8,383	0

Appendix 4: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	99	74	72	2
Borders	45	34	43	-9
Dumfries & Galloway	25	19	43	-24
Forth Valley	3,227	2,420	2,753	-333
Grampian	365	274	212	62
Greater Glasgow & Clyde	1,680	1,260	1,256	4
Highland	137	103	153	-50
Lanarkshire	117	88	162	-74
Lothian	31,991	23,993	25,315	-1,322
Scottish Ambulance Service	103	77	77	0
Tayside	40,084	30,063	31,991	-1,928
Savings				0
	77,873	58,405	62,077	-3,672
UNPACS				
Health Boards	10,801	8,101	8,494	-393
Private Sector	1,151	863	1,072	-209
	11,952	8,964	9,566	-602
OATS	721	541	291	250
Grants	65	65	65	0
Total	90,611	67,975	71,999	-4,024

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 5: Financial Flexibility & Allocations

	£'000	Flexibility Released to Dec-21 £'000
Financial Plan		
Drugs	0	0
CHAS	408	0
Junior Doctor Travel	22	11
Consultant Increments	224	168
Cost Pressures	3,530	1,624
Developments	1,960	673
Sub Total Financial Plan	6,144	2,476
Allocations		
Waiting List	2,740	0
AME: Impairment	73	0
AME: Provisions	219	0
Pay Award:AfC	1,716	1,212
6 Essential Action	456	0
ICU	485	0
Test & Protect	2,958	0
Winter	661	0
Cervical Incident	4	0
Cancer Waiting Time	327	0
Distinction Award	57	0
Unscheduled Care Summer	180	0
Cardiac Physiologists	24	0
Support to build recruitment capacity	65	0
Building Capacity for international recruitment	68	0
Young Patients Family Fund	45	18
Best Start	75	0
Emergency Cancer Diagnostic Centre	196	0
Pregnancy Anaemia Management	28	0
Workforce Wellbeing	129	0
Discharge Without Delay Pathfinders	340	0
Interface Care Programme	480	0
Nurse Director Support	403	0
Fleet Decarbonisation	108	0
National recovery:Single point of contact	64	0
R&D	12	0
2020/21 Surplus	340	255
Motor Neuron Clinical Nurse	19	0
Chronic Pain	9	0
Additional CT & MRI Capacity	44	0
Redesign and merged eyecare	81	0
Inequalities Project	27	0
Mental Health Pharmacy recruitment	64	0
Additional Band 2-4	1,022	0
Capital to Revenue	365	0
Sub Total Allocations	13,884	1,485
Total	20,028	3,961

FINANCE, PERFORMANCE & RESOURCES: FINANCE

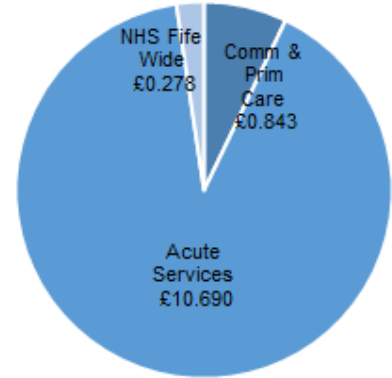
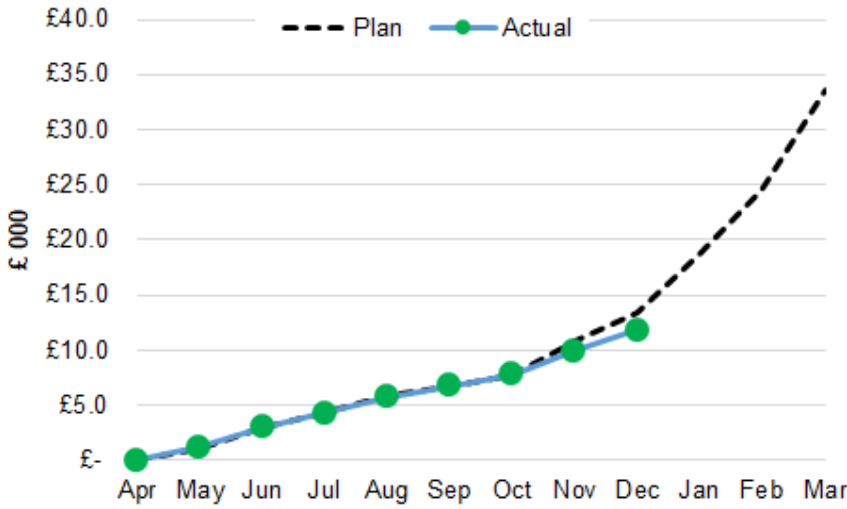
Appendix 6: Anticipated Funding from Health Delegated Earmarked Reserve

Health Delegated Earmarked Reserve	Included within Health			Balance £000's
	Total £000's	To M9 £000's	Anticipated £000's	
Vaccine	740	740		0
Care homes	526	82		444
Urgent Care Redesign	935	408		527
Flu	203	203	0	0
Primary Care Improvement Fund	2,524	1,011		1,513
Action 15	1,315	242		1,073
RT Funding	1,500			1,500
FSL	500	500		0
District Nurses	30			30
Fluenz	18			18
Core run rate	1,767	680	216	871
Core (covid offsets)	1,250	1,250		0
Total	11,308	5,116	216	5,976

Capital Expenditure

NHS Boards are required to work within the capital resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD)

Local Performance



1. Annual Operational Plan

The capital plan for 2021/22 was approved by the FP&R Committee in July and was subsequently tabled at the NHS Fife Board. NHS Fife has assumed a programme of £33.546m. This comprises:

Capital Plan	£'000
Initial Capital Allocation	7,394
National Equipping Funding	1,537
Elective Orthopaedic Centre	15,907
HEPMA	1,100
Mental Health Review	76
Lochgelly Health Centre	348
Kincardine Health Centre	207
Energy Scheme Funding	1,800
Pre Capital Fund Grant	50
Covid Capital	1,878
QMH Theatre	1,000
CT Scanner	700
Repay PY Overallocation	- 200
Louisa Jordan Equipment	22
Laundry Equipment	600
2nd Tranche NIB Equipment	1,176
National Eyecare Workstream	228
Capital to Revenue Transfer	- 277
Total	33,546

Despite being a challenging year in terms of supply chain issues, availability of materials and price increases on materials the capital plan and achievement of the capital resource limit remains on target.

Capital Receipts

1.1 Work continues into the new financial year on asset sales re disposals:

- Lynebank Hospital Land (Plot 1) (North) – discussions are ongoing as to whether to remarket, there are also discussions ongoing around the potential possibility of HFS constructing a new sterilising unit for East Scotland on the site.
- Skeith Land – an offer has been accepted subject to conditions for planning and access - however the GP's have now put in an objection to the planning department

2. Expenditure / Major Scheme Progress

2.1 The summary expenditure position across all projects is set out in the dashboard summary above. The expenditure to date amounts to £11.811m, this equates to 35.21% of the total capital allocation, as illustrated in the spend profile graph above.

2.2 The main areas of spend to date include:

Statutory Compliance	£2.106m
Equipment	£1.509m
Digital	£0.172m
Elective Orthopaedic Centre	£7.427m
Health Centres	£0.312m
Clinical Prioritisation	£0.198m

3. Recommendation

3.1 Members are invited to approach the Director of Finance and Strategy for any points of clarity on the position reported and are asked to:

note the capital expenditure position to 31 December 2021 of £11.811m and the year-end spend of the total anticipated capital resource allocation of £33.546m.

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 1: Capital Expenditure Breakdown

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2021/22 £'000
COMMUNITY & PRIMARY CARE			
Clinical Prioritisation	300	156	300
Statutory Compliance	334	262	334
Capital Equipment	151	88	151
Condemned Equipment	24	23	24
Lochgelly Health Centre	0	0	0
Kincardine Health Centre	0	0	0
National Infrastructure Equipment Funding	6	0	6
Total Community & Primary Care	815	528	815
ACUTE SERVICES DIVISION			
Statutory Compliance	2,910	1,823	2,910
Capital Equipment	1,933	996	1,933
Clinical Prioritisation	601	42	601
Condemned Equipment	88	63	88
National Infrastructure Equipment Funding	3,407	340	3,407
Elective Orthopaedic Centre	15,907	7,427	15,907
Laundry Equipment	600	0	600
National Eyecare Workstream	228	0	228
Total Acute Services Division	25,674	10,690	25,674
NHS FIFE WIDE SCHEMES			
SG Payback Balance	200	0	200
Equipment Balance	51	0	51
Information Technology	1,000	172	1,000
Clinical Prioritisation	99	0	99
Statutory Compliance	54	0	54
Condemned Equipment	0	0	0
Fire Safety	60	21	60
Scheme Development	0	0	0
Vehicles	142	0	142
Covid Capital	1,325	0	1,325
Total NHS Fife Wide Schemes	2,932	193	2,932
TOTAL CAPITAL ALLOCATION FOR 2021/22	29,420	11,411	29,420
ANTICIPATED ALLOCATIONS 2021/22			
HEPMA	1,100	85	1,100
Kincardine Health Centre	207	130	207
Lochgelly Health Centre	348	182	348
Mental Health Review	76	3	76
Energy Funding Grant	1,800	0	1,800
Pre Capital Grant Funding	50	0	50
SG Payback	-200	0	-200
ECG Machines - Louisa Jordan Equipment	22	0	22
QMH Theatre	1,000	0	1,000
Capital to Revenue Transfer	-277	0	-277
Anticipated Allocations for 2021/22	4,126	400	4,126
Total Anticipated Allocation for 2021/22	33,546	11,811	33,546

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 2: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2021/22	Pending Board Approval	Cumulative Adjustment to November	December Adjustment	Total December
Routine Expenditure	£'000	£'000	£'000	£'000
Community & Primary Care				
Capital Equipment	0	151	0	151
Condemned Equipment	0	24	0	24
Clinical Prioritisation	0	223	77	300
Statutory Compliance	0	343	-10	334
National Infrastructure Equipment Funding	0	6	0	6
Total Community & Primary Care	0	747	68	815
Acute Services Division				
Capital Equipment	0	1,931	2	1,933
Condemned Equipment	0	88	0	88
Clinical Prioritisation	0	216	385	601
Statutory Compliance	0	2,930	-20	2,910
National Infrastructure Equipment Funding	0	2,231	1,176	3,407
Elective Orthopaedic Centre	0	0	15,907	15,907
National Eyecare Workstream	0	0	228	228
Laundry Support	0	0	600	600
	0	7,396	18,278	25,674
Fife Wide				
SG Payback Balance	200	0	0	200
Backlog Maintenance / Statutory Compliance	3,500	-3,475	29	54
Fife Wide Equipment	1,805	-1,805	51	51
Digital & Information	1,000	0	0	1,000
Clinical Prioritisation	500	-439	38	99
Condemned Equipment	90	-90	0	0
Fife Wide Asbestos Management	0	0	0	0
Fife Wide Fire Safety	0	60	0	60
General Reserve Equipment	94	-94	0	0
Pharmacy Equipment	205	-205	0	0
Fife Wide Vehicles	0	142	0	142
Covid Capital	0	0	1,325	1,325
Total Fife Wide	7,394	-5,906	1,443	2,932
Total Capital Resource 2021/22	7,394	2,237	19,789	29,420

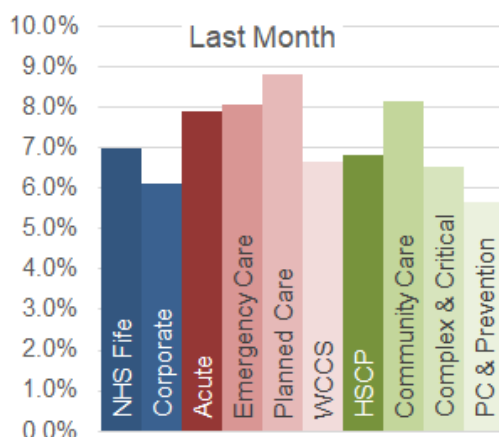
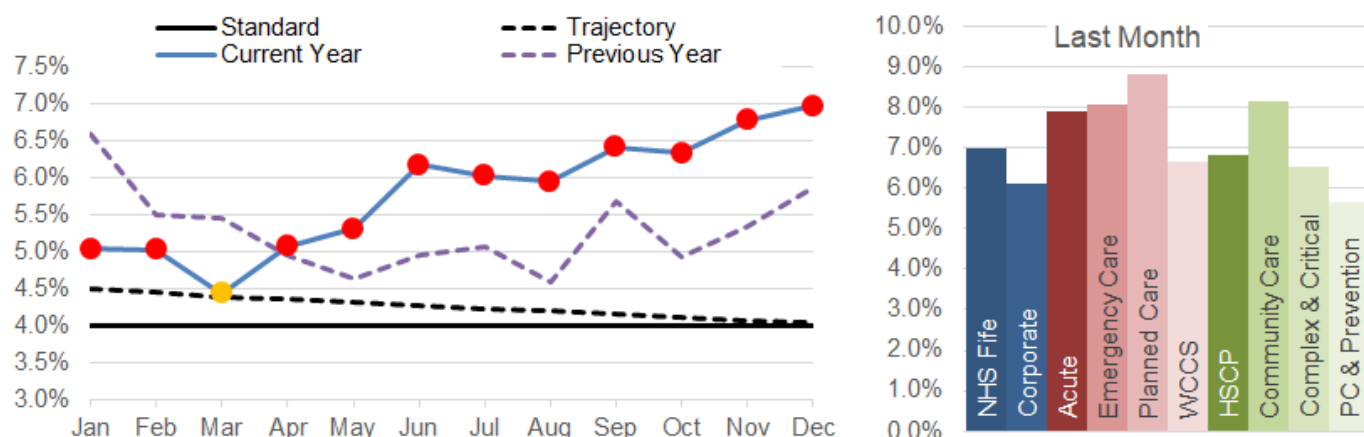
ANTICIPATED ALLOCATIONS 2021/22				
HEPMA	1,100	0	0	1,100
Kincardine Health Centre	207	0	0	207
Lochgelly Health Centre	348	0	0	348
Mental Health Review	76	0	0	76
Energy Funding Grant	1,800	0	0	1,800
Pre Capital Grant Funding	50	0	0	50
SG Payback	-200	0	0	-200
ECG Machines - Louisa Jordan Equipment	22	0	0	22
QMH Theatre	1,000	0	0	1,000
Capital to Revenue Transfer	-277	0	0	-277
Anticipated Allocations for 2021/22	4,126	0	0	4,126

Total Planned Expenditure for 2021/22	11,520	2,237	19,789	33,546
--	---------------	--------------	---------------	---------------

Sickness Absence

To achieve a sickness absence rate of 4% or less (Improvement Target for 2021/22 = 3.89%)

Local Performance



National Benchmarking

Month	2020/21			2021/22								
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	5.04%	5.03%	4.43%	5.07%	5.31%	6.17%	6.03%	5.95%	6.42%	6.34%	6.79%	6.98%
Scotland	4.82%	4.30%	4.56%	4.59%	5.04%	5.52%	5.62%	5.76%	6.12%	6.30%	6.37%	6.23%

KEY CHALLENGE(S) IN 2021/22

To secure an ongoing reduction in the current levels of sickness absence performance, as services remobilise, working towards the third-year trajectory for the Board of 3.89% in with NHS Circular PCS (AfC) 2019/2

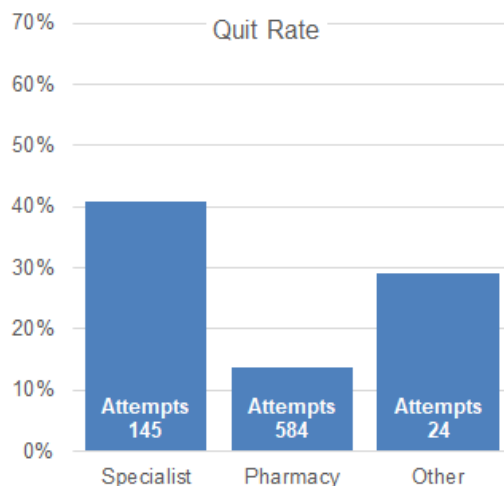
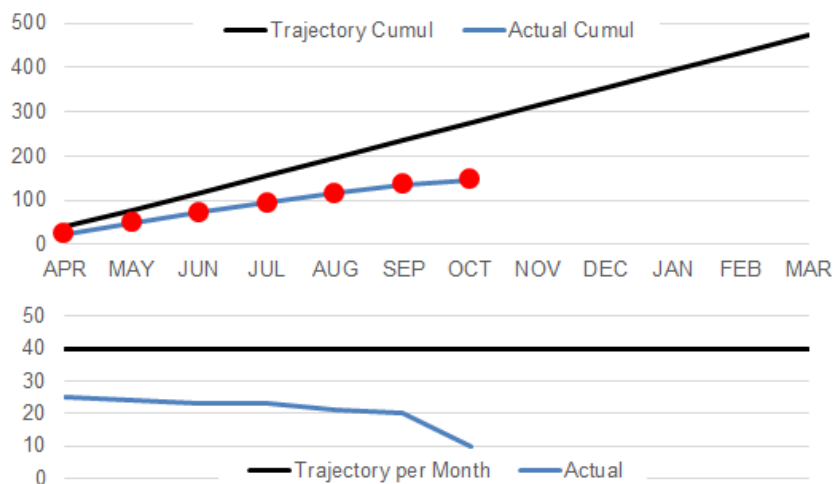
IMPROVEMENT ACTIONS

