

# NHS Fife Finance, Performance & Resources Committee

Tue 17 January 2023, 09:30 - 11:30

MS Teams

## Agenda

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

0 min

*Verbal* *Alistair Morris*

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

0 min

*Verbal* *Alistair Morris*

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**09:30 - 09:35** **3. Minutes of Previous Meeting held on Tuesday 15 November 2022**

5 min

*Enclosed* *Alistair Morris*

 Item 3 Finance Performance Resources Committee Minutes (unconfirmed) 20221115.pdf (7 pages)

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**09:35 - 09:40** **4. Matters Arising / Action List**

5 min

*Enclosed* *Alistair Morris*

 Item 4 Finance, Performance & Resources Committee Action List - 20221115.pdf (2 pages)

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**09:40 - 09:55** **5. GOVERNANCE MATTERS**

15 min

**5.1. Corporate Risks Aligned to Finance, Performance & Resources Committee**

*Enclosed* *Margo Mcgurk*

 Item 5.1 SBAR Corporate Risks aligned to Finance Performance & Resources Committee.pdf (6 pages)

 Item 5.1 Appendix 1 Summary of Corporate Risks Aligned to Finance, Performance & Resources Committee.pdf (5 pages)

 Item 5.1 Appendix 2 - Assurance Principles.pdf (1 pages)

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**09:55 - 10:30** **6. STRATEGY / PLANNING**

35 min

**6.1. Ministerial Strategic Group Indicators**

*Enclosed* *Nicky Connor*

 Item 6.1 SBAR Ministerial Strategic Group Indicators.pdf (6 pages)

 Item 6.1 Appendix 1 Ministerial Strategic Group Indicators.pdf (31 pages)

**6.2. Population Health and Wellbeing Strategy Progress Update**

*Enclosed* *Margo McGurk / Susan Fraser*

 Item 6.2 SBAR Population Health & Wellbeing Strategy Progress Update.pdf (3 pages)



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**10:30 - 11:00** **7. QUALITY / PERFORMANCE**

30 min

**7.1. Integrated Performance & Quality Report**

*Enclosed*      *Exec Leads*

-  Item 7.1 SBAR Integrated Performance & Quality Report.pdf (4 pages)
-  Item 7.1 Integrated Performance & Quality Report.pdf (27 pages)

**7.2. Financial Improvement and Sustainability Programme Progress Report**

*Enclosed*      *Margo McGurk*

-  Item 7.2 SBAR Financial Improvement and Sustainability Programme Progress Report.pdf (8 pages)

**7.3. Fife Capital Investment Group Report 2022/23**

*Enclosed*      *Margo McGurk / Neil McCormick*

-  Item 7.3 SBAR Fife Capital Investment Group Report 202223.pdf (3 pages)

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**11:00 - 11:15** **8. FOR ASSURANCE**

15 min

**8.1. Delivery of Annual Workplan 2022/2023**

*Enclosed*      *Margo McGurk*

-  Item 8.1 Delivery of Annual Workplan 2022-2023.pdf (5 pages)

**8.2. Proposed Annual Workplan 2023/2024**

*Enclosed*      *Margo McGurk*

-  Item 8.2 Proposed Annual Workplan 2023-2024.pdf (4 pages)

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**11:15 - 11:20** **9. LINKED COMMITTEE MINUTES**

5 min

**9.1. Fife Capital Investment Group held on 7 December 2022 (unconfirmed)**

*Enclosed*

-  Item 9.1 Fife Capital Investment Group held 7 December 2022 (Unconfirmed).pdf (4 pages)

**9.2. IJB Finance, Performance & Scrutiny Committee held on 11 November 2022 (unconfirmed)**

*Enclosed*

-  Item 9.2 IJB Finance, Performance & Scrutiny Committee held on 11 November 2022 (unconfirmed).pdf (10 pages)

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**11:20 - 11:25** **10. ESCALATION OF ISSUES TO NHS FIFE BOARD**

5 min

**10.1. To the Board in the IPQR Summary**

*Verbal*      *Alistair Morris*

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

Verbal

*Alistair Morris*

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11:25 - 11:30 **11. ANY OTHER BUSINESS**  
5 min

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11:30 - 11:30 **12. Date of Next Meeting: Tuesday 14 March 2023 at 9.30am via MS Teams**  
0 min

## Unconfirmed

### MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 15 NOVEMBER 2022 AT 9.30AM VIA MS TEAMS

**Alistair Morris**  
**Chair**

#### **Present:**

|  |  |
|--|--|
| A Morris, Non-Executive Director (Chair) | M McGurk, Director of Finance & Strategy     |
| A Grant, Non-Executive Director          | J Tomlinson, Director of Public Health       |
| J Keenan, Director of Nursing            | M Mahmood, Non-Executive Director            |
| J Kemp, Non-Executive Director           | C McKenna, Medical Director                  |
| C Potter, Chief Executive                | A Lawrie, Area Clinical Forum Representative |

#### **In Attendance:**

N Connor, Director of Health & Social Care  
B Hannan, Director of Pharmacy & Medicines  
N McCormick, Director of Property & Asset Management  
G MacIntosh, Head of Corporate Governance & Board Secretary  
M Michie, Deputy Director of Finance  
C Dobson, Director of Acute Services  
M Watters, ST4 (Obstetrics and Gynaecology) (*observing*)  
K Booth, Head of Financial Services & Procurement  
H Thomson, Board Committee Support Officer (*item 6.2 only*)  
K Donald, Interim PA to the Director of Finance & Strategy (*minutes*)

#### **Chair's Opening Remarks**

The Chair welcomed everyone to meeting.

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

#### **1. Apologies for Absence**

No apologies were received from members.

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

There was no declaration of members' interests.

#### **3. Minute of the last Meeting held on 13 September 2022**

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

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

The Committee **noted** the updates on the Action List.

#### 5. **QUALITY / PERFORMANCE**

##### 5.1 **Integrated Performance & Quality Report**

The Director of Acute Services provided an overview of the report for August 2022, highlighting unscheduled attendances at Victoria Hospital remain high. Performance has been impacted by a very full hospital, compounded by a low discharge profile, resulting in flow throughout the hospital being very challenged and patients waiting longer. Prostate cancer pathway is in a very challenging position, however actions have been mitigated to improve flow within the pathway, although challenges will continue to be seen within the Cancer 62-day referral to treatment.

Following a question from the Chair querying why no additional activity to deliver the new longer waiting targets has been undertaken since April 2022, the Director of Acute Services highlighted there has been uncertainty around funding from Scottish Government to provide additional waiting list activities. A plan was submitted to Scottish Government, however, due to the reduced funding received, this has not been possible to implement as yet.

The Director of Acute Services highlighted that since submitting the report, confirmation of funding by Scottish Government has been received and a report will be presented at the Executive Directors' Group regarding what can be delivered over the coming months to improve the overall position on performance. The Committee agreed the paper highlighting the position should also be presented to the next meeting of the Finance, Performance and Resources Committee in January 2023.

**Action: The Director of Acute Services**

Following a question from J Kemp, Non-Executive Member, the Director of Acute Services advised the National Treatment Centre will have three dedicated orthopaedic theatres, two of which will replace the capacity currently within Victoria Hospital. The third theatre was identified for waiting times improvement for regional usage. As a consequence of the pandemic, patients requiring orthopaedic surgery are waiting longer, therefore Scottish Government have adjusted the allocation, resulting in NHS Fife no longer holding a significant share of the third theatre. As a result, the initial opening of the Centre will likely not see the improvement in local waiting times as originally expected. Discussions with Scottish Government are underway to ensure Fife's waiting lists do not increase due to the loss of the Fife capacity share of the third theatre.

The Chief Executive confirmed that a methodology is currently being developed around elective capacity and associated costs of treating non-Fife residents using the Centre. The Deputy Director of Finance further clarified that Scottish Government will fund fixed costs, staffing costs and fixed property costs directly to Boards with a National Treatment Centre; however, direct patient costs will be paid for by the referring Board.

The Chair queried if several of the Patient TTG targets may be further challenged given the current trajectory and what the consequences of this would be. The Chief Executive noted the balance of risk between money, performance and the aspiration of the long waiting times targets is a challenge that has been noted to Scottish Government. The Chief Executive provided assurance to the Committee, advising that teams are doing everything they can with the resources available. However, the situation is very challenging.

The Director of Finance & Strategy noted that the plan submitted to Scottish Government, detailing the required investment to deliver planned elective care was £12.3m, however, a reduced amount of £8.6m has been confirmed. It has been estimated that a minimum of £9.6m is required to ensure waiting times do not increase any further, resulting in a cost pressure of £1m being identified within the mid-year review.

The Medical Director highlighted that the scheduled outpatient performance has a knock-on consequence for unscheduled care performance, due to elective patient procedures not being completed as quickly as required. This results in some patients presenting through unscheduled routes, subsequently causing an increased attendance to the Emergency Department at Victoria Hospital.

The Director of Health & Social Care reported that the number of bed days lost due to patients being in delay increased in August 2022. An overview was provided on the Delayed Discharges (Bed Days Lost) statistics, as detailed in the report. It was noted, the actions that are currently noted as being 'off track' in the report are 'Reduce the number of patients delays in hospital awaiting the appointment of a Welfare guardian' and 'Electronic Referrals'. It was noted that both actions are deliverable, however the timeframe has been affected due to capacity and additional recruitment to both areas. It was further noted that joint work across social work, acute services, community services and the partnership is underway, with a Grand Round event taking place this week to bring all stakeholders together to discuss the collective actions required and share key messages, especially coming into winter.

The Committee took **assurance** from the current position and the actions in place to mitigate areas of challenging performance.

## 5.2 Financial Improvement and Sustainability Programme Progress Report

The Deputy Director of Finance reported on the cost improvement position, advising that the indicative risk to the total target of £11.7m is £2.2m, as highlighted in the report. Work continues to identify and accelerate other schemes through the pipeline to ensure the £11.7m will be delivered by 31 March 2023. It was highlighted that the predominant risk identified with the £2.2m is based on the targets set by NHS Fife in April/May 2022 to reduce supplementary staffing. The Deputy Director of Finance noted the work on taking forward international recruitment and the new Band 4 posts should start to show a positive impact on staffing as the year progresses.

The Committee took **assurance** from the Financial Improvement and Sustainability Programme Progress Report.

### 5.3 Financial Position – Mid-Year Review 2022/23

The Director of Finance & Strategy reported on the mid-year review, advising that at the end of August 2022 NHS Fife were £14.7m overspent, noting some the key drivers are unrelenting capacity pressures in both Acute and HSCP, staffing pressures and an increase in non-pay costs as a result of inflation. It was noted a two-phase action plan has been outlined in the report, highlighting that phase one consists of delivering £5.6m of mitigating actions, which requires agreement on a system response to acute surge activity and Covid costs. Phase two consists of delivering a further £5.9 of mitigating actions.

The Director of Finance & Strategy further noted a letter received from the Director of Health Finance and Governance, Scottish Government, which details plans to return to medium-term financial planning during 2022/23. This will include facilitating Boards to operate within 1% of the Revenue Resource Limit provided the financial position is supported by a credible medium term financial plan.

Following a question from J Kemp, Non-Executive Member, the Director of Finance & Strategy advised that brokerage will be required for 2022/23 and work is underway to review the repayment profile and impact across three-year and five-year terms.

The Committee discussed the update and took **assurance** from the Financial Position mid-year review report.

### 5.4 Annual Delivery Plan 2022/23 Progress & Winter Plan Actions

The Director of Finance & Strategy spoke to the report, noting that work is ongoing to refocus the presentation of the paper to create a dashboard for the next meeting.

Following a question from M Mahmood, Non-Executive Member, on waiting times for patients, the Director of Acute Services advised that patients on waiting lists are written to on a regular basis. If a patient feels their condition has deteriorated, then the patient is able to make contact with the waiting times office, where their case would then be escalated to the particular speciality. The patient's case would then be reviewed by the medical team and prioritised if appropriate.

The Committee took **assurance** from the Annual Delivery Plan report.

### 5.5 Fife Capital Investment Group Report 2022/23

The Deputy Director of Finance spoke to the report and provided an overview on recent successful bids for additional capital.

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

### 5.6 Proposal to Increase Procurement Tender Thresholds

The Head of Financial Services & Procurement spoke to the paper, highlighting that the paper proposes that NHS Fife increases its tendering threshold in both the Financial Operating Procedures and the Standing Financial Instructions, to £50,000 in line with other Boards and the Procurement Reform (Scotland) Act 2014. This will be for both the

procurement of equipment and other goods and services, thus removing the current distinction in commodity type.

The Committee **endorsed** the amendment to the current Tender Threshold limit, prior to submission to the Audit & Risk Committee and thence the Board for Approval.

## 5.7 Procurement Key Performance Indicators

The Head of Financial Services & Procurement spoke to the paper highlighting there are currently 12 key performance indicators (KPIs) proposed. It is intended that the service will add and refine additional KPIs as required.

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

## 6. GOVERNANCE MATTERS

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

The Director of Finance & Strategy presented the corporate risk paper, noting that as this is the first time the presentation has come to the Committee and that it is expected the paper will iterate and further improve as the new process embeds. It was noted that three of the strategic risks have been reassigned from the Clinical Governance Committee to the Finance, Performance & Resources Committee as they relate to operational performance.

J. Kemp, Non-Executive Member, suggested the Committee should reflect on the risk to the longer-term financial position. The Director of Finance & Strategy suggested the Committee may wish to consider a deep-dive review on the 'strategy to deliver recurring financial balance over the medium term' at the January 2023 committee meeting. The Committee supported this suggestion, meeting to highlight and resolve any anticipated risks.

**Action: The Director of Finance & Strategy / Interim PA**

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

### 6.2 Review of General Policies & Procedures

The Head of Corporate Governance & Board Secretary provided background detail and advised that the paper presents the ongoing work by the Board Committee Support Officer, to review and update General Policies and Procedures and enhance the administrative process around this.

The Board Committee Support Officer spoke to the paper, noting the creation of a new workplan, guidelines and forms, which are now all available on NHS Fife's Stafflink for members, as summarised in Appendix 1 of the paper.

The Director of Property & Asset Management emphasised the benefits of the work completed thus far, advising that the forms are very user-friendly and have made the process for updating policies much more straightforward. The Board Committee Support Officer was commended for her considerable work in this area.

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



## 7. STRATEGY / PLANNING

### 7.1 Strategic Planning & Resource Allocation Process (SPRA) 2023/24

The Deputy Director of Finance presented the paper, noting that this is the third year of the SPRA process and that it has been adapted to reflect comments made by stakeholders in the previous years.

Following a question from A Lawrie, Area Clinical Forum Representative, regarding priorities from different Directorates, the Deputy Director of Finance advised that a second workshop will be held with each directorate to refine their submissions and key priorities after the new year.

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

## 8. ANNUAL REPORTS

### 8.1 Annual Procurement Report 2021/22

The Head of Financial Services & Procurement spoke to the paper, highlighting the Procurement Governance Board endorsed the paper prior to presenting at the Finance, Performance & Resources Committee.

The Committee **endorsed** the Annual Procurement Report prior to submission to the Board for review and approval.

## 9. FOR ASSURANCE

### 9.1 Delivery of Annual Workplan

The Director of Finance & Strategy noted that the 'Corporate Risks Report' and 'Annual Delivery Plan Report' should be reflected in the annual workplan and be presented at each meeting.

**Action: The Director of Finance & Strategy / Interim PA**

The Committee **approved** the tracked workplan, pending the changes noted above.

## 10. LINKED COMMITTEE / GROUP MINUTES

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

10.1 Fife Capital Investment Group held on 14 September 2022 (unconfirmed)

10.2 Procurement Governance Board held on 29 September 2022 (unconfirmed)

10.3 IJB Finance, Performance & Scrutiny Committee held on 16 September 2022 (unconfirmed)

10.4 Primary Medical Services Committee held on 6 September 2022 (unconfirmed)

## **11. ESCALATION OF ISSUES TO NHS FIFE BOARD**

### **11.1 To the Board in the IPQR Summary**

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

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

There were no issues to escalate to the Board.

## **12. ANY OTHER BUSINESS**

There was no other business.

## **13. DATE OF NEXT MEETING**

The next meeting will be held on Tuesday 17 January 2023 at 9.30am via MS Teams.

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

**FINANCE, PERFORMANCE & RESOURCES COMMITTEE – ACTION LIST**  
**Meeting Date:** Tuesday 17 January 2023



| NO. | DATE OF MEETING | AGENDA ITEM / TOPIC  | ACTION   | LEAD      | TIMESCALE            | COMMENTS / PROGRESS   | RAG         |
|-----|-----------------|--|--|-----------|----------------------|---|-------------|
| 1.  | 12/07/22        | <b>IPQR Review Update</b>  | To include further detail on complaints and the level of workforce vacancies within the next iteration of the IPQR.                                      | <b>SF</b> | 13/09/22<br>15/11/22 | 07/09/22 - Workforce vacancies are being worked on by the Workforce Directorate and will be included when data quality is confirmed. A discussion between the Associate Director of Planning & Performance and Director of Nursing will be arranged in relation to the inclusion of an additional complaints' metric in the IPQR or whether the complaints report will provide the Committee with sufficient assurance.<br><br>10/01/23 - Additional metrics for complaints are being developed with the Patient experience team and will be included when finalised.<br>Workforce directorate are still working on the workforce vacancy data but have not confirmed the accuracy of the vacancy data. | In progress |
| 2.  | 15/11/22        | <b>IPQR Update – SG Funding</b>  | Report presented to EDG confirming additional waiting list activities funding by Scottish Government to be presented at next FP&R Meeting.               | <b>CD</b> | 17/01/23             |   | In progress |
| 3.  | 15/11/22        | <b>Corporate Risks Aligned to Finance, Performance &amp; Resources Committee</b> | FP&R Committee to complete a deep-dive review on the 'Strategy to Deliver Recurring Financial Balance Over the Medium Term' at the January 2023 meeting. | <b>KD</b> | 17/01/23             | 24/11/22 – Closed. Agenda updated.  | Closed      |

| NO. | DATE OF MEETING | AGENDA ITEM / TOPIC                | ACTION   | LEAD      | TIMESCALE | COMMENTS / PROGRESS                                     | RAG    |
|-----|-----------------|------------------------------------|--|-----------|-----------|---|--------|
| 4.  | 15/11/22        | <b>Delivery of Annual Workplan</b> | 'Corporate Risk Report' and 'Annual Delivery Plan Report' to be presented at each FP&R meeting and reflected in the annual workplan. | <b>KD</b> | 17/01/23  | 24/11/22 – Closed. Delivery of Annual Workplan updated. | Closed |

|                               |   |
|-------------------------------|---|
| <b>Meeting:</b>               | <b>Finance, Performance and Resources Committee</b>               |
| <b>Meeting date:</b>          | <b>17 January 2023</b>  |
| <b>Title:</b>                 | <b>Update on Corporate Risks Aligned to the Committee</b>         |
| <b>Responsible Executive:</b> | <b>Margo McGurk, Director of Finance &amp; Strategy, NHS Fife</b> |
| <b>Report Author:</b>         | <b>Pauline Cumming, Risk Manager, NHS Fife</b>                    |

## 1 Purpose

**This report is presented for:**

- Assurance

**This report relates to:**

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

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

This paper is brought to the Committee as part of the second cycle of reporting to the governance committees on the corporate risks. The content reflects the current status of the risks aligned to this committee. The report will continue to be refined over time.

The Committee is invited to:

- Note the Corporate Risks as at 5 January 2023 set out at Appendix 1;
- Review the updates provided and consider the Assurance Principles set out at Appendix 2;
- Consider and be assured of the mitigating actions to improve the risk level; and
- Identify which risks are requested for a deep dive at the next Committee

## 2.2 Background

As part of the refresh of the Risk Management Framework, a Corporate Risk Register has been agreed which aligns to our 4 strategic priorities. The format presents the corporate risks in a manner designed to prompt focused scrutiny and detailed conversations around the level of assurance provided on the management of the risks, including the effectiveness of mitigations in terms of:

- relevance
- proportionality
- reliability
- sufficiency

This is particularly significant for risks which are deteriorating or not improving over time.

## 2.3 Assessment

### NHS Fife Strategic Risk Profile




The Profile is unchanged from the last report to the Committee in November 2022.

| Strategic Priority                                 | Total Risks | Current Strategic Risk Profile |          |          |          | Risk Movement | Risk Appetite |
|--|-------------|--------------------------------|----------|----------|----------|---------------|---------------|
| To improve health and wellbeing                    | 5           | 3                              | 2        | -        | -        | ◀▶            | High          |
| To improve the quality of health and care services | 5           | 5                              | -        | -        | -        | ◀▶            | Moderate      |
| To improve staff experience and wellbeing          | 2           | 2                              | -        | -        | -        | ◀▶            | Moderate      |
| To deliver value and sustainability                | 6           | 4                              | 2        | -        | -        | ◀▶            | Moderate      |
| <b>Total</b>                                       | <b>18</b>   | <b>14</b>                      | <b>4</b> | <b>0</b> | <b>0</b> |               |               |

**Summary Statement on Risk Profile**  
 Current assessment indicates delivery against 3 of the 4 strategic priorities facing a risk profile in excess of risk appetite.

Mitigations in place to support management of risk over time with some risks requiring daily assessment.