22.1 Work towards improvement in long term sickness absence relating to mental health, using Occupational Health and other support services and interventions	By Mar-22
<p>The additional Occupational Health Physician is taking forward specific support for staff affected by Mental Health and mental health training for managers. This is in addition to the individual case work being progressed by local managers and HR Officers and Advisors, with input from the specialist Occupational Health Mental Health Nurse. The new Occupational Health Occupational Therapist is providing support to staff resuming work following diagnoses of long COVID.</p> <p>Additional staff support is being provided on an ongoing, requested and targeted basis via the Spiritual Care Service, Staff Listening Service, Psychology Staff support, Being Mindful of Your Wellbeing sessions, Peer Support, Care Space Mindfulness Drop-in sessions, outdoor sessions, access to Counselling, introduction of new eLearning Modules on resilience and wellbeing and access to the National PROMiS resources. This is complemented by a range of supporting materials, including a new "Benefits of Being Outdoors" poster and desktop campaign.</p> <p>Additional monies to support staff during the winter months have been allocated and include improved access to meals out of hours, additional resources for Spiritual Care, Psychology Staff support and Health Psychology, alongside bespoke wellbeing sessions for specific staff groups.</p>	
22.2 Continue existing managerial actions in support of achieving the trajectory for the Board and the national standard of 4% for sickness absence	By Mar-22
<p>Promoting Attendance Review and Improvement Panels continue to meet regularly. This is alongside regular monthly and bespoke training sessions and the use of Tableau to identify and analyse "hot spots" / priority areas and trajectory setting / reporting. Feedback received following a programme to reinforce attendance management processes, undertaken between May and July 2021 was discussed in partnership at the Attendance Management Workforce Review Group held in December, with a series of actions being progressed by key stakeholders. Promoting positive attendance at work is discussed at each attendance management is a regular agenda item at LPF and APF meetings ensuring regular discussion and suggestions/actions for consideration.</p>	
22.3 Consider refinements to COVID-19 absence reporting, including short-term manual data capture from SSTS and eESS in preparation for any change to self-isolation guidance and to support ongoing workforce resourcing actions, acknowledging that systems development is required to support MI reporting	Complete Nov-21

Smoking Cessation

In 2020/21, deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife

Local Performance



National Benchmarking

		2021/22											
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	Actual	25	24	23	23	21	20	10					
	Actual Cumul	25	49	72	95	116	136	146					
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	62.5%	62.0%	61.0%	60.1%	58.9%	57.6%	52.9%					
Scotland	Achieved			92.4%									

KEY CHALLENGE(S) IN 2021/22

- Remobilising face to face delivery in a variety of settings due to venue availability and capacity
- Moving from remote delivery to face to face provision, patients having confidence in returning to a medical setting
- Potential for slower recovery for services as they may require to rebuild trust in the brand
- Re-establishment of outreach work

IMPROVEMENT ACTIONS

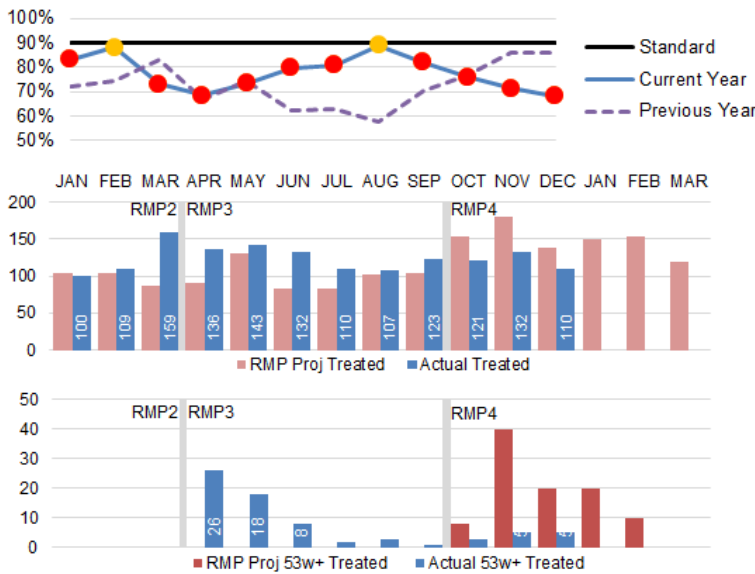
20.2 Test Champix prescribing at point of contact within hospital respiratory clinic	Complete Oct-21
20.3 'Better Beginnings' class for pregnant women	Complete Oct-21
20.4 Enable staff access to medication whilst at work	By TBD
<i>Action paused due to COVID-19</i>	
21.1 Assess use of Near Me to train staff	Complete Jul-21
21.2 Support Colorectal Urology Prehabilitation Test of Change Initiative	Complete Sep-21
22.1 Test face to face provision in two GP practices and one community venue	By Mar-22

Assess and engage with two GP practices and one community venue to re-establish face to face provision in the most deprived communities. Risk assessments, PPE, equipment and patient flow to be considered and included in plans. Early discussions with 2 GP practices were due to restart in the second week of January, while the remobilisation plan was scheduled to go to the remobilisation committee on 9th December. However, both activities have been paused due to the impact of the COVID Omicron strain.

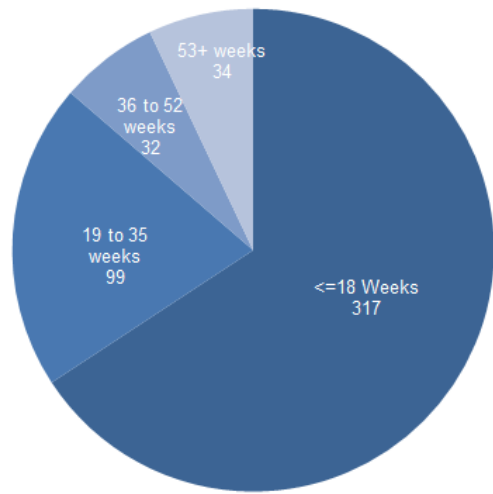
CAMHS 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment

Local Performance



Waiting List (482) Dec-21



National Benchmarking

Month	2020/21			2020/21								
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	83.0%	88.1%	73.0%	68.4%	73.4%	79.5%	80.9%	88.8%	82.1%	76.0%	71.2%	68.2%
Scotland	67.5%	63.8%	67.5%	71.3%	71.8%	74.8%	75.9%	77.4%	82.1%			

KEY CHALLENGE(S) IN 2021/22

- Implementation of additional resources to meet demand; development of workforce to meet National CAMHS Service Specification
- COVID-19: relaxation on referrals and delivery of 'models' to reflect social distancing

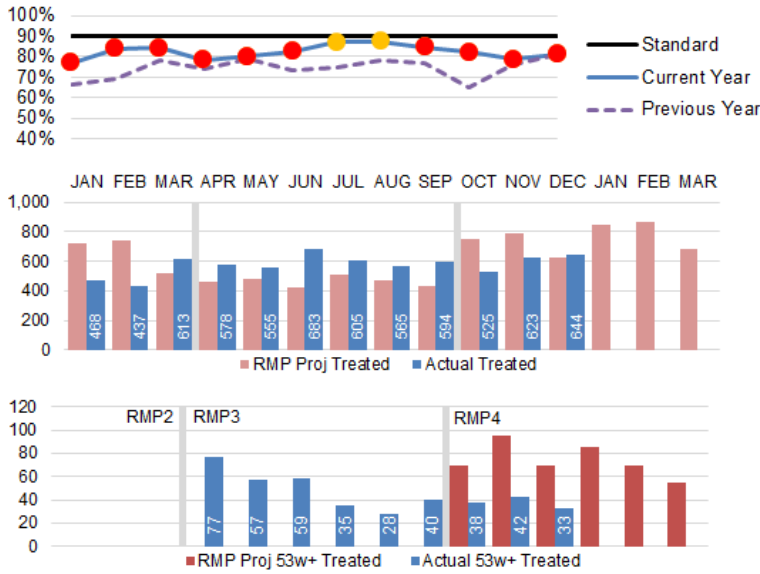
IMPROVEMENT ACTIONS

21.1 Re-design of Group Therapy Programme	Complete Jul-21
21.3 Build CAMHS Urgent Response Team (CURT)	By Mar-22
The CURT model is in place. Responsiveness to A&E and Paediatric inpatient unit has been extended with same day assessments available if young people are considered fit for assessment. Presentations to Emergency department due to self harm/suicidal ideation remain high. This has resulted in all of the available CURT capacity being required to respond to this urgent need with limited capacity available to extend the short term intervention model that was initially proposed. Two members of existing staff have retirements pending which adds additional pressures to the service. Review of activity and effectiveness of the model is ongoing.	
22.1 Recruitment of Additional Workforce	By Mar-22
Recruitment is ongoing across multiple service areas to improve RTT, Longest waits and CAMHS service provision. From the 10 staff identified to address immediate capacity issues, 7 have been appointed and 2 temporary staff are due to take up post in February to work on longest waits. All new staff have worked through induction programme to ensure they are competent to take on caseloads and are incrementally increasing clinical activity towards full capacity. SG funds have been allocated in order to achieve the CAMHS National Service specification. Phase 1 recruitment is underway and proposal for Phase 2 recruitment has been approved by HSCP SLT and escalated to EDG for support. Re-allocation of caseloads based on revised East and West CAMHS geographical boundaries is underway.	
22.2 Workforce Development	By Mar-22
A revised development and training programme was postponed in January due to high Covid-19 absences and it has been rescheduled for February. Three Programmes have been developed to suit different levels of CAMHS experience. A Training needs analysis will be completed once all recruitment is completed to ensure the right skills and competencies exist across the range of teams in CAMHS.	

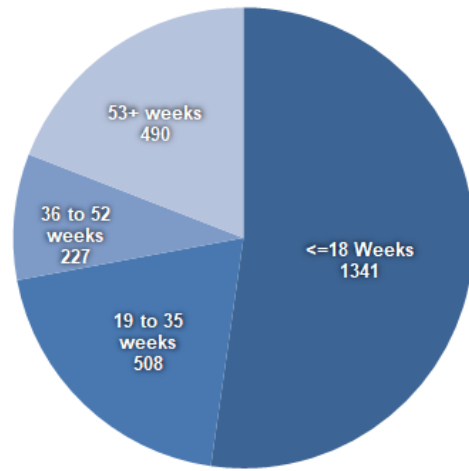
Psychological Therapies 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment

Local Performance



Waiting List (2566) Dec-21



National Benchmarking

Month	2020/21					2021/22						
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	77.1%	84.0%	84.3%	78.2%	80.0%	82.6%	86.9%	87.4%	84.5%	82.3%	78.8%	81.1%
Scotland	79.3%	80.9%	80.9%	81.3%	82.5%	84.3%	88.5%	87.0%	86.1%			

KEY CHALLENGE(S) IN 2021/22

- Recruitment of staff required to achieve waiting times standard at a time of national workforce pressures
- Progressing vision for PTs within the timeframe required to sustain improved performance

IMPROVEMENT ACTIONS

20.5 Trial of new group-based PT options	Complete Sep-21
22.1 Increase access via Guided self-help service	Complete Sep-21
22.2 Expansion of skill mix model to increase delivery of low intensity interventions	Complete Jan-22
A change in establishment in the two Clinical Health specialities (General Medical and Pain Management) that are not meeting the RTT has allowed an expansion in capacity for brief/low intensity psychological interventions and the introduction of a tiered service model of 1:1 psychological therapies. The impact of these changes has been evaluated and have shown positive clinical outcomes. They have also had a positive impact on waiting times within the Pain Management service. A different approach to their implementation is now underway in the general medical service.	
22.3 Recruit new staff as per Psychological Therapies Recovery Plan	By Mar-22
Increased capacity in this tier of service is required to meet the needs of the longest waiting patients (those with the most complex difficulties) and to support services to meet the RTT in a sustainable fashion. A national issue with workforce availability has impacted recruitment, so the service has progressed recruitment of other grades of staff who can increase delivery of PTs for people with less complex problems and free some capacity amongst staff qualified to work with the more complex presentations. The Director of Psychology is also participating in work with NHS Education for Scotland and Scottish Government colleagues to address the issues around workforce availability.	
22.4 Waiting list management within General Medical Service in Clinical Health	By May-22
Staff are undertaking a focused piece of work to clear the backlog on the assessment waiting list. A key driver is the need to differentiate patients with functional neurological disorder from those with other needs in order to inform development of appropriate clinical pathways. The work will ensure that only those for whom psychological therapy is the best option remain on the waiting list. It will also inform next steps in development of clinical pathways.	
22.5 Programme of training to increase capacity for work with more complex patients	By Jun-22
The AMH psychology service have implemented a structured programme of training and supervision to increase the skills of the Clinical Associates in Applied Psychology. This will reduce the demand upon the Clinical Psychologists in the service who are able to work with people with more complex presentations.	

Meeting:	Finance, Performance & Resources Committee
Meeting date:	15 March 2022
Title:	IPQR Review Update
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Authors:	Bryan Archibald, Planning and Performance Manager

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to:

- Integrated Performance and Quality Report

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

Following the Active Governance workshop held on 2 November 2021, a review of the current Integrated Performance and Quality Report (IPQR) commenced by the establishment of a IPQR review group.

2.2 Background

The IPQR presents performance data and information on improvement activity across a range of key service areas. The report is considered to be a good example of effective integration of clinical service performance with workforce and financial information. It presents information on performance clearly and sets out improvement actions where performance is challenged. In line with good practice the report presentation is reviewed annually. This paper sets out some proposals for immediate improvement and some more medium-term improvement activity.

2.3 Assessment

The review originally proposed the development of a Whole System Dashboard within the executive summary of the report. Over the past few months both Acute Services Division and the HSCP have been working on the development and implementation of formal operational escalation frameworks, known as OPEL, following initial testing it has been agreed that the output from these frameworks will in fact deliver the whole system dashboard or view of overall performance. There is therefore no requirement to create a separate dashboard within the IPQR.

The IPQR review has concentrated on a number of aspects of presentation as detailed in the table below.

	Immediate-term Improvement (From April 2022)	Medium-term Improvement (From September 2022)
Review of Current Metrics		√
Review of Areas of Operational Performance	√	
New Reporting Section on Public Health	√	
Utility of Statistical Process Control Charts (SPC)	√	
Tailoring IPQR to be Committee Specific		√
Review of Presentation of Key Indicators Summary	√	
Utility of Pie Chart Presentation	√	
Developing an Interactive Dashboard		√
Integrating Improvement Actions with SPRA/RMP		√

Review of Current Clinical Governance Metrics

Current metrics within IPQR are being reviewed. Discussions are taking place around possible removals, or whether there are any metrics to be added based on organisational focus in the forthcoming year, primarily around Adverse Events and Patient Feedback. These discussions are being led by Associate Directors of Quality and Clinical Governance and Nursing.

Review of Areas of Operational Performance

The review proposes that most of the presentation on operational performance should remain as currently reported. A number of additional areas are under development in relation to Information Governance and Workforce. The Associate Director of Digital is progressing the review on Information Governance data and the Deputy Director of Workforce is progressing the addition of performance information in relation to PDPR and the activities supporting the health and wellbeing of staff across the system. The aim is to

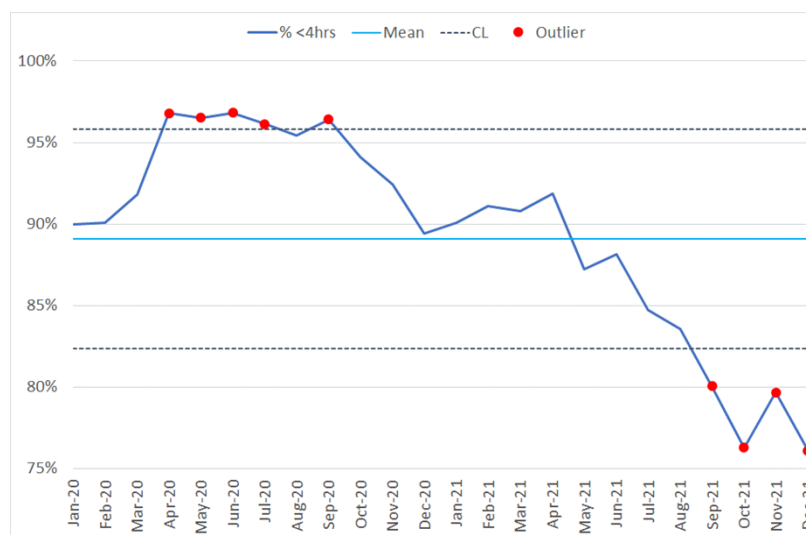
include these additional aspects from April 2022. The inclusion of mandatory training information will be explored through next reporting year.