Risk Improvement Trajectory for high risks and Corporate Risk Register assessment in place.

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

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

### Proposed Changes:

### Risk Description

## Risk 8 - Cancer Waiting Times:

It is proposed that the description is expanded to include the 31 day standard due to current removal of waiting times adjustments for social isolation and robotic prostatectomy, which is now a Fife service.

Please note:



- the content of the risk register will continue to be reviewed and developed as appropriate between each committee cycle, with consideration at the Risks and Opportunities Group and recommendations to the Executive Directors' Group (EDG);
- it is acknowledged that the current risk profile may change following an appraisal of risks identified through the Strategic Planning & Resource Allocation (SPRA) process, and other routes as applicable.

To this end, EDG reviewed and agreed the register on 5 January 2023.

## Governance Committees and Aligned Corporate Risk Overview

The risks aligned to this Committee are as at November 2022.

**Table 1 Risks aligned to the Finance, Performance & Resources Committee**

| Strategic Priority   | Overview of Risk Level | Risk Movement | Corporate Risks  | Assessment Summary of Key Changes   |
|--|------------------------|---------------|--|---|
|  To improve the quality of health and care services | 3 - - -                | ◀▶            | <ul style="list-style-type: none"> <li>• 6 - Whole System Capacity</li> <li>• 7 - Access to outpatient, diagnostic and treatment services</li> <li>• 8 - Cancer Waiting Times</li> </ul>   | <ul style="list-style-type: none"> <li>• <b>Risk 8 - Cancer Waiting Times:</b><br/><br/>Proposed expansion of risk description to include the 31 day standard due to current removal of waiting times adjustments for social isolation and robotic prostatectomy, which is now a Fife service.</li> </ul> |
|  To deliver value and sustainability                | 2 1 - -                | ◀▶            | <ul style="list-style-type: none"> <li>• 13 - Delivery of a balanced in-year financial position</li> <li>• 14 - Delivery of recurring financial balance over the medium term</li> <li>• 15 - Prioritisation and Management of Capital Funding</li> </ul> | <ul style="list-style-type: none"> <li>• Updates to mitigations for risks 7,8 and 15</li> </ul>   |

## Deep Dive Review of Corporate Risks

A key objective of the new approach is to further develop the level of assurance that can be taken from the management of our corporate risks. To achieve this, deep dive reviews will continue to be commissioned for individual risks, via the following routes:

- Governance committees
- EDG
- Risks & Opportunities Group with recommendations into EDG

In determining the level of assurance that can be derived from the information provided on the corporate risks, members are asked to apply the Assurance Principles provided at Appendix 2; these are intended to support the process, and replace the questions formerly included in the BAF SBAR.

At the last meeting of the Committee on 15 November 2022, members requested a deep dive review of the following risk for this meeting.

| <b>Risk Title</b>  | <b>Aligned Committee</b>                 |
|--|--|
| Delivery of recurring financial balance over the medium-term | Finance, Performance & Resources (F,P&R) |

Future deep dives will be agreed by the Lead Officer in consultation with the Chair and Committee members.

#### **Corporate Risk Selected for “Deep Dive”**

Risk 14 - *Delivery of recurring financial balance over the medium term* - detail will be presented in private session.

#### **Next Steps**

The first cycle of reporting on the corporate risks to the Committee was generally well received, with comments indicating the information and presentation were improvements on the previous Board Assurance Framework approach.

Subsequent feedback and discussions with committee members and the Risks and Opportunities Group, have reinforced the need to build on this positive start, by strengthening the process to ensure it provides adequate assurance, particularly around evidence of the implementation, impact and timing of risk mitigations and actions, and demonstrates that the latter are having the desired effect.

To achieve the aims of providing assurance to the Committee and the Board, and subsequent Board approval of our risks, work is underway to further enhance the deep dive review component. This will require the inclusion of clear statements as to the proximity of the risk and the related risk appetite, as well as explicit evidence of assurances provided. One of the Board Non Executive Directors is supporting this work.

This along with feedback from all governance committees and the Risks and Opportunities Group, will continue to shape and strengthen our governance processes.



### **2.3.1 Quality / Patient Care**

Effective management of risks to quality and patient care will support delivery of our strategic priorities, to improve health and wellbeing and the quality of health and care services. Specific contained within the paper.

### **2.3.2 Workforce**

Effective management of workforce risks will support delivery of our strategic priorities, to improve staff health and wellbeing, and the quality of health and care services.

### **2.3.3 Financial**

Effective management of financial risks will support delivery of our strategic priorities including delivering value and sustainability. Specific focus within the paper.

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

Subject of the paper.

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

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

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

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

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

This paper reflects a range of communication and engagement, most recently with the Risks and Opportunities Group on 2 December 2022 and EDG on 5 January 2023.

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

- Margo McGurk, Director of Finance & Strategy, NHS Fife on 28 December 2022
- Claire Dobson, Director of Acute Services on 30 December 2022
- Neil McCormick, Director of Property & Asset Management on 30 December 2022
- EDG on 5 January 2023

## **2.4 Recommendation**

- Assurance

## **3 List of appendices**

The following appendices are included with this report:

- Appendix No. 1, Summary of Corporate Risks Aligned to the Finance, Performance & Resources Committee as at 5 January 2023

- Appendix No. 2, Assurance Principles



**Report Contact**



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

|  To improve the quality of health and care services |   |  |                |                               |   |                            |                                  |
|--|---|--|----------------|-------------------------------|---|----------------------------|----------------------------------|
|  | Risk  | Mitigation   | Risk Level     | Target Risk Level by Mar 2023 | Risk Level Trend  | Risk Owner                 | Primary Committee                |
| 6  | <b>Whole System Capacity</b><br><br>There is a risk that significant and sustained admission activity to acute services, combined with challenges in achieving timely discharge to downstream wards and/or provision of social care packages, that the management of Acute hospital capacity and flow will be severely compromised. | The combination of application of our OPEL process on a daily basis and the improvement work through our Integrated Unscheduled Integrated Care and Planned Care programmes provides the operational and strategic response to the challenges posed through this risk. | High<br><br>20 | Mod<br><br>9                  |  | Director of Acute Services | Finance, Performance & Resources |

|   |   |  |            |           |    |                            |                                  |
|---|---|--|------------|-----------|----|----------------------------|----------------------------------|
|   |   |    |            |           |    |                            |                                  |
| 7 | <p><b>Access to outpatient, diagnostic and treatment services</b></p> <p>There is a risk that due to demand exceeding capacity, compounded by COVID -19 related disruption and stepping down of some non-urgent services, NHS Fife will see a deterioration in achieving waiting time standards. This time delay could impact clinical outcomes for the population of Fife.</p> | <p>Recovery Plans developed outlining additional activity and resources required to reduce backlog and meet ongoing demand.</p> <p>Speciality level plans in place outlining local actions to mitigate the most significant areas of risk.</p> <p>The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time.</p>  | High<br>16 | Mod<br>12 | ◀▶ | Director of Acute Services | Finance, Performance & Resources |

|   |  |  |            |           |    |                            |                                  |
|---|--|--|------------|-----------|----|----------------------------|----------------------------------|
| 8 | <p><b>Cancer Waiting Times</b></p> <p>There is a risk that due to increasing patient referrals and complex cancer pathways, NHS Fife will see further deterioration of Cancer Waiting Times 62-day performance, and 31 day performance resulting in poor patient experience, impact on clinical outcomes and failure to achieve the Cancer Waiting Times Standards</p> | <p>Weekly meetings with Scottish Government (SG) and monthly monitoring of the Effective Cancer Management Framework continue.</p> <p>Daily tracking is now carried out as SG funding confirmed however capacity issues still impact on performance.</p> <p>A national Short Life Working Group (SLWG) set up to develop a 'Once for Scotland' approach to management of breaches of standard operating procedure, is expected to produce a first draft in December 2022. A draft has been produced for the Effective Breach Analysis (EBA) SOP but not yet circulated. To go through a few iterations at SG prior to it being circulated to Boards for implementation.</p> <p>The Single Point of Contact Hub was launched (SPOCH) on 1/9/22; a review to determine if there has been a reduction in DNAs will be carried out at end of January 2023. A review of the service is also being considered.</p> <p>Effective Cancer Management Framework Action plan agreed both locally and by Scottish Government and actions identified.</p> <p>The Cancer Framework and delivery plan is almost complete. Optimal Pathways and integrated care are included in the framework along with viewing CWT targets as a minimum standard.</p> <p>The governance arrangements supporting this</p> | High<br>15 | Mod<br>12 | ◀▶ | Director of Acute Services | Finance, Performance & Resources |
|---|--|--|------------|-----------|----|----------------------------|----------------------------------|

|   |  | work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time.  |            |                               |                  |                                |                                  |
|---|--|---|------------|-------------------------------|------------------|--------------------------------|----------------------------------|
|  <b>To deliver value and sustainability</b> |  |   |            |                               |                  |                                |                                  |
|   | Risk   | Mitigation  | Risk Level | Target Risk Level by Mar 2023 | Risk Level Trend | Risk Owner                     | Primary Committee                |
| 13  | <b>Delivery of a balanced in-year financial position.</b><br><br>There is a risk that the Board may not achieve its statutory financial targets in 2022/23 due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally. | Financial Improvement and Sustainability Programme (FIS) board established to provide oversight to the delivery of Cost Improvements Plans and approve pipeline schemes to be taken to implementation.  | High<br>16 | Mod<br>12                     | ◀▶               | Director of Finance & Strategy | Finance, Performance & Resources |
| 14  | <b>Delivery of recurring financial balance over the medium-term</b><br><br>There is a risk that NHS Fife will not deliver the financial improvement and sustainability programme actions required to   | Strategic Planning and Resource Allocation process will continue to operate and support financial planning<br>The FIS Programme will focus on medium-term productive opportunities and cash releasing savings<br>The Board will maintain its focus on reaching the full National Resource Allocation (NRAC) | High<br>16 | Mod<br>12                     | ◀▶               | Director of Finance & Strategy | Finance, Performance & Resources |

|           |  |  |           |          |    |   |                                  |
|-----------|--|--|-----------|----------|----|---|----------------------------------|
|           | ensure sustainable financial balance over the medium-term.   | allocation over the medium- term.  |           |          |    |   |                                  |
| <b>15</b> | <p><b>Prioritisation &amp; Management of Capital funding</b></p> <p>There is a risk that lack of prioritisation and control around the utilisation of limited capital and staffing resources will affect our ability to deliver the PAMS and to support the developing Population Health and Wellbeing Strategy.</p> | <p>Infrastructure developments prioritised and funded through the NHS Board capital plan.</p> <p>Regular Property and Asset Management Strategy (PAMS) report submitted to FP&amp;R, NHS Board and Government.</p> | Mod<br>12 | Low<br>8 | ◀▶ | Director of Property & Asset Management | Finance, Performance & Resources |