New Reporting Section on Public Health

A new section of the report has been added to create specific reporting on performance relevant to the Public Health and Wellbeing Committee. This has involved discussion and agreement with the Committee and Board Chairs in relation to moving some performance information from both the Finance Performance and Resources Committee and the Clinical Governance Committee to the new Committee. This change has been made in the most recent IPQR. Additionally, work is progressing to include relevant information in relation to the screening programmes and immunisation, this work is more medium-term due to the frequency and access levels locally available to those data.

Utility of Statistical Process Control Charts (SPC)

Review group considered use of SPC charts to present information in IPQR. Active Governance session focussed on the use of XmR charts, which was not consistent with the groups understanding on type of chart to use. Guidance was also sought from Public Health Scotland (PHS) and group agreed that, if SPC charts were to be applied to the IPQR, XmR chart would be the type of chart used, if applicable. XmR charts are simple to understand and do not require any assumptions about underlying data distributions. A&E example below, charts would identify outliers as per Active Governance session. In this example, outliers have been identified between April and September 2020 (performance 95%+) and September to December 2021 (<=80%). As target for A&E performance is 95%, it can be argued that the use of SPC doesn't add any additional context in this example.



Tailoring IPQR to be Committee Specific

Currently each Committee and Board receive identical reports, the proposal would be to provide tailored reports to each Committee. Each Committee report would include Executive Summary and Assessment for each metric but would only include detailed 'drill-down' for metrics delegated to that Committee e.g. detailed information on Revenue and Capital

Expenditure would only be contained with FP&R report. Report would also contain additional 'deep-dive' that would be initiated by Board, Committee, EDG and/or Exec Lead.

Review of Presentation of Key Indicators Summary

The presentation of the indicator summary within IPQR has been reviewed. Proposed layout has removed supplementary information but still retains current performance levels, comparisons against previous time periods and benchmarking.

Current

c. Indicator Summary

Section	Measure	Target 2021/22	Performance				Trend	Benchmarking	
			Reporting Period	Year Previous	Current	Target		Upper Quartile	Lower Quartile
			Meets (exceeds the reported Standard) or exceeds the annual Target				Upper Quartile		
			Meets (but within 5% of the Standard) Delivery Trajectory				Mid Range		
			Misses (but 5% below the Standard) Delivery Trajectory				Lower Quartile		
			Misses (more than 5% below the Standard) Delivery Trajectory				Below Quartile		

Section	Measure	Target 2021/22	Reporting Period	Year Previous	Current	Trend	Reporting Period	Score
Clinical Governance	Major & Extreme Adverse Events	NA	Month	Nov-20	28	Nov-21	36	↓
	Inpatient Falls	NA	Year Ending	2020	1,588	Nov-21	1,463	↓
	Inpatient Falls with Harm	7.68	Month	Nov-20	1.20	Nov-21	1.41	↑
	Pressure Ulcers	1.86	Month	Nov-20	0.64	Nov-21	0.78	↑
	Carer Assaults	0.42	Month	Nov-20	1.04	Nov-21	1.39	↑
	Carer Assaults SSI	1.2%	Quarter Ending	Nov-20	14.9	Nov-21	14.1	↓
	SAB - HANICAI	NA	Quarter Ending	Nov-20	14.9	Nov-21	14.1	↓
	SAB - Community	NA	Quarter Ending	Nov-20	11.9	Nov-21	11.1	↓
	C Diff - HANICAI	6.8	Quarter Ending	Nov-20	6.2	Nov-21	7.1	↑
	C Diff - Community	NA	Quarter Ending	Nov-20	21.1	Nov-21	21.1	↔
Operational Performance	4-Hour RTT	95%	Month	Nov-20	95.2%	Nov-21	94.9%	↓
	8 Week RTT	95%	Month	Nov-20	95.2%	Nov-21	94.9%	↓
	18 Week RTT	95%	Month	Nov-20	95.2%	Nov-21	94.9%	↓
	Diagnoses % of Total (n=8 Weeks)	100%	Month	Nov-20	95.2%	Nov-21	94.9%	↓
	Diagnoses % of Total (n=12 Weeks)	100%	Month	Nov-20	95.2%	Nov-21	94.9%	↓
	Diagnoses % of Total (n=18 Weeks)	100%	Month	Nov-20	95.2%	Nov-21	94.9%	↓
	Diagnoses % of Total (n=24 Weeks)	100%	Month	Nov-20	95.2%	Nov-21	94.9%	↓
	Diagnoses % of Total (n=30 Weeks)	100%	Month	Nov-20	95.2%	Nov-21	94.9%	↓
	Diagnoses % of Total (n=36 Weeks)	100%	Month	Nov-20	95.2%	Nov-21	94.9%	↓
	Diagnoses % of Total (n=42 Weeks)	100%	Month	Nov-20	95.2%	Nov-21	94.9%	↓
Finance	Revenue Expenditure	£13,820k	Month	Nov-20	NA	Nov-21	£13,470k	↓
	Capital Expenditure	£33,890k	Month	Nov-20	NA	Nov-21	£33,507k	↓
	Staff	3.89%	YTD	Nov-20	NA	Nov-21	6.79%	↑
	Public Health & Wellbeing	473	YTD	Nov-20	NA	Nov-21	56.4%	↑
	Smoking Cessation	80%	Month	Nov-20	NA	Nov-21	71.2%	↓
	Psychological Therapies Waiting Times	80%	Month	Nov-20	NA	Nov-21	87.1%	↑
	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Nov-20	NA	Nov-21	81.1%	↓
	Drugs & Alcohol Waiting Times	80%	Month	Nov-20	NA	Nov-21	81.1%	↓
	Diabetes Post-Diagnosis Support	80%	Annual	2018/19	81.1%	2019/20	81.1%	↔
	Dementia Referrals	80%	Annual	2018/19	81.1%	2019/20	81.1%	↔

Proposed

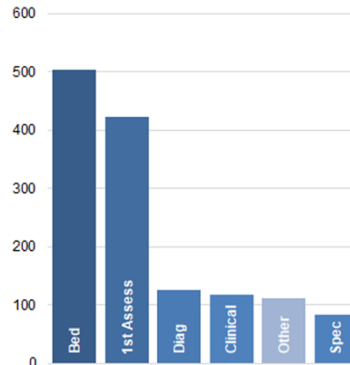
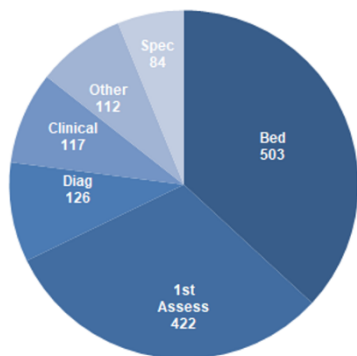
c. Indicator Summary

Section	Measure	Target 2021/22	Reporting Period	Current Performance	Current Performance	Vs Previous	Vs Year	Trend	Benchmarking
Clinical Governance	Major & Extreme Adverse Events	NA	Month	Nov-21	35	↑	↓	↔	YE Jun-21
	Inpatient Falls	7.68	Year Ending	Nov-21	6.63	↓	↓	↔	None
	Inpatient Falls with Harm	1.86	Month	Nov-21	1.41	↓	↓	↔	None
	Pressure Ulcers	0.42	Month	Nov-21	0.37	↓	↓	↔	None
	Carer Assaults	1.2%	Quarter Ending	Nov-21	1.0%	↓	↓	↔	QE Dec-19
	SAB - HANICAI	2.5%	Quarter Ending	Nov-21	1.7%	↓	↓	↔	QE Jun-21
	SAB - Community	19.8	Quarter Ending	Nov-21	15.1	↓	↓	↔	QE Jun-21
	C Diff - HANICAI	6.5	Quarter Ending	Nov-21	7.1	↑	↑	↔	QE Jun-21
	C Diff - Community	33.0	Quarter Ending	Nov-21	33.4	↑	↑	↔	QE Jun-21
	ECB - HANICAI	6.0	Quarter Ending	Nov-21	5.8	↓	↓	↔	2020/21
Operational Performance	4-Hour Emergency Access	80%	Month	Nov-21	74.8%	↓	↓	↔	Nov-21
	4-Hour Emergency Access	80%	Month	Nov-21	74.8%	↓	↓	↔	Sep-21
	4-Hour Emergency Access	80%	Month	Nov-21	74.8%	↓	↓	↔	Sep-21
	4-Hour Emergency Access	80%	Month	Nov-21	74.8%	↓	↓	↔	Sep-21
	4-Hour Emergency Access	80%	Month	Nov-21	74.8%	↓	↓	↔	Sep-21
	4-Hour Emergency Access	80%	Month	Nov-21	74.8%	↓	↓	↔	Sep-21
	4-Hour Emergency Access	80%	Month	Nov-21	74.8%	↓	↓	↔	Sep-21
	4-Hour Emergency Access	80%	Month	Nov-21	74.8%	↓	↓	↔	Sep-21
	4-Hour Emergency Access	80%	Month	Nov-21	74.8%	↓	↓	↔	Sep-21
	4-Hour Emergency Access	80%	Month	Nov-21	74.8%	↓	↓	↔	Sep-21
Finance	Revenue Expenditure	£13,820k	Month	Nov-21	£13,470k	↓	↓	↔	FY 2020/21
	Capital Expenditure	£33,890k	Month	Nov-21	£33,507k	↓	↓	↔	FY 2020/21
	Staff	3.89%	YTD	Nov-21	6.79%	↑	↑	↔	YE Mar-21
	Public Health & Wellbeing	473	YTD	Sep-21	56.4%	↑	↑	↔	FY 2020/21
	Smoking Cessation	80%	Month	Nov-21	71.2%	↓	↓	↔	QE Sep-21
	Psychological Therapies Waiting Times	80%	Month	Nov-21	87.1%	↑	↑	↔	QE Sep-21
	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Mar-20	81.1%	↓	↓	↔	FY 2019/20
	Drugs & Alcohol Waiting Times	80%	Month	Nov-21	81.1%	↓	↓	↔	QE Mar-21
	Diabetes Post-Diagnosis Support	80%	Annual	2020/21	81.1%	↓	↓	↔	2018/19
	Dementia Referrals	80%	Annual	2020/21	81.1%	↓	↓	↔	2018/19

Utility of Pie Chart Presentation

Pie charts are used to provide supplementary information at a glance, they are currently used for several metrics to give further detail. The review group considered different chart types but concluded that a pie chart should remain as an option to present data if appropriate to do so. Example considered was in relation to Accident & Emergency performance.

From both pie chart and bar chart it is clear the predominant reasons for patients breaching 4-hour target, it is however, not clear from bar chart what is the proportion.



Integrating Improvement Actions with SPRA/RMP Process

Improvement actions are aligned to the metrics within the IPQR, these have been sourced from Annual Delivery Plans pre-Covid or from Service Leads.

Proposal for next reporting year is to utilise information collated as part of the SPRA process. Information collated as part of this process included risks and controls as well as interdependencies on other services. This will form a basis for next RMP/Delivery Plan submission to Scottish Government with progress against relevant actions reported through the IPQR.

It is acknowledged that it is likely that improvement work will not be captured within SPRA therefore these will still need sought from Service Leads. These improvement actions will be collated with same format as SPRA for consistency.

Developing an Interactive Dashboard

Development on an interactive dashboard for IPQR will begin early in next reporting year. This will be available via web platform and be updated on a timely basis. Dashboard will include various filters and different visualisations, giving users the ability to interrogate the data and ask informed questions.

2.3.1 Quality/ Patient Care

The IPQR reports on the quality of patient care through a number of core targets, the targets are reported individually.

2.3.2 Workforce

The IPQR currently reports on staff absence rates however it has been agreed that this requires to be developed to report on the important range of activity supporting the health and wellbeing of our staff.

This report meets the Well Informed strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

The IPQR reports on the financial position of the Board, this section is also under development.

2.3.4 Risk Assessment/Management

The improvements planned for the IPQR will enhance the visibility of risk levels and mitigating actions associated with the management of service performance.

2.3.5 Equality and Diversity, including health inequalities

The IPQR considers the appropriate equality and diversity impact.

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement, and consultation

The cross directorate senior leadership group will ensure the appropriate communication and engagement on this review.

2.3.8 Route to the Meeting

This paper was considered by EDG on 17 February 2022.

2.4 Recommendation

The Committee is requested to take assurance from the report and the proposed changes to the IPQR as part of the IPQR Review.

3 List of appendices

N/A

Report Contact

Bryan Archibald
Planning and Performance Manager

Meeting:	Finance, Performance and Resources Committee
Meeting date:	18 March 2022
Title:	Joint Remobilisation Plan 2021/22 – Winter Plan Actions
Responsible Executive:	Janette Owens, Director of Nursing
Report Author:	Susan Fraser, Associate Director of Planning & Performance

1 Purpose

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

- Assurance

This report relates to the:

- Remobilisation Plan 4 2021/22 – Update to end of December 2021
- Winter Report 2021/22 – Data to January 2022

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The fourth Joint Remobilisation Plan for Health and Care services delivered by NHS Fife and Fife Health and Social Care Partnership (HSCP) was submitted to Scottish Government on 30th September. This plan is considered as a review of the Remobilisation Plan 3, reflecting on progress and set out what is expected to be delivered over the remainder of 2020/21.

This paper reports on the actions of the Remobilisation Plan 4 and has been renamed as NHS Fife's Operational Delivery Plan (including the winter actions) 2021/22.

2.2 Background

The Scottish Government letter dated 20 July 2021 titled *Remobilisation Plans 2021/22: Mid-Year Update (RMP4)* commissioned the next iteration from NHS Boards of the Remobilisation Plan.

The feedback letter from Mr John Burns, Chief Operating Officer, Scottish Government was received on 19 November 2021 confirming that the RMP4 for the second half of 2021/22 can be taken through NHS Fife's governance process.

2.3 Assessment

The guidance document issued in July 2021 described a different approach and requirements for RMP4 since the submission of RMP3. We were required to provide a shorter strategic organisational overview with specific delivery action plans to be delivered by March 2022.

Progress against deliverables is to be reported to the Scottish Government on a quarterly basis. This paper focusses on status at end of December (submitted on 9th February) with further update due for early 2022/23 based on status at end of March 2022.

Winter Performance Analysis

The Winter Report highlights the following key indicators for Winter:

A&E

The 95% Standard has not been met in the last 26 weeks. The Redesign of Urgent Care Program has had an impact on performance, and this affects all boards across Scotland. The board average has maintained within 5% of the Scotland average for the majority of the last 2 months.

Covid-19

Over the last 2 months the bed days of patients with Covid-19 in Acute has been below 300, with the exception of 1 week.

During the same period within a community setting the numbers during December were significantly lower. However due to several community hospital outbreaks these numbers have risen, reaching a peak above 400.

Occupancy

With the exception of the festive fortnight and the first week in December, VHK occupancy has been consistently above 95%, peaking at the end of January with 99%. The percentage occupied is currently trending higher than the same period pre-Covid.

The non-respiratory pathway has almost mirrored the overall occupancy and ending January with 98%.

Occupancy in Community Hospitals has been above 100% for the whole of December and January, with all surge areas being utilised. Many wards throughout the period have had to close due to Covid outbreaks.

Delayed Discharges

There has been an average of just above 423 bed days lost to delayed discharges within the community hospital throughout December and January. The standard delays have dipped through this period, however this has been offset by an increase in the code 9 delays. The bed days lost to delays is trending higher than any previous year, this will have a knock-on effect to the occupancy with the community hospitals also.

Health & Social Care Placements

The number of referrals to H&SCP is on average 70 patients per week, with the number of discharges over this period falling slightly short at an average of 66 per week. This is the reason for the waiting list number increasing, however these numbers are trending higher than pre-Covid levels.

Action Plan Delivery

The delivery action plan of the Remobilisation Plan 4 is being monitored and documented monthly. Appendix 1 documents those actions that are completed, at risk of not being delivered and those actions that are unlikely to be delivered in 2021/22. Key themes relate to current services pressures.

2.3.1 Quality/ Patient Care

Quality of patient care and safety are at the heart of the Remobilisation Plan. The Remobilisation Plan was endorsed by NHS Fife Board on 30 November 2021.

2.3.2 Workforce

Oversight to workforce implications during remobilisation have been considered and form part of the Strategic Planning and Resource Allocation process. The Remobilisation Plan was endorsed by NHS Fife Board on 30 November 2021.