### Risk Movement Key

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

## Assurance Principles, Developed by NHS Lanarkshire

### Risk Assurance Principles:

#### Board

- Ensuring efficient, effective and accountable governance

#### Standing Committees of the Board

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

#### Committee Agenda

- Agenda items should relate to risk (where relevant)

#### Seek Assurance on Effectiveness of Risk Mitigation

- Relevance
- Proportionality
- Reliable
- Sufficient

#### Chairs Assurance Report

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

#### Year End Report

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

### GENERAL QUESTIONS:

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

### SPECIFIC QUESTIONS WHEN ANALYSING A RISK DELEGATED TO THE COMMITTEE IN DETAIL:

|  |
|--|
| • History of the risk (when was risk opened); has it moved towards target at any point?  |
| • Is there a valid reason given for the current score?   |
| • Is the target score: <ul style="list-style-type: none"> <li>○ In line with the organisation's defined risk appetite?</li> <li>○ Realistic/achievable or does the risk require to be tolerated at a higher level?</li> <li>○ Sensible/worthwhile?</li> </ul>  |
| • Is there an appropriate split between: <ul style="list-style-type: none"> <li>○ Controls – processes already in place which take the score down from its initial/inherent position to where it is now?</li> <li>○ Actions – planned initiatives which should take it from its current to target?</li> <li>○ Assurances - which monitor the application of controls/actions?</li> </ul>   |
| • Assessing Controls <ul style="list-style-type: none"> <li>○ Are they 'Key' i.e. are they what actually reduces the risk to its current level (not an extensive list of processes which happen but don't actually have any substantive impact)?</li> <li>○ Overall, do the controls look as if they are applying the level of risk mitigation stated?</li> <li>○ Is their adequacy assessed by the risk owner? If so, is it reasonable based on the evidence provided?</li> </ul>   |
| • Assessing Actions – as controls but accepting that there is necessarily more uncertainty : <ul style="list-style-type: none"> <li>○ Are they are on track to be delivered?</li> <li>○ Are the actions achievable or does the necessary investment outweigh the benefit of reducing the risk?</li> <li>○ Are they likely to be sufficient to bring the risk down to the target score?</li> </ul>  |
| • Assess Assurances: <ul style="list-style-type: none"> <li>○ Do they actually relate to the listed controls and actions (surprisingly often they don't)?</li> <li>○ Do they provide relevant, reliable and sufficient evidence either individually or in composite?</li> <li>○ Do the assurance sources listed actually provide a conclusion on whether:                     <ul style="list-style-type: none"> <li>▪ the control is working</li> <li>▪ action is being implemented</li> <li>▪ the risk is being mitigated effectively overall (e.g. performance reports look at the overall objective which is separate from assurances over individual controls) and is on course to achieve the target level</li> </ul> </li> <li>○ What level of assurance can be given or can be concluded and how does this compare to the required level of defence (commensurate with the nature or scale of the risk):                     <ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> line – management / performance / data trends?</li> <li>▪ 2<sup>nd</sup> line – oversight / compliance / audits?</li> <li>▪ 3<sup>rd</sup> line – internal audit and/or external audit reports / external assessments?</li> </ul> </li> </ul> |

### LEVEL OF ASSURANCE

| Substantial Assurance                              | Adequate Assurance                    | Limited Assurance                                    |
|--|---------------------------------------|--|
| Controls are applied continuously with minor lapse | Controls are applied with some lapses | Significant breakdown in the application of controls |



|                               |   |
|-------------------------------|---|
| <b>Meeting:</b>               | <b>Finance, Performance &amp; Resources Committee</b>                         |
| <b>Meeting date:</b>          | <b>17 January 2022</b>  |
| <b>Title:</b>                 | <b>Ministerial Strategic Group Indicators</b>                                 |
| <b>Responsible Executive:</b> | <b>Nicky Connor, Director of Health and Social Care</b>                       |
| <b>Report Author:</b>         | <b>Fiona McKay, Head of Strategic Planning, Performance and Commissioning</b> |

## 1 Purpose

**This is presented to the Committee for:**

- Assurance

**This report relates to a:**

- Government policy/directive in respect of the Ministerial Strategic Group

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

This report is being provided to assure to the NHS Fife Finance and Performance and Resources Committee on the progress being made with the Ministerial Strategic Group Indicators (MSG). The Governance of this performance report is through the Integration Joint Board and is being shared with the committee to support and foster closer relationship and good information sharing between partners to reflect our Team Fife approach.

### 2.2 Background

The legislation for integration, the Public Bodies (Joint Working) (Scotland) Act 2014, sets out principles and outcomes that Integration Joint Board is required to oversee and report on in an annual performance report. Audit Scotland published a report on Integration in 2018 identifying that there needed to be an increase in the pace and scale of Integration to achieve

these outcomes. The Ministerial Strategic Group subsequently published a report in 2019 outlining the proposals to develop the features of good integration which includes:

- Collaborative leadership and building relationships
- Integrated finances and financial planning
- Effective strategic planning for improvement
- Governance and accountability arrangements
- Ability and willingness to share information
- Meaningful and sustained engagement

Health and Social Care Partnerships to complete a self-assessment on their view of their current position in terms of a number of performance indicators. Alongside this Partnerships were also asked to determine their current status, from not started to exemplary, this report was used to rate the progress on integrating services and systems across Scotland.

Over the last few years, a number of areas of the indicators have been progressed but due to Covid there are areas still to be progressed. In general, despite the pandemic, we have made good progress. The attached report gives an update on our progress as of December 2022. There has been significant progress around areas such as Participation and engagement and carers priorities.

Within the NHS Fife Internal Control Evaluation and Annual Report 2021/22 it was recommended that a report regarding the work being undertaken to foster closer working relationships with colleagues in local authorities and IJBs and progress towards the indicators from the Ministerial Strategic Group report is presented to a NHS Board Standing Committee.

## **2.3 Assessment**

The MSG indicators are reported to the Integration Joint Board Audit and Risk Committee to assure members of the progress and to determine areas for further development.

The indicators have progressed since the original assessment, with 16 areas established and 6 areas Partly established. The table below summarises the attached report also highlights areas of progress and any that have not completed have a date for completion in early 2023.

| <b>Success Indicator</b>                            | <b>Summary</b>  |
|---|---|
| Collaborative leadership and building relationships | In all 4 proposal areas we are now established and we are working towards exemplary. There is strong evidence of collaborative working with a “Team Fife” approach. This includes between statutory services and across the Third and Independent Sector. Fife is a large Health and Social Care Partnership . Examples include regular tripartite meetings in place, third and independent sector collaborations for care homes and care at home, very strong daily working to support operational challenges and strong engagement in the work that joins us together under the plan for Fife.  |
| Integrated finances and financial planning          | There are 4 indicators partially established and 2 indicators partially established. In agreement with the Chief Executives and Directors of NHS Fife, Fife Council the key area that has not been progressed is the delegated hospital budgets. There is further work to be scoped to understand any potential implications of the National Care Service to inform next steps. This position will be clearer by Summer 2023. The position in relation to delegated acute hospital budgets is not unique to Fife and remains a challenge across Scotland.   |
| Effective strategic planning for improvement        | 6 of the indicators in this section are now well established and working towards exemplary. An area only partially established and will be a priority to fully establish in 2023/24 is the use of Directions. The strategic commissioning of delegated hospital services is not yet established for the same reasons as described in relation to Integrated Finances. The position in relation to delegated acute hospital budgets is not unique to Fife and remains a challenge across Scotland. There has been excellent collaboration in relation to strategic planning in relation to the NHS Fife Public Health and Wellbeing Strategy and Integration Joint Board Strategic Plan. |
| Governance and accountability arrangements          | 4 of the indicators in this section are now well established and working towards exemplary. The use of directions remain partially established. Development of this was impacted on during the pandemic and will be a priority in 2023/24.  |
| Ability and willingness to share information        | These areas are established. We routinely review HSCP annual reports in other areas in Scotland. There are national forums for Chief Officers, heads of service and Professional leads to enable information sharing and to learn from good practice. There is also evidence through collaborative work such as discharge without delay and the Getting it Right for Everybody (GIRFE) pathfinder sites, the integration inspection (2022) and mutual support between HSCP will enable this to be strengthened further.   |

|                                     |   |
|-------------------------------------|---|
| Meaningful and sustained engagement | There is significant work ongoing to support participation and engagement. This includes the establishment of a participation and engagement team and working in our localities in Fife. Through a refreshed participation and engagement strategy and carers strategy there is considerable work ongoing to strengthen this further. |
|-------------------------------------|---|

### 2.3.1 Quality/ Patient Care

All of the work in relation to Integration centres around the legislation for integration, the Public Bodies (Joint Working) (Scotland) Act 2014 which sets out principles and outcomes focused on the people that access health and social care services, their families, carers and communities. Through fully delivering the Ministerial Strategic Indicators and focusing on the outcomes and principles of Integration we can enable Health and social care services to be integrated around the needs of individuals, their carers and other family members. Health and social care services will have strong and consistent clinical and care professional leadership and that services are underpinned by flexible, sustainable financial mechanisms that give priority to the needs of the people they serve, rather than the organisations through which they are delivered.

### 2.3.2 Workforce

Key to delivery of the outcomes of Integration is to acknowledge fully the key importance of staff working across the entirety of health and social care. People working in health and social care services are driving forward many improvements in the experience of care, every day and often in challenging and difficult circumstances. Without the insight, experience and dedication of the health and social care workforce we will simply not be able to deliver on our ambitions for integration. There is an effective Integrated Local Partnership Forum within the Health and Social Care Partnership which enables regular meetings with Joint trade Unions across Both health and social care services ensuring a strong focus on the workforce.

### 2.3.3 Financial

The aim for integration has been to create a system through Integration Joint Boards to enable health and social care in which the public pound is always used to best support the individual at the most appropriate point in the community care system, regardless of whether the support that is required is what we would traditionally have described as a “health” or “social care” service. The proposals for integrated finances and financial planning focus on the practicalities of ensuring the arrangements that have been legislated are used fully to achieve that aim, and to support Integration Joint Boards Medium term financial plans.

### 2.3.4 Risk Assessment/Management

There are several areas of risk around the delivery of the Ministerial Strategic Group Indicators including the uncertainty in relation to the implications of the national care services, financial risk, the ongoing impact of the recovery from the pandemic and impact on services. These risks are included in or being scoped to add to the Integration Joint Board Strategic risk register. A key mitigating factor for these risks is the strong partnership working in Fife and the commitment to the Team Fife approach.

### 2.3.5 Equality and Diversity, including health inequalities

The quality impact assessment is included within both transformation plans and strategic plans that are associated with the delivery of these indicators. Examples include the Health and Social Care Strategic Plan, the Participation and Engagement Strategy, The carers strategy etc.

### 2.3.6 Other impact

None

### 2.3.7 Communication, involvement, engagement and consultation

Many of the MSG indicators have direct correlation to and requirement to engage, consult and communicate with a wide range of stakeholders. This includes patients, carers, families, workforce and communities. This relates to both strategic development work and also locality development work. The movement attached appendix evidences how the voice of people shapes the development of these indicators from partially established, to established to exemplary.

### 2.3.8 Route to the Meeting

- The governance of this report is through the Committees of the Integration Joint Board in January 2023.
- The Health and Social Care Senior Leadership Team January 2023
- The Executive Directors Group 2023

## 2.4 Recommendation

The committee is asked to **take assurance** on that progress is being made on the implementation of the Ministerial Strategic Group Recommendations. This includes joint working across agencies in Fife and the commitment to continuous quality improvement. Progress will be reported in the Health and Social Care Partnership Annual report to be approved by the Integration Joint Board in November 2023.

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1: Progress report - MSG Indicators

## **Report Contact**

Fiona Mckay  
Head of Strategic Planning, Performance and Commissioning  
Fife Health and Social Care Partnership

Summary Report –December 2022

| FEATURE SUPPORTING INTEGRATION | INITIAL STATUS 2020 | STATUS PROGRESS AS OF DECEMBER 2022 |                    |             |           | DEFINITION | TARGET STATUS |
|--------------------------------|---------------------|-------------------------------------|--------------------|-------------|-----------|------------|---------------|
|                                |                     | Not yet established                 | Partly established | Established | Exemplary |            |               |

**Key Feature 1 - Collaborative Leadership and Building Relationships**

*Shared and collaborative leadership must underpin and drive forward integration*

|     |   |                    |  |  |   |  |   |   |
|-----|---|--------------------|--|--|---|--|---|---|
| 1.1 | Leadership in place has had the ability to drive change with collaboration evident in a number of key areas. Some shared learning and collaborative practice in place | Established        |  |  | √ |  | <b>Established</b> – Leadership in place has had the ability to drive change with collaboration evident in a number of key areas. Some shared learning and collaborative practice in place.     | <b>Exemplary</b> – Clear collaborative leadership is in place, supported by a range of services including HR, finance, legal advice, improvement, and strategic commissioning. All opportunities for shared learning across partners in and across local systems are fully taken up resulting in a clear culture of collaborative practice.             |
| 1.2 | Relationships and collaborative working between partners must improve   | Partly established |  |  | √ |  | <b>Established</b> – Statutory partners and other partners have a clear understanding of each other’s working practices and business pressures – and are working more collaboratively together. | <b>Exemplary</b> – Partners have a clear understanding of each other’s working practices and business pressures and can identify and manage differences and tensions. Partners work collaboratively towards achieving shared outcomes. There is a positive and trusting relationship between statutory partners clearly manifested in all that they do. |
|     | • Development sessions have been organised for the IJB on specific topics which showcase new initiatives and ways of working or deep dive into areas of interest      |                    |  |  | √ |  | <b>Established</b> – Statutory partners and other partners have a clear understanding of each other’s working practices and business pressures – and are working more collaboratively together. | <b>Exemplary</b> Meaningful engagement is an ongoing process, not just undertaken when service change is proposed. Local communities have the opportunity to contribute meaningfully to locality plans and are engaged in the process of determining local priorities.  |
| 1.3 | Relationships and partnership working with the third and independent sectors must improve   | Partly established |  |  | √ |  | <b>Established</b> – Third and independent sectors routinely engaged in a range of activity and recognised as key partners.   | <b>Exemplary</b> – Third and independent sectors fully involved as partners in all strategic planning and commissioning activity focussed on achieving best outcomes for people. Their contribution is actively sought and is highly valued by the IJB. They are well represented on a range of groups and involved in all activities of the IJB.       |

**Key Feature 2 – Integrated Finances and Financial Planning**

Money must be used to maximum benefit across health and social care. To create a system of health and social care in Scotland in which the public pound is always used to best support the individual at the most appropriate point in the system, regardless of whether the support that is required is what we would traditionally have described as a “health” or “social care” service. Focussing on the practicalities of ensuring the arrangements for which we have legislated are used fully to achieve that aim, and to support the Scottish Government’s Medium-Term Framework for Health and Social Care

|     |   |                     |  |   |   |  |  |   |
|-----|---|---------------------|--|---|---|--|--|---|
| 2.1 | Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration | Partly established  |  | √ |   |  | <b>Partly established</b> – Working towards providing consolidated advice on the financial position of statutory partners’ shared interests under integration.   | <b>Established</b> – Consolidated advice on the financial position on shared interests under integration is provided to the NHS/LA Chief Executive and IJB Chief Officer from corresponding financial officers when considering the service impact of decisions.  |
| 2.2 | Delegated budgets for IJBs must be agreed timeously   | Partly established  |  | √ |   |  | <b>Partly established</b> – Medium term financial planning is in place and working towards delegated budgets being agreed by the Health Board, Local Authority and IJB by end of March each year.  | <b>Established</b> – Medium term financial and scenario planning in place and all delegated budgets are agreed by the Health Board, Local Authority and IJB by end of March each year.  |
| 2.3 | Delegated hospital budgets and set aside budget requirements must be fully implemented  | Not yet established |  | √ |   |  | <b>Partly Established</b> – Working towards developing plans to allow all partners to fully implement delegated hospital budget and set aside budget requirements, in line with legislation and statutory guidance, to enable budget planning for 2019/20.   | <b>Established</b> Set aside arrangements are in place with all partners implementing the delegated hospital budget and set aside budget requirements. The six steps for establishing hospital budgets, as set out in statutory guidance, are fully implemented.  |
| 2.5 | Statutory partners must ensure appropriate support is provided to IJB S95 Officers  | Established         |  |   | √ |  | <b>Established</b> – IJB S95 Officer provides high quality advice to the IJB, fully supported by staff and resources from the Health Board and Local Authority and conflicts of interest are avoided. Strategic and operational finance functions are undertaken by the IJB S95 Officer. A regular year-in-year reporting and forecasting process is in place. | <b>Exemplary</b> – IJB S95 Officer provides excellent advice to the IJB and Chief Officer. This is fully supported by staff and resources from the Health Board and Local Authority who report directly to the IJB S95 Officer on financial matters. All strategic and operational finance functions are integrated under the IJB S95 Officer. All conflicts of interest are avoided. |



## Ministerial Strategic Group – Delivery Plan 2022

|  |                           |  |  |          |  |  |  |
|--|---------------------------|--|--|----------|--|--|--|
| <p>2.6 IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations</p> <ul style="list-style-type: none"> <li>Risk Share Agreement</li> </ul><br><ul style="list-style-type: none"> <li>Develop a proposition to consider whole system planning – beyond the delegated responsibilities of the IJB – to ensure effective investment in prevention and early intervention and the development of sustainable community service to achieve health and wellbeing outcomes for the people of Fife. Engage with community planning partnership to that end</li> </ul> | <p>Partly established</p> |  |  | <p>√</p> |  | <p><b>Established</b> – Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority.</p><br><p><b>Partly established</b> – Total delegated resources have been brought together in an aligned budget but are routinely treated and used as separate health and social care budgets. The totality of the budget is not recognised nor effectively deployed.</p> | <p><b>Exemplary</b> – Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority. The IJB’s strategic commissioning plan and directions reflect its commitment to ensuring that the original identity of funds loses is identified to best meet the needs of its population. Whole system planning takes account of opportunities to invest in sustainability community services.</p><br><p><b>Established</b> – Total delegated resources are effectively deployed as a single budget and their use is reflected in directions from the IJB to the Health Board and Local Authority.</p> |
|--|---------------------------|--|--|----------|--|--|--|

### Key Feature 3 – Effective Strategic Planning for Improvement

Maximising the benefit of health and social care services, and improving people’s experience of care, depends on good planning across all the services that people access, in communities and hospitals, effective scrutiny, and appropriate support for both activities

|  |                           |  |  |          |  |   |   |
|--|---------------------------|--|--|----------|--|---|---|
| <p>3.1 Effective strategic planning for improvement</p>                                    | <p>Partly established</p> |  |  | <p>√</p> |  | <p><b>Established</b> – The Chief Officer is recognised as pivotal in providing leadership and is recruited, valued and accorded due status by statutory partners. Health Board and Local Authority partners provide necessary resources to support the Chief Officer and their senior team fulfil the range of responsibilities.</p>           | <p><b>Exemplary</b> – The Chief Officer is entirely empowered to act and is recognised as pivotal in providing leadership at a senior level. The Chief Officer is a highly valued leader and accorded due status by statutory partners, the IJB, and all other key partners. There is a clear and shared understanding of the capacity and capability of the Chief Officer and their senior team, which is well resourced and high functioning.</p>   |
| <p>3.4 Improved strategic planning and commissioning arrangements must be put in place</p> | <p>Established</p>        |  |  | <p>√</p> |  | <p><b>Established</b> – Integration Authority has undertaken an analysis and evaluated the effectiveness of strategic planning and commissioning arrangements. The Local Authority and Health Board provide good support for strategic planning and commissioning, including staffing and resources which are managed by the Chief Officer.</p> | <p><b>Exemplary</b> – Integration Authority regularly critically analyses and evaluates the effectiveness of strategic planning and commissioning arrangements. There are high quality, fully costed strategic plans in place for the full range of delegated services, which are being implemented. As a consequence, sustainable and high quality services and supports are in place that better meet local needs. The Local Authority and Health Board provide full support for strategic planning and commissioning, including staffing and resources for the partnership, and recognise this as a key responsibility of the IJB.</p> |

## Ministerial Strategic Group – Delivery Plan 2022

|   |                     |  |   |  |  |  |
|---|---------------------|--|---|--|--|--|
| 3.5 Improved capacity for strategic commissioning of delegated hospital services must be in place | Not yet established |  | √ |  | Partly established – Work is ongoing to ensure delegated hospital budgets and set aside arrangements are in place according to the requirements of the statutory guidance. | Established - Delegated hospital budget and set aside arrangements are fully in place and form part of routine strategic commissioning and financial planning arrangements. Plans are developed from existing capacity and service plans, with a focus on planning delegated hospital capacity requirements with close working with acute sector and other partnership areas using the same hospitals. |
|---|---------------------|--|---|--|--|--|