2.3.3 Financial

Oversight to financial implications during remobilisation have been considered and form part of the Strategic Planning and Resource Allocation process. The Remobilisation Plan was endorsed by NHS Fife Board on 30 November 2021.

2.3.4 Risk Assessment/Management

A Risk Assessment is contained within the Remobilisation Plan.

2.3.5 Equality and Diversity, including health inequalities

Remobilisation Plan included the appropriate equality and diversity impact assessment process as part of the restart process.

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

Appropriate communication, involvement, engagement and consultation within the organisation and with key external stakeholders is integral to the implementation of the Remobilisation Plan.

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.

- Winter Silver Command

The paper has also been discussed at EDG on 17 February 2022

2.4 Recommendation

Finance, Performance and Resources Committee is asked to:

- **Discuss** progress of deliverables within Joint Remobilisation Plan 4 (RMP4)

3 List of appendices

- Highlight Report of actions from Delivery Action Plan 2021/22

Report Contact

Susan Fraser

Associate Director of Planning & Performance

Email Susan.Fraser3@nhs.scot

Appendix 1: Highlight Report of Actions from RMP4 Delivery Action Plan 2021/22

Complete Actions (those in **bold** since previous update)

Pandemic Response

- ✓ ICU capacity

Resilience

- ✓ Escalation Plans

Unscheduled / Elective Care

- ✓ Seamless GP Admission Pathways
- ✓ Increased scheduling for patients accessing ED
- ✓ Increased capacity within ED Resus
- ✓ Safe and timely discharges – COVID STATUS
- ✓ Lack of physical capacity in Admissions Unit 1
- ✓ **Effective HALO resource to support front and back-door flow**
- ✓ **Minimise delays across the in-patient bed base through the systematic use of the Moving on Policy.**
- ✓ **HSCP Escalation to support daily decision making at HSCP huddles aligned to joint escalation plan with Acute services.**
- ✓ **Review current clients who have packages of care and require a renewed assessment.**
- ✓ Community ANPs will return to General Practice from the COVID Hub and Assessment Centre to support workload
- ✓ Pharmacy support to safely manage discharge and transfer medications within the SUMPP parameters

Out of Hours

- ✓ NHS 24 – 4-hour pathways for minor illness triaged via FNH from 13/5/21
- ✓ Urgent Care Services and ED have revisited the OOH redirection policy and reviewed pathways between ED and OOH

Covid-19, RSV, Flu etc

- ✓ An urgent need for Paediatric escalation planning which cannot wait until Autumn/Winter.
- ✓ Review of red pathway into acute paediatrics that ensures that all referrals have been assessed by another health care professional (GP, ED, Unscheduled Care) which will filter out the patients currently being seen with mild symptoms.
- ✓ Increase in HDU/ITU Paediatric Demand
- ✓ Protecting the most vulnerable babies

Primary, Community and Social Care

- ✓ Development of a Specialist Respiratory team to support a wide range of respiratory conditions to work collaboratively with the wider Community Teams to support patients, both acutely and long term with COVID.
- ✓ Develop a new Fife laryngectomy service in collaboration with Acute Services.
- ✓ Working towards reinstatement of the diagnostic pathway for Children and Young People, subject to restrictions and guidance.

Mental Health

- ✓ Resumption of activity in AMH Day Hospitals.
- ✓ **Re-development of the Moodcafe website to facilitate information-giving and support self-help across the life span and for people with long term health conditions.**

Cancer Performance and Early Diagnosis

- ✓ Continue implementation of 'Framework for Recovery of Cancer Surgery' and 'National Approach to Clinical Prioritisation'.

Planned Care, Electives and Diagnostics

- ✓ Introduce PIR (Patient Initiated Review) within Medical Paediatrics.
- ✓ Continue to increase the number of Nurse Endoscopist posts which is one of the priorities to creating a future sustainable workforce.
- ✓ Review the model of collection for issuing repeat prescriptions for patients on ADHD/sleep medication.
- ✓ Introduction of home spirometry.
- ✓ **Developmental assessments for Global Developmental Delay to be re-established.**

Workforce

- ✓ Potential long term COVID-19 health issues for staff to be addressed through incorporating national guidance from developing evidence into our policy, practice, and service delivery arrangements.
- ✓ Continue to ensure Workforce Mobilisation Hubs are robust and flexible to adapt to future challenges.
- ✓ Workforce Planning & Mobilisation Silver Group to continue into 2021/2022 and review workforce deployment mechanisms to address the changing workforce needs across the year.
- ✓ **Adapt our onboarding and development delivery approach through the use of e-enabled fast-track induction and other training.**

Digital

- ✓ **ServiceNow - Migration to joint South-East activity to modernise the IT Service Management suite offering improved automation and slicker processes for activities such as 'Joiners, movers and leavers' consistent SLA/OLA's and much improved self-help solutions.**
- ✓ ITIL Process Maturity Improvement - Assess and benchmark our maturity against the 5 lifecycles and 27 processes of ITIL.
- ✓ **Digital Business Continuity and Disaster Recovery (BC/DR) Plan.**

- ✓ Infrastructure and Network Connectivity - Initiate an architectural review of our infrastructure to support remobilisation including a review of licensing to ensure we have sufficient capacity to support the increase in digital usage.

Actions at risk

Resilience

- Review of Business Continuity/Resilience
- Workforce planning - planning for surge capacity to include a robust Medical, Nursing & AHP model.

Unscheduled / Elective Care

- Sustainable Workforce – ED & AU1
- Maximise discharges from inpatient wards within VHK before 12 noon and move discharge profile to earlier in the day. Improve weekend discharge profile for Emergency Care Directorate.
- Capacity available for pre-assessment and pre-admission for front door areas of the hospital.
- Develop appropriate alternatives to attendance at A&E, minimise the need for admission, and reduce length of stay and increase options and processes for timely and appropriate discharge
- Continue 7-day step-down for Acute (AU1 and AU2) and review a potential ED pathway in hospital @ home. Increase capacity in ICT in preparation for winter
- Develop a Home First Strategy
- Reduce hand offs in discharge processes
- Care Homes
- Home Care Capacity - develop capacity within the in-house care at home provision (START) plus additional investment to and to develop a programme of planning with the private agencies supported by Scottish Care
- Promote interim care home moves for people waiting on PoC.
- Ensure timely access to UCAT and addiction services for patients within the Acute Services Division in crisis's
- Increase overall GP Practice capacity - improve frailty pathways to avoid acute attendance
- Use intelligence to inform better planning in localities to avoid unnecessary admission to hospital
- Prevent un-necessary admission into acute hospital

Primary, Community and Social Care

- Review the arrangements to Primary Care 'Care Home Local Enhanced Service' during 2021-22 including strengthening good quality anticipatory care planning.
- Embed robust collaboration and joint working across the interface of primary and secondary care within our ways of working as we remobilise.
- Refresh of the primary care improvement plan following the joint Cabinet Secretary/BMA letter.
- Remobilise the delayed National Dental Inspection Programme. This programme would help address inequalities. Restart Childsmile in a phased manner, dependent on capacity within NHS and education.
- Working towards a return to this routine therapeutic support as soon as restrictions allow e.g. securing of IPC compliant clear masks, vaccination of staff.
- Phase 3 (return to majority of previous service provision) will be implemented when safety measures such as social distancing can be relaxed.
- Redesign by recruiting Advanced Nurse Practitioners who can support the Consultant Rheumatologists in the delivery of the service. This will reduce the reliance on agency medical locum staffing.

Planned Care, Electives and Diagnostics

- ACRT and PIR - Continue rollout throughout 2021/22 to all appropriate services.
- Deliver the Fife Elective Orthopaedic Centre Project (FEOC)
- Exploring Locum Consultant recruitment options.
- Develop and implement plan to deliver all sleep studies in Community setting.
- Patient Self-Booking - Support Patient Self-Booking across acute and community services. Linked to the Digital Hub is also the emerging capability for pathways to be enhanced by Remote Health Pathways, with COVID discharge and Pre-operative Assessment being identified as high impact areas for consideration.

Pharmacy

- Implementation and roll out of HEPMA.

Workforce

- Consolidation of our Staffing Bank management arrangements.
- Staff personal/professional development needs that have been delayed or restricted due to COVID-19 response to be prioritised as restrictions are eased through Directorate development delivery plans.

Digital

- Digital Business Continuity and Disaster Recovery (BC/DR) Plan - Creating and maintaining a robust organisational BC/DR plan following initial review. This programme will have a strong emphasis on full business impact analysis to understand the impact of services not being available on the organisation.

Actions unlikely to meet target

Public Health

- Improve the health of the Black and Minority Ethnic Community.
- Take forward the recommendations from the Independent Expert Reference Group on COVID-19 and Ethnicity on behalf of NHS Fife.

Unscheduled / Elective Care

- Reducing length of stay on CAMHS
- The development of an app to support the Moving on Policy and help with decision making of moving on patients. This will include care home videos, staff messages.
- Winter elective plan to minimise the impact on elective activity as far as possible.

Out of Hours

- Optimise digital healthcare where possible.

Mental Health

- Community Wellbeing Hubs across Fife to support delivery of mental health interventions and integrated care

Cancer Performance and Early Diagnosis

- Targeted improvements designed to maintain the 31-day standard and improve the 62-day standard on a sustainable basis

Planned Care, Electives and Diagnostics

- Secure additional Waiting Times funding to increase capacity and enable waiting list reduction.
- T&O to achieve 100% of pre covid activity with progression to 110% by March 2022 in line with national commitment.
- Remobilisation of Elective pathway in a phased manner with the need to maintain adequate red and amber capacity.

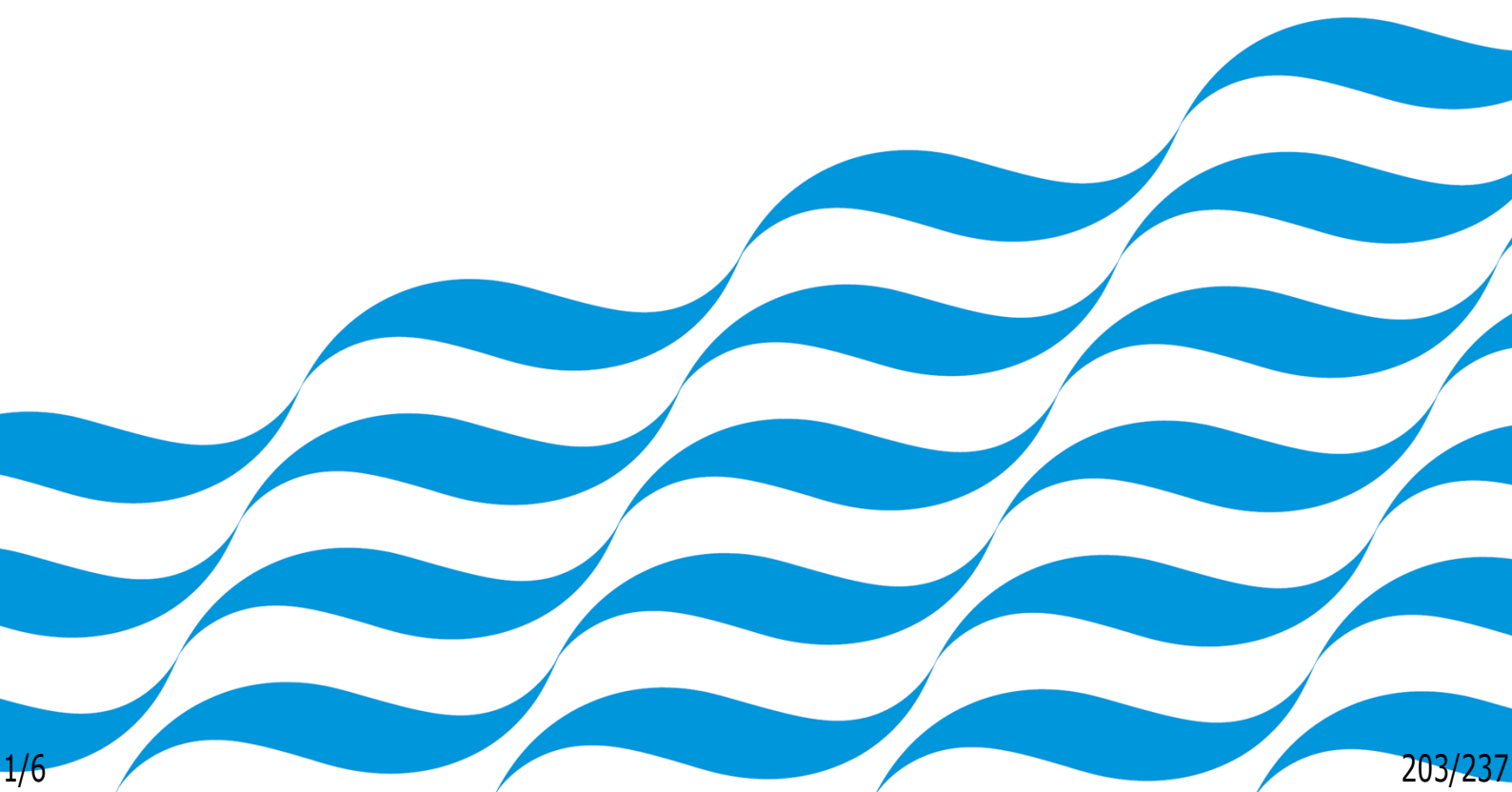
Innovation

- Develop a framework for Innovation adoption, generation, development, monitoring and evaluation.

Winter Planning

Monthly Report

Week Ending 29th November to 30th January 2022



Contents

Introduction.....	2
Section A: Executive Summary	3
Section B: Performance Summary to Wk Ending 30 th January 2022	6

Introduction

The purpose of this report is to assure the Chief Executive, IJB and EDG that the Winter Plan is being delivered in accordance with the submission to Scottish Government and against agreed performance targets.

In 2021/22, the Winter Plan is integrated in the Remobilisation Plan and describes the actions that will be taken forward by NHS Fife and the Health and Social Care Partnership to optimise service resilience during the winter months and beyond in a COVID-19 sensitive environment. Executive leadership sits with the Director of Nursing and delivery lies with both the Directors of Acute Services in NHS Fife and the Health and Social Care Partnership.

A Silver Command has been established for winter planning which meets weekly and agrees actions, supported by the Winter Planning Bronze Command that monitors the dashboard weekly and escalates issues to Silver Command where appropriate. A bi-monthly report is provided to the board for assurance. The weekly reporting will cease at the end of March with the monthly report going to the NHS Fife Board in May 2022. Weekly reporting has commenced in October 2021 as part of the Winter Plan 2021/22.

The Winter Planning Performance Review Summary will be considered by the Finance, Performance and Resources and Clinical Governance Committees and for performance measures relating to the HSCP via Finance and Performance and Clinical and Care Governance Committees.

Section A: Executive Summary

This is the second bi-monthly report summarising performance against key indicators and actions for Winter 2021/22. The key points to note this month are as listed below.

A&E	Narrative
	<p>The 95% Standard has not been met in the last 26 weeks. The board average has maintained within 5% of the Scotland average through the last 2 months with only week ending 19th December falling way below.</p> <p>Planned attendances are not included within the numbers used to calculate the emergency access 4-hour target. The Redesign of Urgent Care (RUC) programme will transfer a portion of what previously would have been unplanned (minor) attendances into planned attendances. These patients would have been less likely to breach the 4-hour target, removing them has caused a negative effect on the performance.</p> <p>Attendances have had a couple of dips in December and January. Trending below the same period in 2019, however starting and then finishing with around the same numbers during this period.</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="287 817 782 1142"> </div> <div data-bbox="813 817 1404 1142"> </div> <div data-bbox="813 996 1404 1142"> </div> </div>
	Commentary
	<p>4-hour performance continues to be a proxy measure for whole-hospital flow within Acute and the challenges in performance through January reflect the extraordinary pressures placed on the hospital system.</p> <p>Attendances for Jan-22 were 30% higher than Jan-21 (4,811 vs 3,715) with an additional 342 patients requiring admission comparing the same periods, giving indication of the significant system strain.</p>

Covid-19 Bed Days	Narrative
	<p>The number of Covid-19 positive/suspected patients in Acute has maintained below 300 over the last 2 months with the exception of the week ending 9th January.</p> <p>During the same period within a community setting the numbers during December were significantly lower. However due to several community hospital outbreaks these numbers have risen, reaching a peak above 400 during week ending 23rd January.</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="287 1624 782 2083"> </div> <div data-bbox="813 1624 1404 2083"> </div> </div>

Commentary

Acute – Thankfully, COVID admissions did not track to the levels anticipated, peaking early January and fluctuating since.

HSCP – outbreaks in community hospitals have peaked at the end of January due to the cases of omicron variant circulating in the community and coincided with opening wards up to restricted visiting.

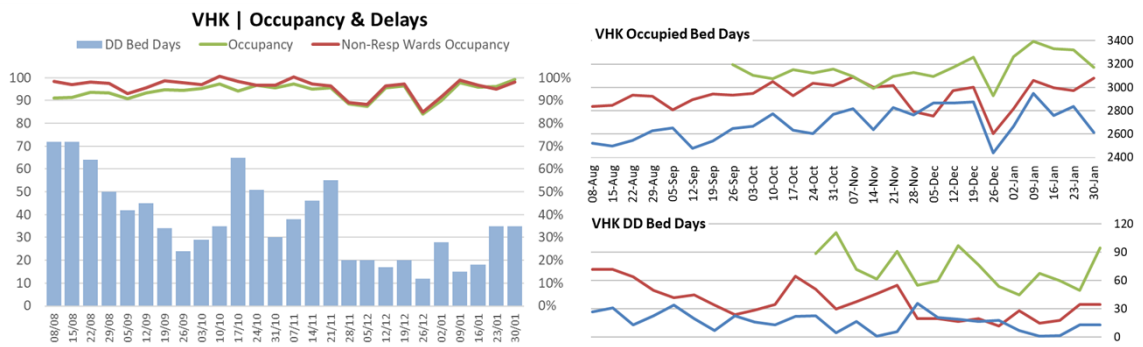
Acute Occupancy & Delays

Narrative

With the exception of the festive fortnight and the first week in December, VHK occupancy has been consistently above 95%, peaking at the end of January with 99%. The percentage occupied is currently trending higher than the same period pre-Covid.

The non-respiratory pathway has almost mirrored the overall occupancy and ending January with 98%.

The number of Delayed Discharge Bed Days in VHK has gradually climbed throughout January however is well below the peaks of the summer and autumn period. Over the 2 months there was an average of just above 22 days. This is much lower than the same period pre-Covid.



Commentary

Occupancy pressures have been extreme, driven by significant increases in admission demand. Emergency admissions for Jan-22 were 15% higher than Jan-21 (2,847 vs 2,479) leading to the requirement for the use of contingency inpatient capacity, over and above surge capacity to accommodate demand. This significantly disrupted the urgent elective programme, particularly Orthopaedics, with occupancy levels continuing to impact activity.

Site pressures have been compounded by staffing challenges, with high absence rates eroding staff ratios and placing additional strain across teams. Pre-emptive service retraction, based on clinical priority, enabled staffing resource to be consolidated based on greatest need.

Delayed discharge bed days have come down because of the discharge profile to HSCP with enough flex in the system to accommodate additional flow during times of significant pressure.

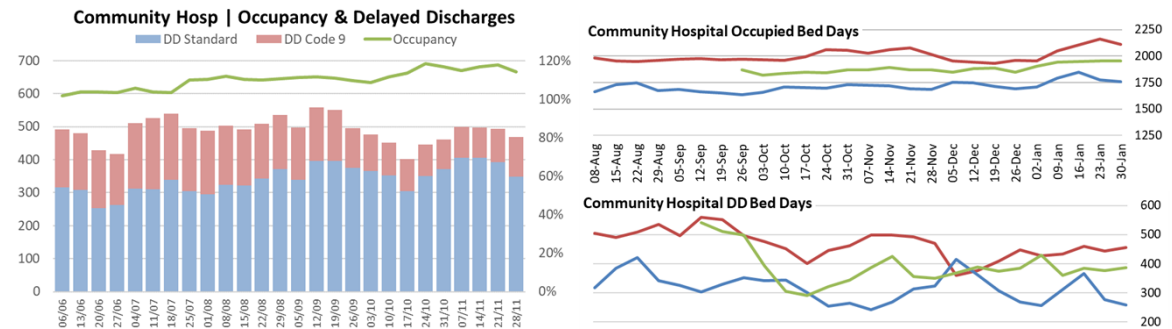
Community Occupancy & Delays

Narrative

Occupancy has maintained well above 100% for the whole of December and January and peaked over 120% week ending 23rd January. Many wards throughout the period have had to close due to Covid which has contributed to pressure throughout.

The occupancy this winter is trending higher than any other due to the number of surge beds opened to try and maintain flow within the acute hospital.

There has been an average of just above 423 bed days lost to delayed discharges within the community hospital throughout December and January. The standard delays have dipped through this period, however this has been offset by an increase in the code 9 delays. The bed days lost to delays is trending higher than any previous year, this will have a knock-on effect to the occupancy with the community hospitals also.



Commentary

Occupancy across HSCP MoE wards is higher than what it has ever been. This is due to the fact that there are 65 additional beds open over and above the MoE normal covid bed base.

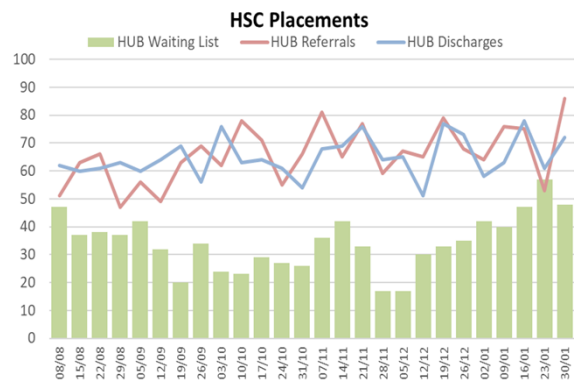
Bed days lost has significantly dropped. We are seeing a sustained discharge profile to care at home and interim beds which has attributed to this reduction.

H&SCP Placements

Narrative

The number of referrals to H&SCP is on average 70 patients per week, with the number of discharges over this period falling slightly short at an average of 66 per week. This is the reason for the waiting list number increasing, however these numbers are trending higher than pre-Covid levels.

The waiting list peaked at 57 week ending 23rd January with the greatest number of patients waiting on a down stream bed. This has started to fall the last week in January. The waiting list also includes patients in other hospitals waiting on a bed in Fife.



Commentary

It should be noted that referrals into HSCP have tracked well above average (58 per week) since Sept 2019 and peaked in January 2022 at 86. There have been several weeks recently where referrals have been above 70. Discharges from Acute services into HSP services mainly track the amount of referrals in despite a significant rise in referrals. When the demand has not been met this is due to care home closures and ward closures throughout December and January. During some weeks 27 care homes were closed and over 50% of community wards were closed due to covid outbreaks.

The waiting list includes all patients who are in the assessment and planning stage of discharge and not on official delay codes. The peak in January was due to DSBs not being available due to significant ward closures.

Section B: Performance Summary to Wk Ending 30th January 2022

Area	Indicator	Trend	08-Aug	15-Aug	22-Aug	29-Aug	05-Sep	12-Sep	19-Sep	26-Sep	03-Oct	10-Oct	17-Oct	24-Oct	31-Oct	07-Nov	14-Nov	21-Nov	28-Nov	05-Dec	12-Dec	19-Dec	26-Dec	02-Jan	09-Jan	16-Jan	23-Jan	30-Jan
Urgent Care	Contacts		2209	2168	1832	2224	2258	2303	2312	2243	2339	2823	1993	2138	2218	2190	2257	2360	2223	2352	2312	2354	1920	3117	2897	2252	2341	2245
	% ref to 2ndary Care		5.16%	5.58%	5.79%	4.18%	5.14%	4.69%	4.24%	3.97%	4.53%	3.86%	4.82%	4.21%	4.24%	3.88%	4.61%	4.11%	5.49%	3.66%	4.93%	4.84%	4.69%	6.35%	5.32%	5.77%	4.66%	5.35%
	Home Visits		117	119	81	96	101	111	101	124	120	152	107	125	134	104	98	108	116	118	107	83	98	247	179	124	124	131
	OO Home Visits		10	13	14	2	14	11	14	17	3	18	15	18	8	18	8	8	6	14	12	13	9	37	26	19	15	13
	COVID Outcome		212	194	200	309	339	408	426	396	383	530	370	391	308	385	411	431	369	398	358	422	359	666	556	337	308	289
	NHS24 Outcome		380	346	303	328	353	321	326	338	344	414	323	351	376	365	359	351	369	398	399	342	308	522	440	367	383	396
	ED/MIU to Book (4hr)		190	196	168	201	203	204	183	197	177	170	101	144	142	155	143	141	147	144	142	141	104	120	101	125	165	148
Virtual Assessment		43	31	57	29	27	17	13	17	20	33	33	17	17	15	11	13	20	18	18	25	33	20	25	33	11	21	
Acute Admissions		41	46	49	87	80	127	104	83	92	72	70	95	92	131	141	156	161	188	151	151	155	166	185	218	199	187	
VHK RUC	All		#N/A	1498	1521	1515	1580	1524	1462	1392	1411	1450	1268	1267	1350	1434	1377	1357	1359	1398	1380	1283	1114	1267	1227	1177	1319	1348
	Face2Face		#N/A	1330	1344	1330	1379	1348	1305	1226	1251	1288	1167	1149	1220	1300	1248	1235	1209	1261	1258	1159	1002	1169	1123	1049	1173	1218
	Remote		#N/A	168	177	185	201	176	157	166	160	162	101	118	130	134	129	122	150	137	122	124	112	98	104	128	146	130
	% Advised 2 Attend		#N/A	64.9%	81.4%	82.2%	71.1%	71.6%	66.2%	84.9%	71.9%	81.5%	67.3%	81.4%	80.0%	85.8%	76.0%	73.8%	79.3%	65.0%	80.3%	83.1%	81.3%	74.5%	85.6%	87.5%	89.7%	73.1%
	% Advised to Attend VHK		#N/A	31.0%	42.4%	43.2%	32.8%	27.3%	38.9%	50.0%	36.9%	50.0%	36.6%	50.0%	44.6%	49.3%	38.8%	37.7%	43.3%	38.7%	40.2%	51.6%	50.9%	55.1%	51.9%	46.9%	55.5%	43.8%
	Unplanned		#N/A	1266	1269	1250	1309	1254	1234	1157	1180	1208	1120	1091	1165	1233	1196	1186	1148	1189	1199	1094	951	1106	1077	997	1105	1164
Planned		#N/A	232	252	265	271	270	228	235	231	242	148	176	185	201	181	171	211	209	181	189	163	161	150	180	214	184	
Emergency Department	Attendances		#N/A	1266	1269	1250	1309	1254	1234	1157	1180	1208	1120	1091	1165	1233	1196	1186	1148	1189	1199	1094	951	1106	1077	997	1105	1164
	Performance		#N/A	79.1%	76.0%	74.6%	75.0%	73.0%	80.4%	72.5%	65.6%	70.8%	72.1%	70.4%	69.6%	69.3%	69.9%	77.4%	82.1%	75.9%	69.0%	63.7%	81.5%	68.4%	67.1%	78.0%	72.9%	72.4%
MIU RUC	Total		#N/A	408	460	502	507	491	484	414	419	377	361	339	347	353	375	374	370	305	352	295	197	204	199	320	367	325
MIU	Total		#N/A	328	366	405	411	388	405	348	346	322	311	290	299	293	308	315	304	250	292	242	146	179	158	267	306	271
VHK	Admissions		#N/A	744	761	751	747	715	695	730	729	709	705	703	682	714	701	689	705	767	717	749	648	713	640	665	730	735
	Emergency		#N/A	650	671	663	663	621	588	642	637	628	624	650	610	626	620	601	619	674	629	658	587	686	619	624	665	664
	Medical		#N/A	356	370	363	376	375	355	357	351	360	358	407	355	351	378	355	357	403	367	391	362	424	368	372	371	375
	Surgical		#N/A	294	301	300	287	246	233	285	286	268	266	243	255	275	242	246	262	271	262	267	225	262	251	252	294	289
	Discharges		#N/A	683	712	697	699	656	615	677	648	648	644	649	630	659	660	636	686	679	617	729	656	562	611	642	650	665
Theatre Activity	Scheduled		206	225	254	252	247	224	255	258	245	217	213	207	244	280	225	280	267	265	242	273	141	51	96	182	200	227
	Cancelled		7	12	17	9	7	14	16	16	15	14	16	15	16	15	11	22	11	13	15	19	4	1	11	7	7	20
	Hospital Cancelled		1	0	0	0	0	0	1	3	3	8	1	0	3	4	1	8	0	1	3	2	0	0	3	0	0	0
VHK Bed Utilisation	Occupancy		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Non-Resp Wards Occupancy		98.4%	97.1%	98.2%	97.4%	93.2%	95.6%	98.8%	98.0%	96.9%	100.5%	98.3%	96.8%	96.8%	100.5%	97.2%	96.5%	89.1%	88.3%	96.5%	97.2%	84.9%	91.7%	99.0%	96.7%	95.0%	98.0%
	COVID Bed Days		129	122	90	153	199	307	346	380	430	420	352	408	408	379	268	318	297	265	224	138	152	241	308	292	245	270
DD Bed Days		72	72	64	50	42	45	34	24	29	35	65	51	30	38	46	55	20	20	17	20	12	28	15	18	35	35	
Community Hospital	Admissions		#N/A	37	47	33	42	55	54	51	52	52	42	52	59	59	50	65	52	40	60	57	53	47	72	35	55	
	Discharges		#N/A	42	41	30	48	44	55	53	55	46	45	36	69	53	47	48	78	53	40	56	57	50	34	60	37	58
	Occupancy		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	COVID Bed Days		76	52	27	13	7	14	28	45	73	65	95	60	37	84	98	67	48	64	54	37	84	136	264	340	433	397
	DD Bed Days		504	491	509	535	497	559	551	496	476	452	401	445	462	499	498	493	469	359	376	408	448	438	434	459	443	456
	DD Standard		323	321	343	372	338	396	397	376	365	352	305	351	372	405	405	392	349	225	195	231	265	242	196	179	132	173
DD Code 9		181	170	166	163	159	163	154	120	111	100	96	94	90	94	93	101	120	134	181	177	183	186	238	280	311	283	

Meeting:	Finance, Performance & Resources Committee
Meeting date:	15 March 2022
Title:	Operational Pressures Escalation Plan (OPEL)
Responsible Executive:	Claire Dobson, Director of Acute Services
Report Author:	Fay Richmond, Executive Officer to Chair & Chief Executive

1 Purpose

This is presented to the Board for:

- Assurance
- Discussion

This report relates to a:

- Annual Operational Plan
- Emerging issue
- Government policy/directive

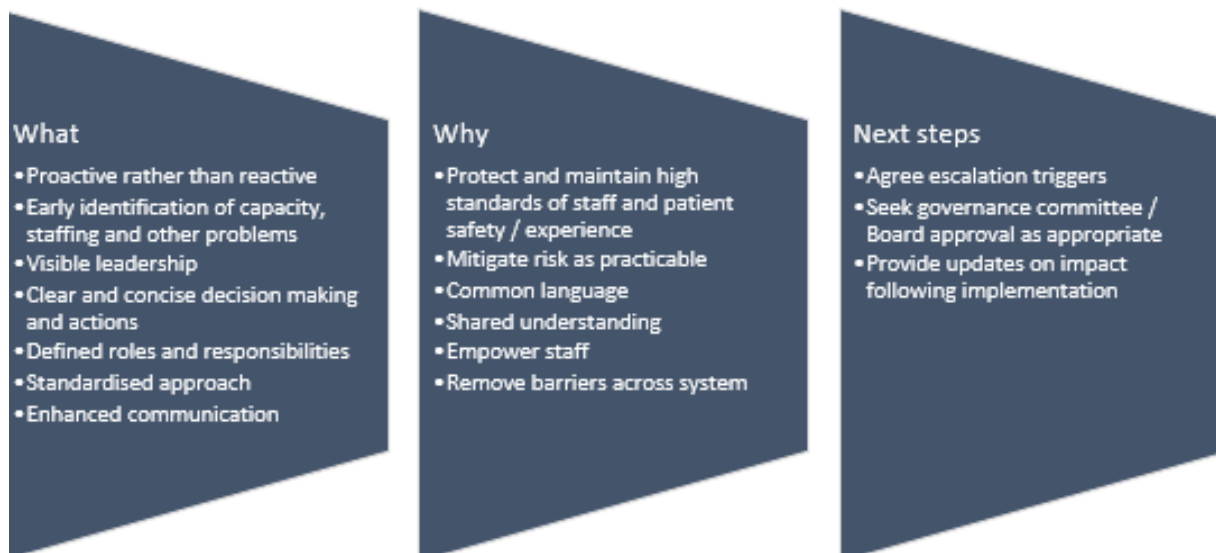
This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

At the November 2021 Board meeting, the Chief Executive acknowledged the significant ongoing system wide challenges across health and care in Fife. The pandemic has exacerbated the pressures in a system that was already challenged. Within the acute setting, these pressures manifested in increasingly long waits within the emergency department and capacity challenges across the Victoria Hospital. Actions to address these challenges were outlined by the Chief Executive and included the development of an Operational Escalation Framework and the process to deliver.



This paper details the considerable progress to date in developing this framework and associated tools.