### Key Feature 4 – Governance and Accountability Arrangements

Governance and accountability must be clear and commonly understood for integrated services

|   |                    |  |   |  |   |   |
|---|--------------------|--|---|--|---|---|
| 4.1 The understanding of accountabilities and responsibilities between statutory partners must improve                            | Partly established |  | √ |  | Established – Clear understanding of accountability and responsibility arrangements across statutory partners. Decisions about the planning and strategic commissioning of delegated health and social care functions sit with the IJB. | Exemplary – Clear understanding of accountability and responsibility arrangements and arrangements are in place to ensure these are reflected in local structures. Decisions about the planning and strategic commissioning of delegated functions sit wholly with the IJB and it is making positive and sustainable decisions about changing the shape of care in its localities. The IJB takes full responsibility for all delegated functions and statutory partners are clear about their own accountabilities. |
| 4.2 Accountability processes across statutory partners will be streamlined  | Partly established |  | √ |  | Established – Accountability processes are scoped for better alignment, with a focus on fully supporting integration and transparent public reporting.  | Exemplary – Fully transparent and aligned public reporting is in place across the IJB, Health Board and Local Authority.  |
| 4.3 IJB Chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis | Established        |  | √ |  | Established – The IJB Chair is well supported, and has an open and inclusive approach to decision making, in line with statutory requirements and is seeking to maximise input of key partners.   | Exemplary – The IJB Chair and all members are fully supported in their roles, and have an open and inclusive approach to decision making, going beyond statutory requirements. There are regular development sessions for the IJB on variety of topics and a good quality induction programme is in place for new members. The IJB has a clear understanding of its authority, decision making powers and responsibilities.   |
| 4.4 Clear directions must be provided by IJB to Health Boards and Local Authorities   | Partly established |  | √ |  | Partly established – Work is ongoing to improve the direction issuing process and some are issued at the time of budget making but these are high level, do not direct change and lack details.   | Established – Directions are issued at the end of a decision-making process involving statutory partners. Clear directions are issued for all decisions made by the IJB, are focused on change, and take full account of financial implications.  |

## Ministerial Strategic Group – Delivery Plan 2022

|   |                    |  |  |   |  |   |   |
|---|--------------------|--|--|---|--|---|---|
| 4.5 Effective, coherent, and joined up clinical and care governance arrangements must be in place | Partly established |  |  | √ |  | <b>Established</b> – The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. There are fully integrated arrangements in place for clinical and care governance. | <b>Exemplary</b> – The key role clinical and professional leadership plays in supporting safe and appropriate decision making is fully understood. Arrangements for clinical and care governance are well established and providing excellent support to the IJB. Strategic commissioning is well connected to clinical and care governance and there is a robust process for sharing information about, for example, inspection reports findings and adverse events information, and continuous learning is built into the system. |
|---|--------------------|--|--|---|--|---|---|

### Key Feature 5 – Ability & Willingness to share information

*Understanding where progress and problems are arising is key to implementing learning and delivering better care in different settings*

|   |                    |  |  |   |  |   |  |
|---|--------------------|--|--|---|--|---|--|
| 5.1 Annual reports will be benchmarked by Chief Officer to allow them to better understand local performance data | Established        |  |  | √ |  | <b>Established</b> – Integration Authority annual reports are well developed to reflect progress and challenges in local systems, and ensure all statutory required information is reported on, by July 2019. Some benchmarking is underway and assisting consistency and presentation of annual reports.         | <b>Exemplary</b> – Integration Authority annual reports are well developed to reflect progress and challenges in local systems, to ensure public accessibility, and to support public understanding of integration and demonstrate its impact. The annual report well exceeds statutory required information is reported on. Reports are consistently well presented and provide information in an informative, accessible and readable format for the public.   |
| 5.2 Identifying and implementing good practice will be systematically undertaken by all partnerships              | Partly established |  |  | √ |  | <b>Established</b> – The Integration Authority annual report is presented in a way that readily enables other partnerships to identify, share and use examples of good practice and lessons learned from things that have not worked. Inspection findings are routinely used to identify and share good practice. | <b>Exemplary</b> Annual reports are used by the Integration Authority to identify and implement good practice and lessons are learned from things that have not worked. The IJB's annual report is well developed to ensure other partnerships can easily identify and good practice. Inspection findings and reports from strategic inspections and service inspections are always used to identify and share good practice. All opportunities are taken to collaborate and learn from others on a systematic basis and good practice is routinely adapted and implemented. |

### Key Feature 6 – Meaningful & Sustainable Engagement

*Integration is all about people: improving the experience of care for people using services, and the experience of people who provide care. Meaningful and sustained engagement has a central role to play in ensuring that the planning and delivery of services is centred on people*

## Ministerial Strategic Group – Delivery Plan 2022

|   |                           |  |  |          |  |   |   |
|---|---------------------------|--|--|----------|--|---|---|
| <p>6.1 Effective approaches for community engagement and participation must be put in place for integration and Action</p>                | <p>Partly established</p> |  |  |          |  | <p><b>Established</b> – Engagement is always carried out when a service change, redesign or development is proposed.</p>  | <p><b>Exemplary</b><br/>Meaningful engagement is an ongoing process, not just undertaken when service change is proposed. Local communities have the opportunity to contribute meaningfully to locality plans and are engaged in the process of determining local priorities.</p>   |
| <p>6.2 Improved understanding of effective working relationships with carers, people using services and local communities is required</p> | <p>Partly established</p> |  |  | <p>v</p> |  | <p><b>Established</b> – Meaningful and sustained engagement with service users, carers and communities is in place. There is a good focus on improving and learning from best practice to maximise engagement and build effective working relationships</p> | <p><b>Exemplary</b><br/>Meaningful and sustained engagement with service users, carers and communities is in place. This is given high priority by the IJB. There is a relentless focus on improving and implementing best practice to maximise engagement. There are well established and recognised effective working relationships that ensure excellent working relationships</p>   |
| <p>6.3 We will support carers and representatives of people using services better to enable their full involvement in integration</p>     | <p>Established</p>        |  |  | <p>v</p> |  | <p><b>Established</b> – Carers and representatives on the IJB are supported by the partnership, enabling engagement. Information is shared to allow engagement with other carers and service users in responding to issues raised.</p>                      | <p><b>Exemplary</b> – Carers and representatives of people using service on the IJB, strategic planning group and locality groups are fully supported by the partnership, enabling full participation in IJB and other meetings and activities. Information and papers are shared well in advance to allow engagement with other carers and service users in responding to issues raised. Carers and representatives of people using services input and involvement is fully optimised.</p> |

**Key Feature 1 – Collaborative Leadership and Building Relationships**

1.1- Leadership in place has had the ability to drive change with collaboration evident in a number of key areas. Some shared learning and collaborative practice in place

**ACTION/STRATEGIC** Continue to support the development of the IJB and its Committees

| Next Steps for the Partnership   | Strategic Lead(s)  | Delivery Lead(s) | Current Status | Target Status | Action Plan  | 2022<br>Q1<br>Jan - Mar | Q2<br>Apr-June    | Q3<br>Jul - Sept  | Q4<br>Oct- Dec    | Timescale |
|--|--|------------------|----------------|---------------|--|-------------------------|-------------------|-------------------|-------------------|-----------|
| <p>Further develop collaborative working practices with 3<sup>rd</sup> and independent sectors in Fife. Promote a culture of high engagement, trust and involvement of all parties.<br/>Explore options to clarify roles and responsibilities across the partnership with a view to improving collaborative working practices between partners.</p> <p>Develop shared learning practices across Fife to support how our partners deliver health and social care integration better.</p> <p>Bespoke training with Governance Committees to improve and support understanding of associated responsibilities.</p> <p>Building on the session with the audit and risk committee sessions to take place between Clinical &amp; care and F &amp; P Committee.</p> | <p>Chair of IJB<br/>Vice Chair of IJB<br/>Director of Health and Social Care</p> |                  | ESTABLISHED    | ESTABLISHED   | <p>A voluntary sector review is underway with excellent engagement with voluntary organisations, a board has been established with input from Fife Voluntary Action to ensure openness and accountability. The review has developed a significant programme of support voluntary sector and link with our localities.</p> <p>Working with Scottish Care a collaborative has been established with care at home providers to ensure closer working relationships linked directly with people currently in interim care home beds to ensure they return home as quickly as possible. The learning from this will be shared across other partnerships. The work of the care at home collaborative has been highlighting across other Partnerships across Scotland and supported by Scottish care and Government</p> <p>The Partnership continues to develop a governance training across the IJB committees. Further work will be delivered after council elections when it is anticipated new IJB members will be identified. This has now commenced with several sessions in place.</p> <p>The committee structure has been re-aligned and new committees in place aligned to integration scheme.</p> | <p>✓</p> <p>✓</p>       | <p>✓</p> <p>✓</p> | <p>✓</p> <p>✓</p> | <p>✓</p> <p>✓</p> |           |
| <p>In understanding local need, prioritising issues, exploring potential options for change, specifying service models and delivering different ways.</p>  | <p>Chair of IJB<br/>Vice Chair of IJB<br/>Director of Health and Social Care</p> |                  | ESTABLISHED    | ESTABLISHED   | <p>Remobilisation plans will continue to consider the government’s plan of remobilise, recover and redesign This work will link into the Transformation programme. A transformation Board is now in place which will develop and explore the programme for change and the delivery of differing models of care identified in the strategic direction of</p>  |                         | <p>✓</p>          |                   | <p>✓</p>          |           |

**Ministerial Strategic Group – Delivery Plan 2022**

|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  | <p>the partnership including the strategic plan and the associated strategic plans within it.<br/>The review of the strategic plan and the strategic needs assessment has identified clear priorities which will be considered as part of the strategic plan and associated strategies these will be reported via different committee's.</p> |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|

**Key Feature 1 – Collaborative Leadership and Building Relationships**

**1.1- Leadership in place has had the ability to drive change with collaboration evident in a number of key areas. Some shared learning and collaborative practice in place**

**ACTION/STRATEGIC** Explore bringing key players from across system together to explore how to progress specific themes

| Next Steps for the Partnership  | Strategic Lead(s)   | Delivery Lead(s) | Current Status | Target Status | Action Plan   | Q1<br>Jan- Mar | Q2<br>Apr- Jun | Q3<br>July -<br>Sep | Q4<br>Oct - Dec | Timescale |
|---|---|------------------|----------------|---------------|---|----------------|----------------|---------------------|-----------------|-----------|
| <p>The Director of H &amp; SC will be a key member of the refreshed Transformation Board in partnership with NHS Fife, Fife Council and other key stakeholders.</p> <p>The Associate Medical Director is leading Primary Care Implementation with key stakeholders. Continue to develop locality work, ensuring the leaders, partners and members of the public within the 7 locality areas, meet the needs of locally defined communities, reporting to Local Area Committees.</p> <p>Regular meetings to be held between chair and Vice-chair of IJB, Governance Committee Chairs and Director of H&amp;SC</p> <p>Joint sessions to be held between H&amp;SC and NHS Fife Committee Chairs on priority transformation topics.</p> | <p>Chair and Vice-Chair of IJB Chairs of Governance Committees and Director of H &amp; SC</p> |                  | ESTABLISHED    | ESTABLISHED   | <p>The Partnership has created a Transformation Board with the Chief Finance Officer as the lead – a programme and a PMO office has been established to take forward a significant transformation agenda.</p> <p>The Head of Primary Care and Preventative Services has taken forward the primary care implementation and will develop a prevention and early intervention strategy to support the work with GPs and the localities.</p> <p>There has been a change in the chair of the IJB as part of the terms of reference and work is underway to continue a programme of development sessions and encourage members of the IJB to be part of programme redesign.</p> <p>Some members of the IJB have been involved in a subgroup to develop the refreshed participation and engagement strategy.</p> | ✓              |                |                     | ✓               |           |
|   |   |                  |                |               |   | ✓              |                |                     | ✓               |           |
|   |   |                  |                |               |   | ✓              | ✓              |                     | ✓               |           |
|   |   |                  |                |               |   | ✓              | ✓              |                     | ✓               |           |