Similar to other Health Boards, NHS Fife had no single way to measure pressure across the main acute hospital site, or the whole system taking into consideration primary, community and secondary care, and the impact of pressure facing social care services on NHS services. In addition to being able to identify the challenges to patient flow, there is a need for common understanding / language and agreed actions to resolve.

The Chief Executive tasked the Director of Acute Services and the wider team to develop a tool that would address this need for NHS Fife. The main aims of this development being:

- early recognition and identification of level of pressure on hospital site
- specific actions to allow consistent management of demand and risk
- clear communication
- continued delivery of planned care

This has resulted in the development of the Operational Pressure Escalation Levels (OPEL) framework with the tool supported by metrics, common language, and action cards. The OPEL tool provides live and dynamic information on the status of the hospital and can be customised to meet local needs.

In parallel, through the Winter Silver Command Group and the Health & Social Care Partnership Senior Leadership Team, a tool has been developed for health and social care services. This report specifically outlines the development of the OPEL framework for our acute services. Further details will follow in due course for the HSCP OPEL framework and how these tools will jointly support a whole system operational dashboard, to inform decision making through the command structure in the immediate term, and business as usual as and when the command structure is stood down.

2.2 Background

Awareness of escalation plans and reported levels by Health Boards has increased during the pandemic. This is mostly reported as a hospital site being at level “Black”. NHS Lanarkshire declared this level in October 2021 and NHS Highland intimated they were near to declaring a critical incident in January 2022.

There is both mixed language and understanding of the terminology used. NHS Scotland and most Boards do not have a single plan or framework that describes and measures metrics to produce a score that relates to agreed levels and actions.

Some departments in NHS Fife have local escalation plans, e.g, Emergency Department and Critical Care but these did not inform an integrated site wide plan.

The OPEL Framework has been used extensively in NHS England and has been adopted by the NHS Fife Escalation Plan Short Life Working Group.

2.3 Assessment

2.3.1 Development

Plan

The writing of a framework, on its own, will not change practice or make a significant practical difference and will not impact meaningfully when pressures are experienced. It is critical that the framework has clearly identified roles and responsibilities and a decision making structure to ensure actions are taken when pressures arise.

Since mid-November 2021 and working at pace, development and testing has led to the development of :

- the overall framework
- trigger tool and metrics - this is a dynamic excel tool
- action cards – both high level and detailed by team, profession, or service.

Despite the pressures from the impacts of the Omnicom variant, the momentum has been maintained for this project.

The overall framework includes:

- scope
- purpose
- ownership and responsibilities
- process to monitor and manage capacity and flow
- governance

Trigger Tool/ Metrics

The trigger tool has twenty-one criteria across five levels with supporting metrics. Criteria include hospital capacity, discharges, ambulances waiting, ED capacity, Delayed Transfers of Care, business continuity, Paediatric and Critical Care.

These are grouped into four sub sections:

- front door (ED and Admission Units)
- back door (ward areas)
- nursing staffing (RN's)
- other capacity includes business continuity, paediatrics, and critical care

NHS FIFE ESCALATION PLAN TRIGGERS AND SCORING							
Item	Criteria	Level 1 (Green)	Level 2 (Yellow)	Level 3 (Amber)	Level 4 (Red)	Level 5 (Purple)	
	Level of Decision Making	Bronze	Bronze	Bronze	Silver	Gold	
1	Hospital Occupancy	80-85%	86-89%	90-97%	>97% or more	>100% plus	
2	Delayed Transfers of Care	0-9	10-18	19-24	25-34	≥35	
3	Patients Boarding	0-5	6-18	19-24	25-34	≥35	
4	Total number of discharges at 13.00	110 or more planned	91-109 planned	71-90 or less planned	51 – 70 planned	50 or less planned	
5	Predicted Bed Balance	≥10 / in balance	≥5/in balance	In balance	≤5	≤10	
6	Ward closures due to infection	No closures	1-2 bays closed	3 bays close	1 ward closed	2 wards closed	
						SUB TOTAL	
7	Ambulances Waiting	0	1 Ambulance holding & at risk of not offloading in next 15 mins	2 Ambulance holding & at risk of not offloading in next 15 mins	3 Ambulances holding & at risk of not off-loading in next 15 mins	4 or more Ambulances holding & risk of no off-loading in the next 15 mins	
8	ED Resus Capacity	> 2 resus bays available	2 resus bays available	1 resus bay available for standby	Resus full with no availability for standby	Resus full + patients in overcapacity	
9	Total Patients in ED/ Majors capacity	≤30	1 Majors cubicle available	No Majors cubicle available and no Majors patients in waiting room	No Majors cubicle available, overcapacity in Majors area or up to 3 Majors patients in waiting room	No Majors cubicle available, overcapacity in Majors area or > 3 Majors patients in waiting room	
10	Total Number of DTA (not allocated)	No patients waiting	1-2 patients	3-4 patients	5-6 patients	7+ patients	

Item	Criteria	Level 1 (Green)	Level 2 (Yellow)	Level 3 (Amber)	Level 4 (Red)	Level 5 (Purple)	
11	Longest LoS – DTA	All patients <1 hr from DTA	Any DTA patients > 4 hrs from admission	2-3 patients > 4 hrs from admission	1 patient> 8 hours or 4-6 patients > 4 hrs from admission	Any patient >12 hrs or 2+ DTA patients > 8 hrs or 7+ patients > 4 hrs from admission	
12	Total patients in AU1 (in patients)	≥25	26-27	28-29	30-31	32 (full)	
13	AU1 assessment spaces available (RV)	4+	Plus 1 adjusted bed balance	In Balance to Minus 1 adjusted bed balance	Minus 2-4 adjusted bed balance	Minus 3+ adjusted bed balance	
14	AU1 assessment spaces available (NR)	6+	Plus 1 adjusted bed balance	In Balance to Minus 1 adjusted bed balance	-3 adjusted bed balance	Minus 5+ adjusted bed balance	
15	Total patients in AU2	≤15	≤17	≤19	≤21	22 (full)	
16	AU2 assessment	2+	+1 adjusted bed balance	-1 adjusted bed balance	- 2 adjusted bed balance	- 3 ≥ adjusted bed balance	
						SUB TOTAL	
17	Staffing levels (RNs)	Green	Yellow	Amber	Red	Black	
						SUB TOTAL	
18	Elective Cancellations	Full access to elective programme	Full access to elective programme managed case by case	Decision taken not to appoint at P3 Level for ≥ 9 patients	Decision taken not to appoint at P3 level for 10+ cases	Cancellations at P 2 level	
19	Critical Care Capacity	Full access to all pathways	Full access to all pathways with 8 patients	11 level 3 patients with bed availability in 4 hrs	11 level 3 patients with bed availability tomorrow	No beds available and none predicted > 24 hrs	
20	Business Continuity Event (defined as IT, PACS, utilities failure)	No critical issues identified	Reduced functional service - minimal impact/ delay	Reduced functional service - moderate impact/ delay	Reduced functional service - severe impact/ delay	Reduced functional service - critical impact/ delay	
21	Paediatric Capacity Escalation level	Level 1 - access to all pathways	Level 1-access to all pathways no HDU capacity	Level 2 - 2 SR available & 9 RV beds occupied	Level 3 – 2SR available & 12 RV beds occupied	Level 4 -0 SR available and 14 RV beds occupied	
						OVERALL SCORE	

The sub sections are scored and together give one a single overall site score and level.

The five levels are:

Level	
OPEL 1	Low levels of pressure. Relevant actions being taken. No additional support required
OPEL 2	Moderate Pressure with some areas under pressure.
OPEL 3	Severe Pressure with deterioration in performance and quality. Some increased support required and escalation to level 4 if additional triggers met
OPEL 4	Critical pressure with significant deterioration in performance and quality. Increased support required and risk of escalation to level 5
OPEL 5	Extreme pressure with risk of service failure. Extensive support required and all available escalation actions in place

When reporting the score, it is verbalised as:

- OPEL score (0 - 110)
- level/ colour (level 1-5 and green – purple)
- whether the score falling or rising

The methodology of the OPEL tool is analogous to the clinical tool for assessing acuity, the Early Warning Score (NEWS), which is part of the deteriorating patient programme. NEWS is monitored regularly during a hospital stay to identify a '*deteriorating patient*.' In the same way, the OPEL tool provides dynamic data throughout the day to identify a '*deteriorating hospital*'. Importantly, this provides an opportunity for pre-emptive action to be taken. A key to successful implementation is engagement and empowerment of clinical staff. A treatment bundle, SEPSIS 6, provides a parallel scenario where actions are required within a fixed time frame. The Escalation plan will provide action cards to provide a proportionate response to the level of pressure.

Action Cards

These cards remain in testing with ongoing consultation with different groups of staff.

The cards are presented as:

- Action Card 1- combined front door (ED, AU1&2)
- Action Card 2 - combined wards (back door)
- Action Card 3 - combined managers (on call/capacity and senior manager)
- Action Cards 4 - 9 are detailed by profession/ role.

All cards cover actions required between OPEL green and purple. If appropriate actions include time frames e.g., by 11 am or within 30 minutes.

2.3.2 Short Life Working Group

A SLWG was convened, co-chaired by General Managers from Emergency and Planned Care Directorates. The membership included representation from all directorates, professional groups e.g., nursing and managers and senior medical colleagues. Project support has been provided by a programme manager and executive officer.

The group has had a small core membership providing consistency, but also have had opportunities for others to join, including HSCP colleagues. It was important that as many teams and individuals were able to input and consult on the developing framework, tool, associated metrics, and action cards. With the increased use of the tools and language e.g., at existing huddles, there has been increasing interest and familiarity.

Testing

The framework, tool, metrics, and action cards are unique to NHS Fife Acute Division, and have been developed in-house. This has had benefits, especially with the trigger tool and metrics, allowing the testing to be dynamic and allowing changes to be made in the moment and tested whilst:

- reflecting the needed sensitivity
- allowing the metrics not to be adversely weighted towards any single part of the system
- ensuring the language used can be refined and consistently used

Core testing has been daily (Mon-Fri) at 16.15 hrs. The core test team has included:

- Co- chairs
- Deputy COO
- Clinical Directors
- Heads of Nursing
- Clinical Leads/ Consultants
- Programme Manager
- Executive Officer

As well as testing the tool and consistently asking “does the score reflect the on the ground situation” the time has been used to refine the framework and action cards.

In late January the tool was introduced to the 13.00 hrs capacity huddle. The test team then test/ refine using any learning, before the 17.00 capacity huddle. Over the weekend 5th and 6th of February the tool was also tested, completed by clinical co-ordinators. During the week of 7th February, the tool is being tested at the 8.30 huddle. The tool will be run three times a day, 08.30,13.00 and 17.00 hrs, when integrated into core business.

The OPEL level and colour have been used when escalating pressures to the Director of Acute Services and other members of the Executive team. It has also been reported at EDG Gold meetings. Informal feedback has been positive with the use of shared language and understanding being highlighted.

Discussions have also been held with Scottish Ambulance Service to give them insight into the framework too. Wider understanding has been gained of their escalation plan and they were recently able to use their tool to offer additional support when we reported a Purple OPEL 5. This had a positive impact on the front door of the hospital.

There will be a period of review after formal launch and feedback documentation has been developed. This will be collated and reported on.

Consultation/ Awareness Raising

In order to be effective and realise the benefits, the tool and framework both need to be consistently used.

A policy of awareness has been used to date before the formal launch date. The need for the framework, development and current version have been presented at both a Grand Round and EDG before this Board session. At all sessions a live demonstration of the tool has been given. Individual staff have also asked to attend either a scheduled huddle or the 16.15 hrs testing call.

Scottish Government have expressed an interest in the tool and have been extended an invitation to attend a 16.15 hr test meeting.

A key objective for the project has been to provide capacity and flow within the acute hospital to support continued delivery of planned care to those patients with the highest and most urgent need.

The SLWG have also submitted an abstract for a poster and to present a session at the NHS Scotland event in June 2022.

2.3.3 Quality/ Patient Care

The development of a framework, tool and action cards that allows the prompt and regular identification of the particular pressure points, as described above seeks to mitigate as far as possible any negative impact or reduction in the quality of patient care. Continued pressure with no or insufficient action carries a risk of poorer outcomes for patients.

2.3.4 Workforce

The development of a framework, tool and action cards support all of the workforce to understand their roles and individual responsibilities to return the site to an acceptable level. These actions aim to mitigate as far as possible any negative impact on staff. Ultimately, good communication and maintaining patient flow in the hospital enhances staff well-being.

2.3.5 Financial

There have been no financial impacts from this project as all development has been managed in-house by existing staff.

2.3.6 Risk Assessment/Management

The development and use of a framework, tool and action cards seek to mitigate, as far as possible, the risks that delays in flow and pressure on capacity cause for staff, patients and visitors.

2.3.7 Equality and Diversity, including health inequalities

The development of a framework, tool and action cards does not negatively impact on equality and diversity of our staff, patients or visitors.

2.3.8 Communication, involvement, engagement and consultation

These have been detailed in the paper. The SLWG welcome other opportunities to engage and consult.

2.3.9 Route to the Meeting

Executive Directors were invited to a demonstration of the OPEL tool on 2 February and this was extended to the NHS Board at its development session on 22 February.

2.4 Recommendation

- **Discussion** - the Committee is invited to consider the progress of the development of the framework and associated tools.
- **Decision** - the Committee is invited to confirm that the progress, framework, and tools presented provides assurance that the Chief Executive, Executive Team and operational managers are working collectively to manage pressures in capacity and flow

Report Contact

Claire Dobson
Director of Acute Services

Email Claire.dobson@nhs.scot



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE FINANCE & PERFORMANCE COMMITTEE WEDNESDAY 10 NOVEMBER 2021 AT 10 AM VIA MICROSOFT TEAMS

Present: Cllr David Graham [Chair]
Cllr David Alexander
Martin Black, NHS Board Member
Cllr Rosemary Liewald

Attending: Nicky Connor, Director of Health & Social Care
Audrey Valente, Chief Finance Officer
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Lynne Garvey, Head of Community Care Services
Rona Laskowski, Head of Critical and Complex Care Services
Bryan Davies, Head of Integrated Primary and Preventative Care Services
Tracy Hogg, Partnership Finance Manager
Euan Reid, Lead Pharmacist Medicines Management
Norma Aitken, Head of Corporate Service, Fife H&SCP

In attendance:
Carol Notman, Personal Assistant (Minutes)

Apologies for Absence: Helen Hellewell, Associate Medical Director

		Action
1.	WELCOME AND APOLOGIES Cllr Graham welcomed everyone to the meeting noting concern that the vacancies for the NHS representatives have not yet been filled. Norma Aitken advised that a meeting has been scheduled for this week with Rosemary Liewald and Nicky Connor to address the issue.	
2.	DECLARATIONS OF INTEREST There were no declarations of interested noted.	
3.	MINUTE OF PREVIOUS MEETINGS – 7 OCT. 2021 Cllr Graham advised there was one amendment within the minutes, under section 8 Performance Framework, noting that the Executive Committee had ceased and had been replaced by Policy and Coordination. Carol Notman to update minutes to reflect change.	CN
4.	MATTERS ARISING / ACTION LOG – 7 OCT. 2021	

	<p>Cllr Graham noted the action log and advised he had concerns with delays in receiving some reports.</p> <p>Martin Black noted concern that some original actions dated back to 2019 therefore it was not satisfactory that it would be 2022 before the report was received, he acknowledged that the HR reporting issue was out with the remit of the Partnership but had impacted on the services for an extended period of time.</p> <p>Fiona McKay noted that although some of the dates were lengthy there had been extenuating circumstances. She was pleased to confirm that Fife Council's HR Department has just managed to get reports from Oracle and managers should start receiving reports this week. With regards funding for ADP, the service had just received Government funding therefore Fiona felt it would be more beneficial to allow them the opportunity to review and update the committee in January but confirmed that the ADP Committee is managing and overseeing this but assured the committee that the plan will be brought to the next committee.</p>	
<p>5.</p>	<p>FINANCE PAPER</p> <p>Audrey Valente spoke to her paper highlighting that the September outturn position had reduced to £4.179M through the refinement of costs associated with Covid-19 and vacancies within the services.</p> <p>Audrey advised that the actual spend for Covid-19 for the service has been £12.596M with the full year projection being £32.476m. Audrey noted that the Scottish Government has requested that prior to any additional support being requested that the £15M reserves are utilised first but it is anticipated that further funding will be required.</p> <p>Cllr Graham asked what the acronym FHS (pg 18) stood for. Audrey confirmed that it was Family Health Services and this funding relates to GP Contracts for prescribing, premises and community pharmacy.</p> <p>Martin Black queried that Appendix 2 noted there was earmarked reserves for Action 15. Audrey confirmed that this was the money that had been carried forward and that this had been the first time that the Partnership had been able to carry forward money.</p> <p>Rosemary Liewald queried whether Pharmacy First costs had been included within Family Health Services as she hoped to see an increase in this route being used to access health care. Euan Reid confirmed that he was sure that this was the case.</p> <p>Cllr Graham confirmed that all agreed and accepted the recommendations of the report.</p>	
<p>6.</p>	<p>FINANCIAL RECOVERY PLAN</p> <p>Audrey Valente advised that the Financial Recovery Plan considers the actions to be taken by the services to reduce the current projected overspend of £4.179M whilst ensuring that the services remain financially sustainable going forward.</p> <p>Audrey advised in terms of the 'in-year position', the reported actions currently being proposed reduce the overspend by £1.5M. These actions include reviewing and refining core budget to covid costs, reducing non-essential spend and improved projected outturn position as we are now 6 months into the financial year.</p>	

	<p>Audrey advised that there would be a slight change to Table 1 (pg 30) within the paper before it was submitted to the IJB but confirmed that it would not change the Total In-Year Figure.</p> <p>Cllr Graham noted his main concern that there was very little detail with regards the savings noted within the title e.g. reduce in year non-essential spend and noted that it would be good to have a breakdown of these costs as he was not comfortable approving something that the Committee did not have the full details of. Audrey Valente advised that this was a valid point and noted that the costs included reduction in travel and services being requested not to purchase further equipment this financial year unless urgent. Audrey confirmed that none of the savings affected the frontline services.</p> <p>Rosemary Liewald noted that the report touches on some savings that can be pulled out such as respite, but note on page 31 that efficiency is highlighted and asked Audrey to expand on this as she as keen to safeguard respite and get the service restarted rather than delay further. Rona Laskowski confirmed that the service is seeking to remobilise fully but the financial efficiency is due to there not being enough calendar months left to spend the full budget.</p> <p>Cllr Graham wished to commend Audrey Valente and the Finance Team as in previous years the projected overspend was a lot higher than £4.5M which shows that there is increased control of the budget.</p> <p>Cllr Graham confirmed that all agreed and accepted the recommendations of the report.</p>	
<p>7.</p>	<p>MENTAL HEALTH ACTION 15 PROGRAMME OF INVESTMENT</p> <p>Rona Laskowski advised that the report tabled at the committee highlights the conclusion of a 4-year national investment programme from 2017-2021. Rona advised that the Action 15 programme of investment had been phased budget with allocations growing year on year with the primary requirement to increase the national mental health workforce by 800.</p> <p>Rona advised that the final allocation received by the Partnership was £2.1m but there was non-recurring slippage available this financial year to the sum of £1.3M.</p> <p>Rona confirmed that there had been a recruitment drive in order to achieve the target set by Scottish Government, but it will be challenging to meeting the inflated target that the Partnership had set. Rona advised that mitigating plans were in place if the current recruitment drive did not achieve the current 32 posts requiring to be filled, these include offering secondment positions to the current workforce.</p> <p>Rosemary Liewald noted that the report was very detailed and was particularly pleased to hear that the recruitment was being fast-tracked.</p> <p>Martin Black noted that he was unclear whether the service had achieved what it had set out to achieve, he also queried if there are 33 WTE to be recruited to did that not equate to 50% of the total workforce and how confident was the service that the posts would all be filled. Martin also asked with regards what level of peer support would be available and whether the staff being recruited would be qualified or unqualified. Martin's final question was if the service is outsourced to third sector who would be responsible for monitoring it.</p>	

	<p>Rona Laskowski advised that the service had wished to exceed the target for new staff set by the Scottish Government and currently it had not reached that target but she was confident that the target set by the Scottish Government will be achieved as there are currently a number of positions being recruited to currently one of which was an advert for 15.6WTE administrative positions. Rona advised that she was less confident that the service would meet the inflated target of 69WTE but not achieving this target would not impact on the reputation of the Partnership.</p> <p>Rona advised that peer support has been demonstrated to be person centred, although the staff members are not professionally trained members of staff, they are well supported by the Psychology Services and are a valued source within the team. Rona confirmed that the third sector was very important to the Partnership as they help to challenge the clinical approach.</p> <p>Cllr Graham confirmed that all agreed and accepted the recommendations of the report.</p>	
<p>8.</p>	<p>DELAYS / WINTER AND COMMUNITY CARE</p> <p>Lynne Garvey and Bryan Davies spoke to the presentation outlining the Partnership's response to date regarding the additional winter 2021-22 funding that Scottish Government announced in October 2021.</p> <p>Nicky Connor advised that there is a requirement for the Partnership to act on the announcement with urgency as this winter is being anticipated as one of the worst faced by the NHS. She noted that the funding provides the Partnership with the opportunity to support and grow services.</p> <p>Nicky confirmed that the paper and presentation may evolve further before it is presented at the IJB as conversations continue with the Senior Leadership Team and Operational Leads.</p> <p>Cllr Graham wished to thank the Senior Leadership Team for the comprehensive report and presentation.</p> <p>Martin Black noted concern with achieving what was laid out within the report as there are so many external factors which could influence the possibility to achieve and noted that changing the expectations of the public is what is required. He advised that when the plan is approved the IJB will be required to give directives to Fife Council and NHS Fife.</p> <p>Cllr Graham noted concern that the staff being recruited apply from the third sector therefore depleting the workforce of those who support us. Lynne Garvey noted that this has been identified as a risk and is being monitored and was pleased to note that to date there was less than 10% of applicants from the third sectors but unfortunately one external provider had been affected more than others.</p> <p>Lynne noted with regards Martin's comment regarding the perception of the public needing to be challenged and advised that the service would welcome any suggestions on how this could be addressed.</p> <p>Bryan Davies noted that the Primary Care Team are seeking to implement the Primary Care Improvement and the decision that the Senior Leadership Team have taken for the Primary Care funding is to focus on sustainability and an action plan is being developed outlining the 3 main sections: Sustainability, Improvement and Strategic Development. The Team have been reviewing the workforce and the associated pressures for some time and themes have been emerging. Bryan assured the committee that there will be engagement</p>	

	<p>with practice managers which will provide detail on what is being delivered and support managing the service.</p> <p>Rosemary Liewald noted that one point the presentation highlighted the early intervention work within Primary Care and asked with regards Dental Services how the early intervention dental services within schools would be implemented she also noted that she would also like to hear more about the technology work that is being carried out. Bryan Davies noted that he did not have the details to hands with regards early intervention within dentistry and would investigate and feedback to the committee.</p> <p>Lynne Garvey noted that Paul Short, Service Manager for Housing, Health & Social Care & Older Persons was leading on the home and technology element as his team was a crucial link in getting technology into homes that are not conducive to technology i.e. no wifi or damp.</p> <p>Nicky Connor advised building on what colleagues had said the Partnership wished to focus on work in localities and the Engagement Officers will be key to support this. Nicky noted that another important element was the staff health and wellbeing ensuring that the HSCP is known to be an excellent place to work in all sectors within Fife which will support the recruitment drive. Nicky was pleased to note that Roy Lawrence commenced his role as Principal Lead of Organisational Development & Culture and he will be supporting the changes that need to happen.</p> <p>Martin Black noted that the issue of guardianship/power of attorney does not help when trying to reduce delays from hospital, advising that the cost to implement this for many families was prohibitive. He suggested that a national steer was required as the number of patients with delay discharges has significantly increased. Rona Laskowski wished to assure the committee that the Mental Health Legislation is currently under review and there are moves towards supportive decision making which will reduce the requirement for power of attorneys.</p> <p>Cllr Graham confirmed that all agreed and accepted the recommendations of the report.</p>	BD
<p>9.</p>	<p>INTEGRATION SCHEME</p> <p>Norma Aitken advised that the Integration scheme has been submitted to the Scottish Government who have advised that it will be 6 weeks before feedback is issued therefore the document will not be tabled at the November IJB Meeting.</p>	
<p>10.</p>	<p>FREQUENCY OF MEETINGS</p> <p>Norma Aitken advised that due to the financial position and the pandemic the frequency of the finance committee had been increased and following discussion it has been suggested that the numbers revert back to pre-pandemic timescale with 6 meetings a year.</p> <p>These meetings would be held in January, March, May, July, September and November.</p> <p>Cllr Graham noted that the meeting proposed in May would require to be moved as this would fall on the day following the Council Elections and noted that there could also be issues with the July meeting as Fife Council may still be allocating Councillors to Committees.</p> <p>The committee approved the proposal to move to 6 Finance and Performance Committee's per year.</p>	

11.	AOCB The committee agreed that there were no issues required to be escalated to the IJB. No other issues were raised under AOCB.	
12.	DATE OF NEXT MEETING: 14 January 2021 at 10.00 am via MS Teams	

MINUTE OF NHS FIFE PROCUREMENT GOVERNANCE BOARD (PGB)

Friday 28 January 2022,
Via MS Teams

Present:

Margo McGurk (Chair)

Kevin Booth, Head of Financial Services & Procurement
Michael Cambridge, Associate Director of Procurement
Carrie Sommerville, Head of Procurement
Paula Lee, Depute Head of Procurement
Maxine Michie, Director of Finance
Rose Robertson, Assistant Director of Finance
Audrey Valente, HSCP Chief Finance Officer
Paul Bishop, Head of Estates
Claire Dobson, Director of Acute Services
Alistair Graham, Associate Director of Digital and Information
Kevin Reith, Deputy Director of Workforce

In Attendance:

Shona Slayford, Principal Auditor
Doreen Young, Head of Practice and Professional Development (Nursing) (for Janette Owens)

1.0 WELCOME AND APOLOGIES

Apologies were received from, Linda Douglas, Scott Garden, Jo-Anne Valentine, Chris McKenna, Janette Owens, Audrey Valente, Euan Reid and Wilma Brown.

Paula Lee, Deputy Head of Procurement was introduced and welcomed to the group.

MM and MC welcomed the significant improvements which have been made across a range of procurement activities. The papers presented to this meeting demonstrate the positive progress the team has made this year.

2.0 NOTES OF PREVIOUS MEETING

The note of the meeting held on 5 July 2021 was agreed as an accurate record.

3.0 ACTION LOG

It was agreed that the action log will be updated accordingly out with the meeting.

4.0 CAPACITY AND CAPABILITY ACROSS THE ORGANISATION

4.1 PROCUREMENT RISK REGISTER UPDATE (KB)

KB introduced the paper to the group. The paper confirms that there are 6 current risks, 2 of which are high risks.

Risk 2187 – relates to the lack of capacity available within the procurement function. At present this risk has unfortunately increased as two experienced staff members have left the organisation. The Procurement Team are anticipating going out to recruit in the coming period however it is acknowledged that these vacancies reduce capacity and capability in the team in the short/medium term as there will be a period of onboarding, induction and training for the new staff members once recruitment is complete. The introduction of the Work Based Learning Course which will be discussed later in the meeting is mitigation for this risk and it is hoped this will support existing staff development and capability and encourage future retention of staff.

Risk 2189 – relates to the lack of investment in procurement resources to support the wider organisation which has a negative impact on the delivery of efficiency and savings targets. It was advised that the risk remains the same, however the Procurement Team intend to develop an engagement plan to identify the requirements from each service and hope to quantify the internal capacity and capability to deliver this. It is anticipated that with the recruitment of the Deputy Head of Procurement, this additional senior resource can assist with the achievement of this workstream to help mitigate the risk.

It was highlighted that a number of risks are moderate, and it was felt many of these are interlinked. A refresh of the risk register will be undertaken and this will be brought back to the next meeting.

The final risk relates to the PPE Hub which at the start of the pandemic was the highest risk in relation to procurement activity. This is now classified as low and could possibly be closed as the PPE Hub is well established. However due to the new variant and ongoing uncertainty of impact, this risk will remain open until the situation has settled and further guidance around PPE storage is provided from National Procurement.

PGB noted the update.

4.2 WORK-BASED LEARNING ACADEMY (KB)

KB introduced the paper to the group advising that by introducing the academy it will support the department to enhance the skills, capability and capacity of the team.

It has become apparent that there is an organisational need to transition the procurement function within NHS Fife from a predominantly logistics support to have more strategic focus. At present no staff member within the procurement department holds the CIPS qualification but the desire is to improve this to ensure that NHSF has the appropriately skilled/qualified staff to meet its needs in the long term.

The Academy is delivered by Scotland Excel, the course offers 7 hours of theory per month for a period of 2 years, and it focuses on basic skills through to strategic skills including tendering. It is anticipated that this will support team confidence, development and progression. Feedback received so far from the team members who are attending is very positive and encouraging.

PL advised that through her previous role in NHS Lothian she worked with the Deputy Head of Procurement to support the development of content for this course for Scotland Excel. NHS Lothian recognised there was a skills gap and through conversations with other boards the need for this training was shared. Four boards across the East and North Region are now involved in this training which will support knowledge sharing and networking.

KR advised this is a very good opportunity for staff to progress into a vocational learning environment, additionally this may highlight those staff members who wish to progress forward to study CIPS.

It was highlighted that there will be members of staff across the board who participate in procurement activities who may find this training useful. CS confirmed that there is potential training places available for both the Digital and Information and Estates Department. The Theatres Procurement Manager, recently recruited from the NHS Fife Procurement team is currently enrolled in the academy.

RR highlighted that prior to the pandemic inhouse training was shared across the board on procurement, it was confirmed that it would be helpful for RR to link with PL to obtain some course information for when this training restarts.

The PGB noted the updated.

5.0 SPEND PROFILING AND EFFICIENCY OPPORTUNITIES

5.1 SERVICE ENGAGEMENT PLAN & CURRENT CONTRACT WORKPLAN (KB)

KB advised that there is a requirement for procurement to develop a comprehensive workplan and service engagement plan to support the Board to achieve financial improvement and sustainability.

Due to vacancies within the team and the ongoing pandemic this work has not progressed as previously planned. However, with the recent recruitment to the Deputy Head of Procurement it is anticipated that this will allow the Head of Procurement to focus on this workstream with the support of a key member of the team who will be able to use this role as a development opportunity. Future updates on the local contracting plan will be brought presented to meetings of the Procurement Governance Board.

CS advised that to date she has been involved in discussions with the two key devolved areas, Estates and Digital and Information. The conversation with Digital and Information was positive, it was agreed that it would be beneficial for devolved areas to spend time with the central function to learn processes and for the central function to learn of the workstreams of the devolved areas as there is a gap in knowledge. It will be beneficial for teams to work together and have a shared understanding of processes.

The HEPMA project has provided opportunity for collaborate working and moving forward there will be work commencing with Estates on the fire alarm maintenance contract.

It was highlighted that the plan requires to include milestone dates for activity completion and CS agreed that this will be developed and presented to the next meeting.

CD highlighted that there is a previous programme of engagement noted in the paper which was led with the Chief Operating Officer, it was questioned how this will be taken forward. CS agreed to revisit and to work with the different services to identify best arrangements for engagement going forward.

AG highlighted that there is real value in the papers and a lot of information has been shared. It was agreed that the conversation with Digital and Information is revisited with AG as it will

be important to discuss the responsibilities across the organisation for information assets, governance and cyber security to ensure when engagement is delivered this can be shared. AG acknowledged this opportunity to unify the local approach to procurement, whilst it was also noted that engagement nationally will also be important. In relation to savings, it was noted that issues with the National Framework had caused issues with delivery timescales.

MM advised that in terms of HEPMA, there is a requirement to ensure that NHS Fife controls the re-procurement activities locally and must ensure there is solid resource and capability within NHS Fife to deliver this.

PGB noted the update.

5.2 GAP WORKPLAN (KB)

It was highlighted that the GAP report is currently being analysed and opportunities are being identified to discuss with the services as part of the Service Engagement Plan. It was noted that not all opportunities on the workplan will be available to NHS Fife.

A follow up meeting will take place with National Procurement as soon as possible to identify the GAP opportunities however, National Procurement is currently under significant pressure which may cause delays. Assurance was provided that NHS Fife will continue to work on this area. An updated GAP position will be brought to the next meeting which will highlight NHS Fife's position and the progress made.

MM highlighted that there is a need to present regular updates on how the saving plan/gap delivery is progressing. MMi and RR agreed to work with procurement on this.

MC highlighted this report highlights that NHS Fife is in a good position however as remobilisation starts there is a degree of uncertainty. It is also important to recognise the level of engagement required with clinical colleagues on this. They remain challenged given the ongoing response to the pandemic and the broader remobilisation of services.

5.3 NATIONAL PROCUREMENT WORKPLAN (KB)

Similar to the previous paper on the GAP report, it was confirmed that the National Procurement Workplan is currently being analysed and opportunities that are available will be agreed within the engagement plan

PGB noted the report.

6.0 NATIONAL REPORTING ON PROCESS OF PROCUREMENT

6.1 UPDATE ON EAST AND NORTH PROGRAMME (KB)

KB introduced the report to the committee and highlighted that NHS Fife are part of a regional programme board who developing proposals for more regional working which will involve greater collaboration and shared processes.