**Key Feature 1 – Collaborative Leadership and Building Relationships**

**1.2- Relationships and collaborative working between partners must improve**

**ACTION/STRATEGIC** Development sessions have been organised for the IJB on specific topics which showcase new initiatives and ways of working or deep dive into areas of interest

| Next Steps for the Partnership   | Strategic Lead(s)   | Delivery Lead(s) | Current Status | Target Status | Action Plan  | Q1 Jan- Mar | Q2 Apr - Jun | Q3 July- Sep | Q4 Oct - Jan | Timescale |
|--|---|------------------|----------------|---------------|--|-------------|--------------|--------------|--------------|-----------|
| <p>Development Sessions will continue.</p> <p>Future joint sessions to be arranged between H&amp;SC and NHS Fife Committees.</p> <p>Further individually tailored Development Sessions for the three Governance Committees will be arranged.</p> <p>Guidance will be developed around governance of IJB and its Committees.</p> <p>Work to be undertaken to pair newly appointed IJB members with an experienced member.</p> <p>Build on networking and shared learning from other IJB's and contribute to co-production of a framework for Community Health and Social Care Integrated Services.</p> <p>Continue to develop and build joint working with Acute services to support improved outcomes.</p> | <p>Chair and Vice-Chair of IJB and Director of H&amp;SC</p> |                  | ESTABLISHED    | ESTABLISHED   | <p>Development Sessions continue virtual every alternate month on topics of specific interest to IJB members. December</p> <p>Development Sessions have been held for the Audit &amp; Risk, Clinical &amp; Care Governance &amp; Finance and Performance Committees.</p> <p>There has also been a joint session with NHS Fife Clinical Governance Committee &amp; the Clinical &amp; Care Governance Committee. The Chief Officer will continue to support the redesign of committee structures within both IJB and NHS Fife</p> <p>New members of NHS Fife have been appointed and supported via the Chair – further work will be carried out in respect of potential new members after Council elections</p> <p>The Partnership continues to build on networking and are members of a number of shared learning groups.</p> <p>Meetings held with the Chief Operating Officer and team with Partnership senior staff on a regular basis, work to support joint performance reporting is underway</p> | ✓           |              |              |              |           |



**Key Feature 1 – Collaborative Leadership and Building Relationships**

**1.2- Relationships and collaborative working between partners must improve**

**ACTION/STRATEGIC** Seek learning from other systems around how they've cultivated a stronger sense of shared endeavour

| Next Steps for the Partnership  | Strategic Lead(s)   | Delivery Lead(s) | Current Status            | Target Status      | Action Plan  | Q1<br>Jan-Mar              | Q2<br>Apr- Jun | Q3<br>July- Sep | Q4<br>Oct - Dec   | Timescale                          |
|---|---|------------------|---------------------------|--------------------|--|----------------------------|----------------|-----------------|-------------------|------------------------------------|
| <p>Actively seek opportunities to visit other partnerships to share knowledge and experience to support our ongoing commitment to demonstrate the characteristics of ongoing care.</p> <p>Support the identification, adaptation and application of good practice by other partnerships as they plan, design, deliver and commission services.</p> <p>Fife are linking with Ayr and Highland as part of the local care programme for Scotland to support the development of pathfinder sites to share local learning.</p> <p>Actively take part in networking communities.</p> <p>Build on connections and link with IJB Strategic Commissioning and Improvement Network across Scotland.</p> | <p>Chair and Vice-Chair of IJB and Director of H &amp; SC</p> |                  | <p>PARTLY ESTABLISHED</p> | <p>ESTABLISHED</p> | <p>Due to covid this has not been developed although there has been significant learning and sharing of experience via Chief Officers groups.</p> <p>Future work around the introduction of the National Care Service will see the IJB consider good practice and links with other partners who are co-terminus to consider</p> <p>The health and social care partnership are a member of the NDTI Community Led Support programme and working with them we will redesign our pathways into services. The Participation and Engagement team and Locality Planning team link into national networks.</p> <p>The Head of Strategic Planning, Performance and Commissioning is a member of the Network and links in with other areas to highlight work that would benefit Fife.</p> | <p>✓</p> <p>✓</p> <p>✓</p> | <p>✓</p>       | <p>✓</p>        | <p>✓</p> <p>✓</p> | <p>March 2023</p> <p>July 2023</p> |

**Key Feature 1 – Collaborative Leadership and Building Relationships**

**1.3– Relationships and partnership working with the third and independent sectors must improve**

**ACTION/STRATEGIC Engage with the 3<sup>rd</sup> Sector and Independent Sector about how partnership working could be improved**

| Next Steps for the Partnership  | Strategic Lead(s)  | Delivery Lead(s) | Current Status     | Target Status    | Action Plan   | Q1<br>Jan-Mar | Q2<br>Apr- Jun | Q3<br>July-<br>Sept | Q4<br>Oct - Dec | Timescale |
|---|--|------------------|--------------------|------------------|---|---------------|----------------|---------------------|-----------------|-----------|
| <p>Working within localities, the Partnership plan to ensure that engagement with third and independent sector is strengthened at a local level, which will ensure that partnership working is supporting a stronger preventative agenda.</p> <p>Continue to develop partnership Locality Marketplaces – engaging with the sectors to encourage awareness of provision for people requiring support and their carers.</p> | <p>Head of Strategic Planning, Performance &amp; Commissioning/<br/>Head of Preventative</p> |                  | <p>ESTABLISHED</p> | <p>EXEMPLARY</p> | <p>A review of voluntary sector programme is underway with full engagement with third sector this will help to redesign and develop the preventative agenda. A early intervention and Prevention strategy has been developed in conjunction with partners to identify the locality working programme.</p> <p>Significant investment in carers funding has allowed a programme of engagement and targeted support for carers with the introduction of a “community chest fund” to support local initiatives and ideas brought forward by carers.</p> | <p>✓</p>      | <p>✓</p>       | <p>✓</p>            | <p>✓</p>        |           |

**Key Feature 1 – Collaborative Leadership and Building Relationships**

**1.3– Relationships and partnership working with the third and independent sectors must improve**

**ACTION/STRATEGIC** As part of budget for 2019/20 a review of commissioning of the voluntary sector against the priorities in our refreshed Strategic Plan to be undertaken

| Next Steps for the Partnership  | Strategic Lead(s)  | Delivery Lead(s) | Current Status | Target Status | Action Plan   | Q1<br>Jan- Mar | Q2<br>Apr - Jun | Q3<br>July - Sept | Q4<br>Oct - Dec | Timescale |
|---|--|------------------|----------------|---------------|---|----------------|-----------------|-------------------|-----------------|-----------|
| Work is underway to review the voluntary sector service delivery and funding. This will be undertaken in partnership with the sector and will be supported by the clear priorities highlighted within priority one of the Strategic Plan which highlights the need to work locally with input from local organisations. | Head of Strategic Planning, Performance & Commissioning/ Chief Finance Officer/ Director of Health and Social Care |                  | ESTABLISHED    | EXEMPLARY     | As detailed above voluntary sector review underway. Completion by December 2022.  | ✓              |                 |                   | ✓               |           |
| Develop support to the private sector delivering care in localities.  |  |                  |                |               | There has been significant development in a collaborative commissioning programme with the private sector linked to care at home and how best to support and develop collaboration between inhouse provision and external provision this has been supported by Scottish Care in partnership with the Partnership. | ✓              |                 |                   | ✓               |           |

**Key Feature 2 – Integrated Finances and Financial Planning**

**2.1– Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration**

**ACTION/STRATEGIC** Greater understanding of the impact on partners of financial decisions by the IJB required. Additional financial report to IJB Finance & Performance Committee and IJB itself about those impacts

| Next Steps for the Partnership  | Strategic Lead(s)     | Delivery Lead(s) | Current Status     | Target Status | Action Plan   | Q1 Jan-Mar | Q2 Apr-Jun | Q3 July-Sept | Q4 Oct-Dec | Timescale |
|---|-----------------------|------------------|--------------------|---------------|---|------------|------------|--------------|------------|-----------|
| <p>Continuation of regular meetings with funding partners.</p> <p>Shared understanding between partners of impact of decisions. Open and transparent discussions to understand where tension exists, and steps identified to alleviate concerns.</p> <p>Process developed which ensures a communication strategy to allow information dissemination throughout all partner organisations in relation to the medium-term financial position.</p> <p>Development of medium- term financial plan to close gap.</p> <p>Regular meetings between DOF and CFO to discuss progress against medium term financial plan.</p> <p>Further discussions/ consideration of risk share agreement to reach consensus on way forward between all funding partners.</p> | Chief Finance Officer |                  | PARTLY ESTABLISHED | ESTABLISHED   | <p>Continue to meet on a regular basis with partners established programme in place.</p> <p>Regular meetings (6 weekly) to continue with CEO/DOF. Continue to work with CFO in NHS Fife on funding arrangements following the pandemic</p> <p>CFO to work with communication officer to develop the Health and Social Care briefing which will produced on a bi-monthly basis.</p> <p>In line with the refresh of the strategic plan a medium-term financial strategy will be in place to match the timescales. This will be discussed with DOF and CFO</p> <p>As part of the review of the integration scheme the risk share was updated and approved by partners.</p> | ✓          |            |              |            |           |