It was identified that other boards within the East and North region experience similar challenges as faced by NHS Fife in terms of capacity and capability and there is a need to build resilience for the future.

Due to other pressures the Programme Board was put on hold, however it recommenced in 2021. The Programme Board is developing a Business Case which will be presented locally for discussion and approval by Summer 2022. This programme is currently at options appraisal stage.

It was noted that NHS Fife staff and staff side representatives are fully engaged in the process.

MC highlighted that a shared operating model with shared resources offers a wealth of knowledge and support which would be beneficial for Fife.

PGB Noted the report.

6.2 NATIONAL SYSTEMS UPDATE (KB)

KB presented the report to the group highlighting that procurement systems should follow a 'Once for Scotland' approach. It was felt that this would allow for greater and easier collaboration, and more effective analysis nationally. KB noted a number of National Procurement systems that were under development at present and that NHS Fife will look to optimise in the coming year.

PL advised that Single Pecos will be implemented in early February 2022. The ethos is to have a single process, database and approach which will benefit collaboration between the boards. NHS Fife Procurement have agreed cross board support to progress implementation. The single system is beneficial for efficiency, it will support best practice and will allow for further cross board collaboration as this develops.

Provalido is a second programme aligned with the 'Once for Scotland' approach which links with some discussions earlier around analysis, workplan development and savings etc. The system will support the identification of savings to ensure they are recorded nationally. This system will avoid the risk of duplication as you are only required to complete the information specific to you. It will follow on from the National Workplan output and NHS Fife will enter the local information. The reports can be generated from the system and will highlight issues which may require focus.

PGB noted the update.

6.3 ANNUAL PROCUREMENT REPORT (KB)

KB presented the report to the group highlighting the Annual Report for 2020/21 which under part of the Procurement Reform Act requires to be published.

The report clarifies the contracts which exceeded the £50k statutory threshold in the year. The report supports creating improvements across the Procurement function and it demonstrates to stakeholders how NHS Fife best utilises its procurement spend to meet its corporate and social objectives. The key developments added in this year have been the formation of the PGB and the Anchor Institute Programme.

The report should have been published in Autumn 2021 in line with business as usual however due to a number of factors this was delayed and has just reached the approval stage. Moving forward it is expected that procurement will meet timescales on publication.

PGB approved the report and agreed that this should progress through governance to EDG, FP&R and the Board.

7.0 AOCB

N/A

8.0 DATE OF NEXT MEETING

TBC

UNCONFIRMED

MINUTE OF FIFE CAPITAL INVESTMENT GROUP MEETING

Tuesday 1 February 2022, 2pm
Via MS Teams

Present: Neil McCormick, Director of Property and Asset Management (**Chair**)
Claire Dobson, Director of Acute Services.
Dr Chris McKenna, Medical Director
Alistair Graham, Associate Director of Digital and Information
Maxine Michie, Deputy Director of Finance.
Ben Johnstone, Director of Capital Projects
Jim Rotheram, Head of Facilities
Paul Bishop, Head of Estates
Nicky Connor, Director of HSCP
Tracy Gardiner, Capital Accountant

In Attendance:

1.0 WELCOME AND APOLOGIES

Apologies were received from Margo McGurk, Director of Finance, Jannette Owens Director of Nursing, Rose Robertson, Assistant Director of Finance, Wilma Brown, Employee Director,

2.0 NOTES OF PREVIOUS MEETING

The note of the meeting held on 25 November 2021 was agreed as an accurate record.

3.0 ACTION LIST

The Action List was updated accordingly.

4.0 MINUTES OF OTHER COMMITTEES

4.1 Capital Equipment Management Group (PB)

The minutes were noted.

4.2 Clinical Prioritisation Group (PB)

The minutes were noted.

5.0 MATTERS ARISING

5.1 Capital Planning Resource (BJ)

BJ presented the paper to FCIG advising this was a follow-up as part of the last meeting of FCIG. The finances to support additional project management support will be identified and confirmed as part of the SPRA process. MMi and BJ will agree what capital resource is required.

FCIG confirmed support to this, on the basis that this is agreed as part of the Overall SPRA Capital Plan which will be presented to EDG in February/March 2022.

6.0 GOVERNANCE

6.1 SPRA 2022/23 Initial Capital Proposal (MMi)

MMi noted that the paper sets out detail of the SPRA Capital Plan for 2022/23. This was presented to the portfolio board in December. Within the SPRA there is an indicated Capital/Revenue transfer of £2m to support the projects on the horizon which there is no revenue for. Additionally, schemes have been brought forward from 2022/23 to this current financial year to help support and utilise the funds received for the QMH as this came with a time limit. The money will be reallocated next year when the time is right. £3m of the capital formula allocation would need to be ringfenced next year. Scottish Government indicated a 5% increase in capital allocation.

This year the board was able to secure significant additional funding from Scottish Government to support Capital Projects which normally would not have been achieved. Scottish Government have advised that there is still further opportunity available this current year and any projects or workstreams which would benefit this should be presented.

PB agreed to link in with MMi by 4 February to identify possibilities in terms of Anti-Ligature.

AG recognised the balance of risk across the revenue and capital programme. The next few years, especially for Digital and Information, there is an increase in capital request. It is hoped that this risk assessment will provide support to this.

NMc noted that a request has come from the National Equipping Group to indicate the requests for the next 2 years and a note of the capital formulary request. It was felt that this would provide a better understanding of what should be allocated with the intention to account for any slippage which usually does occur.

FCIG approved the SPRA 2022/23 and recognised the additional £5m Capital which has been secured this year.

6.2 Financial Improvement/Sustainability Programme – Capital & Property Aspects (NMCC)

NMcC presented a power point to FCIG which highlighted potential significant savings. It detailed that there is expected reoccurring savings within areas including rates

(£500k), NDEEF contract (£320k) and Contract re-negotiation (£1m) which is commercially sensitive at this stage. Further items were noted.

Non-recurring savings have also been identified which included Medium Temperature Hot Water (£500k) and Insurance review on PFI contract (£35k).

It was noted that some work will take place in 2022/23 which will allow savings to be released however, other work streams will take longer and will be over 5 years.

Concerns were raised on energy cost rises. It was confirmed that gas will rise by 89% and electricity will rise by 14.4%.

A focus will be moving forward to ensure energy efficiency measures can be put into place where possible. However due to the age of some buildings, for example Hayfield House, some measures would not be possible including the installation of smart meters.

It was clarified that NHS as a whole are tied into Gas and Electricity contracts for several years at a time. The large increase is a mixture of newly rising energy costs and due to the old contract coming to an end. This rise is faced by NHS as a whole.

FCIG noted the presentation.

6.3 Queen Margaret Day Surgery Business Case (MMi/CD)

CD highlighted that QMH Day Surgery Unit and Theatre Suite is an area of huge potential for NHS Fife. Two schemes have been identified as part of an executive walk around which the workforce is keen to develop. One scheme is to refurbish the reception area to add two additional day surgery rooms. The second scheme is to convert two endoscopy rooms into theatre capacity and create additional endoscopy space elsewhere on site.

As there is significant backlog and cases at QMH, it was felt that the potential space and ability to maximise capacity at QMH would be very beneficial. £1.5m was received by Scottish Government this year with a further £1m proposed next financial year on the basis the first allocation was utilised. However, once detailed proposals were created it was clear that both schemes would not be possible within budget. At present there is only enough resource to refurbish the reception area to increase day case capacity.

Projects have been brought forward at QMH to utilise the remainder of funds to ensure the entire £2.5m was accounted for.

BJ noted that the project is currently in the design stage. It is hoped that this will be complete by the end of April. At that time the project can move to market testing and construction can then begin to ensure the money is spent within 2022/23. Fiona Cameron is working with the Planning and Performance team to undertake analysis to identify what additional capacity could be achieved by moving the two endoscopy rooms back to the endoscopy unit and creating additional theatre space.

CD advised that this is a verbal update at this stage but a formal paper will be bought back that can be presented to EDG as there is a lot of information on this. Work still requires to be undertaken to identify clinical models and workforce.

FCIG noted the progress.

6.4 Temporary storage lease proposal for CT scanners and other high value equipment to be delivered this financial year (NMCC/PB)

NMcC introduced the paper which seeks approval for a temporary storage facility for high value equipment. Due to year end a significant amount of equipment is being purchased however there is limited storage onsite, and installation is not scheduled until year end.

This paper had previously been approved by the Director of Finance and Chief Executive given the value and as it was within existing budgets but has been brought to FCIG to ensure governance is correct and everyone has been sighted.

FCIG approved the paper.

6.5 Orthopaedic Project Update (BJ)

BJ noted that construction is continuing and is maintaining programme and completion is scheduled for end of October 2022. Funding has been agreed for spend by year-end. Workforce meeting are progressing positively.

It was noted that the orthopaedic centre has been lucky to receive the enhancement of art works, the charity is also hoping to support the centre by providing the AV solution for integrated theatres. A decision should be made soon.

FCIG noted the update.

6.6 Kincardine & Lochgelly Project Update (NC/BJ)

6.6.1 Kincardine & Lochgelly OBC (MMi/CD)

The Outline Business Case for both Kincardine and Lochgelly was presented to the group with an SBAR providing a summary. The OBC stage commenced in March 2021, it was noted that the need for Health Centres in terms of functionality, condition and accommodation to provide the integrated service and the need for change remains the same as noted in the Initial Agreement. Service redesign is ongoing to ensure new operating models can be implemented and work on patient personas were developed at OBC stage to inform the patient focused approach. NHS Assure key stage reviews will be in place to help to maintain integrity of the designs. Patients have been involved in the OBC stage to help develop the proposal and this will continue as things move forward. The facility will be a great place to work from a staff wellbeing point of view as staff side have been involved in this. An agile working policy is hoped to be implemented.

The cost has increased significantly from initial agreement to outline business case, but it is believed that this is justifiable and taking these into account the buildings do continue to represent value for money. The partnership staffing cost require to be developed in line with the service redesign and have not yet been included. These

should be included as work develops. The risk within OBC stage has been managed, there is a 5% risk contingency held with HubCo and NHS Fife are holding a 13% risk contingency allowance. The facilities have the potential to offer great benefit to local communities and will also act as a blueprint for other primary care facilities which come out from the primary care strategy.

CD noted that the business case is not clear on how acute services can be pulled out and allow patients to be seen locally. NC advised that this can be looked at further to ensure it is more explicit, however assurance was provided that there is a generous accommodation schedule and there is scope for acute services to be placed in the community.

AG advised that there is a need to ensure that digital and information costs run in parallel, AG will work with BJ to ensure this is captured.

MM provided comment on the paper and questioned when the service model and revenue costs will be available for HSCP as there is a need to understand how that will look.

It was agreed that BJ will have an initial conversation with MM before progressing.

FCIG agreed to support this progressing subject to further clarity on digital and revenue costs.

6.7 Mental Health Strategy (BJ)

BJ noted that work is underway to organise the optional appraisal which is due to take place in March. The initial workshops should help point the project team in the right direction and gain insight from the community.

CM noted that there have been emotive letters sent in with regards to patients feeling like they are losing a service. There is a need to engage meaningfully and know how to respond. CM agreed to work with NC to provide a response.

FCIG noted the update.

6.8 CEMG Update (PB)

MMi noted that the CEMG paper represents a success story. An additional £5.5m capital has been allocated on top of the £2.2m initial funding allocation. To all spend is achieved except £8k which should be allocated in due course.

CEMG is very fortunate to have achieved the additional funds and assurance was provided that the group has ensured the right areas have been allocated funds.

FCIG noted the update.

7.0

PERFORMANCE

7.1 Capital Expenditure Report Update & 7.2 Current Risk Position (TG)

TG noted that they are currently working on a £34m Capital programme. The capital report for end of December highlights a spend of £11/12m. In the next iteration FCIG will see that spend ramp up. At present there is no huge risk to the programme except for the Laundry Contract. JR confirmed that this has now been signed off by the Director of Finance and Chief Executive and will see this progress.

The capital spend remains on track.

8.0 FCIG noted the update.

ISSUES TO BE ESCALATED TO EDG

9.0 The discussion on OBC's for Lochgelly and Kincardine will be highlighted to EDG. BJ will discuss the OBC's with MM and then take forward to EDG.

AOCB

MMi reiterated that Scottish Government are welcoming suggestions from Boards for additional capital funding for this year. TG agreed to share criteria with the group.

10.0 DATE OF NEXT MEETING

10.30am, 9 March 2022 via MS teams.

MINUTES OF THE PRIMARY MEDICAL SERVICE SUB-COMMITTEE HELD ON TUESDAY, 1 MARCH 2022 HELD BY TEAMS

PRESENT:

Mrs J Kelly (JK) (Chairperson)
Dr F Henderson (FH)
Dr C McKenna (CM)

Dr P Duthie (PD)
Ms M McGurk (MM)
Dr S Mitchell (SM)

CO-OPTED MEMBER

Dr H Hellewell (HH)

IN ATTENDANCE:

Mrs J Watson (JW)

Miss D Watson

NO	HEADING	ACTION
-----------	----------------	---------------

01/22	CHAIRPERSON'S WELCOME AND OPENING REMARKS	
-------	---	--

The Chair welcomed the Committee.

02/22	DECLARATION OF MEMBERS' INTERESTS	
-------	-----------------------------------	--

There were no declarations of interest.

03/22	APOLOGIES FOR ABSENCE	
-------	-----------------------	--

There were no apologies for absence.

04/22	MINUTES OF PREVIOUS MEETING	
-------	-----------------------------	--

The minute of the meeting held on 17 December 2021 was acknowledged and agreed as a true record of proceedings expect for item 3 which should read "PD stated that it should be made clear that this situation had arisen due to the decision making of NHS Tayside."

05/22	MATTERS ARISING – ACTION POINTS	
-------	---------------------------------	--

a) Application for list closure - Newburgh

JK advised that the practice had been informed that the Committee had approved their application to formally close their list. She also advised that a meeting would be arranged shortly to review the situation.

b) Application for list closure - Newburgh

JK informed the Committee that a meeting had taken place with the Auchtermuchty practice regarding cover for patients who are unable to register with the Newburgh practice. To date, the numbers have been manageable.

06/22 PMS EXPENDITURE BUDGET

JW advised the Committee that from April 2021 to January 2022 the budget was overspent by £300k, or 0.5% of the £64m allocation.

The main overspends were: Maternity and sickness (not COVID) claims/payments. Costs were up by £260k in comparison to the same period last financial year.

Also overspends in 2c practices' staff and locum costs of £70k, and Enhanced Services by £120k for extended hours.

Wound management is also overspent by £90k. JW informed the Committee she was uncertain whether these costs should be hosted under GMS. Previously they had been with in prescribing. She had met with Fiona Robertson, Lynne Garvey and a few others in January, but no decision regarding this matter was agreed.

The Committee agreed that this Wound Management should not be GMS and that JW should continue her endeavour to identify the correct directorate to host this item.

07/22 IMPROVEMENT GRANTS

Summary of Improvement Grants for 2021/22 as at 23 February 2022

JK advised that there may still be a small number of grants still to come in but that expenditure had not been as high as previous years. This could have been due to practices being too busy or not being able to get the tradesmen to do the work. Also the Premises Group had monies to carry out projects that may have previously been funded through an improvement grant.

JW advised the budget had been increased from £100k to £150k and next year it would revert back to £100k and kept under review.

HH advised that the PCIF funding was short-term so the IGS budget should be monitored as there may not be as much monies from the PCIF made available for premises.

08/22 REVIEW OF SUSPENSION OF ENHANCED SERVICES

The Committee was advised that all the Local Enhanced Services (LES) would need to be reviewed before they could be re-instated to ensure they were fit for purpose.

The Committee agreed that practices would not be in a position to restart the provision of LES for at least six months from April.

After much discussion it was agreed that once a LES had been reviewed it would be sent to practices at least three months before it was due to restart.

It was thought the process for all LESs should take six to nine months from April.

HH agreed to check what other Boards were doing regarding the resumption of LESs in their areas.

HH/JK will draft an update for practices.

HH

HH/JK

09/22 ROUTINE REPORTING

The Committee noted the content of the report.

10/22 AOCB

Golden Hello – Crossgates Medical Practice

The Committee was advised that an application for a Golden Hello (GH) had been received from Crossgates Medical Practice.

Crossgates was not automatically entitled to a GH as they are not in a deprived area but JK advised the Committee that the Board could grant a GH if they felt the circumstances were deserving. This would be the standard £5k grant.

The practice had applied as they had a locum who might be interested in becoming a partner and thought the GH might help him join.

The Committee agreed that there should be a set of criteria for GHs as a grant could not be given to one practice and not another without a clear reason for doing so. This would also be good governance.

It was agreed that the Crossgates application would not be approved.

JK

11/22 DATE OF NEXT MEETING

The next meeting will held on Tuesday, 7 June 2022

The remaining dates for the 2022 are

6 September

6 December