**Key Feature 2 – Integrated Finances and Financial Planning**

**2.2– Delegated budgets for IJBs must be agreed timeously**

**ACTION/STRATEGIC | Development of medium-term financial plan to achieve balance**

| Next Steps for the Partnership  | Strategic Lead(s)  | Delivery Lead(s) | Current Status            | Target Status      | Action Plan   | Q1<br>Jan-Mar | Q2<br>Apr- Jul | Q3<br>Aug -Sep | Q4<br>Oct - Dev | Timescale |
|---|--|------------------|---------------------------|--------------------|---|---------------|----------------|----------------|-----------------|-----------|
| <p>Further workshops to be organised with representation from all partners.</p> <p>Analysis of data from initial workshop to be used as the baseline moving forward.</p> <p>Developed into a short- and medium-term financial plan approved by IJB.</p> | <p>Chief Executives and Directors of Finance for Fife Council and NHS Fife, Chief Finance Officer, Director of H &amp;SC</p> |                  | <p>PARTLY ESTABLISHED</p> | <p>ESTABLISHED</p> | <p>A medium-term strategy is currently being reviewed to ensure it is in line with the strategic plan and will be part of the work going forward to engage with partners and consider the strategic needs assessment</p> <p>A one-year budget presented to the IJB to ensure continuity with a medium term strategy developed</p> |               |                | <p>✓</p>       | <p>✓</p>        |           |

**Key Feature 2 – Integrated Finances and Financial Planning**

**2.3– Delegated hospital budgets and set aside budget requirements must be fully implemented**



**ACTION/STRATEGIC** Establish working group to consider how to progress. That group needs to develop a proposition about how IJB Strategic oversight of the functions the subject of the set-aside budget would work and what would be involved. That would take priority initially over discussion of the money and budgets.

| Next Steps for the Partnership  | Strategic Lead(s)   | Delivery Lead(s) | Current Status             | Target Status             | Action Plan   | Q1<br>Jan- Mar | Q2<br>Apr- Jun | Q3<br>July- Sep | Q4<br>Oct-Dec | Timescale |
|---|---|------------------|----------------------------|---------------------------|---|----------------|----------------|-----------------|---------------|-----------|
| <p>Establish Terms of Reference and set up regular meetings of working group to examine set-aside budget.</p> <p>Learn from other Integrated Authorities (IA) through Chief Finance Officer network, other benchmarking groups.</p> <p>Engage with Director of Delivery for Health &amp; Social Care Integration to provide assistance and learning from approach adopted in other IAs.</p> <p>Clarity and understanding in relation to set aside budgets-functions included, current governance structure and reporting lines. Development of next steps and clear milestones to ensure transfer occurs in a planned way. Develop a partnership-based approach to the use of the set aside budget between all partners to allow development and investment in community-based support.</p> | <p>Chief Executives and Director of Finance for Fife Council and NHS Fife, Chief Finance Officer, Director of H &amp;SC</p> |                  | <p>NOT YET ESTABLISHED</p> | <p>PARTLY ESTABLISHED</p> | <p>Due to Covid the development of set aside budget has not commenced – this will be taken forward as a priority in 2022</p><br><p>The CFO plays an active part in the CFO network and has developed strong relationships with other Integrated authorities</p> | <p>✓</p>       |                |                 | <p>✓</p>      |           |

**Key Feature 2 – Integrated Finances and Financial Planning**

**2.5– Statutory partners must ensure appropriate support is provided to IJB S95 Officers**

**ACTION/STRATEGIC Continue to support the Section 95 officer and relationship with DoFs and their teams in partner bodies**

| Next Steps for the Partnership  | Strategic Lead(s)  | Delivery Lead(s) | Current Status | Target Status | Action Plan  | Q1<br>Jan- Mar   | Q2<br>Apr - July | Q3<br>Aug - Sept | Q4<br>Oct - Dec | Timescale |
|---|--|------------------|----------------|---------------|--|--|------------------|------------------|-----------------|-----------|
| Regular meetings with Directors of Finance in NHS Fife and Fife Council.<br><br>Commence discussion regarding future operating model for Finance. | Directors of Finance for Fife Council and NHS Fife and Chief Finance Officer |                  | ESTABLISHED    | ESTABLISHED   | 6 weekly meetings scheduled for DOF<br><br>Additional Finance support has been identified to support the finance model and ensure that an effective resource is available to monitor future spend. | <br><br> |                  |                  |                 |           |

**Key Feature 2 – Integrated Finances and Financial Planning**

**2.6– IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations**

**ACTION/STRATEGIC Risk Share Agreement**

| Next Steps for the Partnership  | Strategic Lead(s)                                      | Delivery Lead(s) | Current Status            | Target Status      | Action Plan   | Q1<br>Jan- Mar | Q2<br>April - July | Q3<br>Aug- Sept | Q4<br>Oct - Dec | Timescale |
|---|--|------------------|---------------------------|--------------------|---|----------------|--------------------|-----------------|-----------------|-----------|
| <p>Risk Share agreement will be a key agenda item for the CEO/DOF/CFO meetings. This will inform decisions that are made to support a whole system approach, a common understanding of the reason for variances, and to support a collective responsibility as to how to tackle these.</p> <p>Evaluate options for the Partnership.</p> | <p>Chief Executives of Fife Council &amp; NHS Fife</p> |                  | <p>PARTLY ESTABLISHED</p> | <p>ESTABLISHED</p> | <p>Review of integration scheme is complete and with Government minister for sign off as part of this the risk share agreement has been reviewed and approved by Fife Council and NHS Fife.</p> | <p>✓</p>       |                    |                 |                 |           |



**Key Feature 2 – Integrated Finances and Financial Planning**

**2.6– IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations**

**ACTION/STRATEGIC** Develop a proposition to consider whole system planning – beyond the delegated responsibilities of the IJB – to ensure effective investment in prevention and early intervention and the development of sustainable community services to achieve health & wellbeing outcomes for the people of Fife. Engage with community planning partnership to that end.

| Next Steps for the Partnership  | Strategic Lead(s)  | Delivery Lead(s) | Current Status            | Target Status      | Action Plan  | Q1<br>Jan - Mar | Q2<br>April - Jun | Q3<br>July - Sept | Q4<br>Oct - Dec | Timescale |
|---|--|------------------|---------------------------|--------------------|--|-----------------|-------------------|-------------------|-----------------|-----------|
| <p>Continue Transformation Workshops to identify and integrate processes where possible to support shifting the balance of care.</p> <p>Engage with the Transformation Board to support delivery of whole system planning to enable and further strengthen sustainable engagement.</p> <p>Ensure that there is representation and input from community planning partners and public health in the H&amp;SCP. There is joint H&amp;SCP and Public Health contribution to Community Planning.</p> <p>Consider the Strategic Plan to Medium Term financial plan challenge.</p> | <p>Head of Strategic Planning, Performance &amp; Commissioning, Director of Public Health and Director of Health and Social Care</p> |                  | <p>PARTLY ESTABLISHED</p> | <p>ESTABLISHED</p> | <p>Transformation Board in place reporting into Senior leadership team on a regular basis.</p> <p>The transformation board has a clear programme and reporting structure to support and enable whole system planning.</p> <p>Members of SLT are represented on the community planning partnerships and public health input which will shape the strategic priorities.</p> <p>The strategic plan will ensure the medium-term plan is critical to the future planning.</p> | <p>✓</p>        |                   |                   |                 |           |

**Key Feature 3 – Effective Strategic Planning for Improvement**

**3.1– Effective strategic planning for improvement**

**ACTION/STRATEGIC Consider how the senior team around the Chief Officer is resourced and supported**

| Next Steps for the Partnership   | Strategic Lead(s) | Delivery Lead(s) | Current Status | Target Status | Action Plan   | Q1<br>Jan- Mar | Q2<br>Apr - Jun | July -<br>Sept | Q4<br>Oct - Dec | Timescale |
|--|-------------------|------------------|----------------|---------------|---|----------------|-----------------|----------------|-----------------|-----------|
| To review requirements, define the need and address any critical gaps. | Director of H&SC  |                  | Established    | ESTABLISHED   | The health and social care partnership have carried out a review of the structure of the organisation and redesigned the portfolios to ensure that any critical gaps have been identified. The structure has now been in place for 7 months and will be reviewed at the end of the first year of implementation to ensure that the resource is supporting the service delivery. | ✓              |                 |                | ✓               |           |

**Key Feature 3 – Effective Strategic Planning for Improvement**

**3.4– Improved strategic planning and commissioning arrangements must be put in place**


**ACTION/STRATEGIC Analyse the effectiveness of strategic planning and commissioning arrangements**

| Next Steps for the Partnership   | Strategic Lead(s)   | Delivery Lead(s) | Current Status     | Target Status    | Action Plan   | Q1<br>Jan- Mar | Q2<br>Apr - Jun | Q3<br>Jul- Sept | Q4<br>Oct - Dec | Timescale                  |
|--|---|------------------|--------------------|------------------|---|----------------|-----------------|-----------------|-----------------|----------------------------|
| <p>The H&amp;SC Strategic Plan is being submitted for approval to the IJB in September 2019.</p> <p>Continue to engage with providers, both private and third Sector.</p> <p>The delivery of the strategic plan will be monitored and reviewed through the strategic planning group.</p> | <p>Head of Strategic Planning, Performance and Commissioning and Director of H&amp;SC</p> |                  | <p>ESTABLISHED</p> | <p>EXEMPLARY</p> | <p>A review of the current strategic plan and a refresh of the plan is underway – the plan will be implemented in 2022 to 2025 a full engagement programme will be designed to ensure buy in from staff, service providers and the local community to ensure people have input.</p> <p>The strategic planning group was paused due to covid but resumed in June 2022 and meets regularly chaired by a member of the IJB</p> | <p>✓</p>       | <p>✓</p>        |                 | <p>✓</p>        | <p><b>JANUARY 2023</b></p> |

Key Feature 3 – Effective Strategic Planning for Improvement

3.5– Improved capacity for strategic commissioning of delegated hospital services must be in place

**ACTION/STRATEGIC** Build capacity & capability for strategic commissioning of delegated hospital services a key priority of the working group which will be established

| Next Steps for the Partnership  | Strategic Lead(s)   | Delivery Lead(s) | Current Status             | Target Status             | Action Plan  | Q1<br>Jan- Mar | Q2<br>Apr - Jun | Q3<br>July- Sep | Q4<br>Oct- Dec  | Timescale         |
|---|---|------------------|----------------------------|---------------------------|--|----------------|-----------------|-----------------|---|-------------------|
| <p>Establish Terms of Reference and set up regular meetings of working group to examine set-aside budget.</p> <p>Learn from other Integrated Authorities (IA) through Chief Finance Officer network, other benchmarking groups.</p> <p>Engage with Director of Delivery for Health &amp; Social Care Integration to provide assistance and learning from approach adopted in other IAs.</p> <p>Clarity and understanding in relation to set aside budgets-functions included, current governance structure and reporting lines.</p> <p>Development of next steps and clear milestones to ensure transfer occurs in a planned way.</p> <p>Develop a partnership-based approach to the use of the set aside budget between all partners to allow development and investment in community-based support.</p> | <p>Chief Executives and Directors of Finance for Fife Council and NHS Fife, Chief Finance Officer, Director of H&amp;SC</p> |                  | <p>NOT YET ESTABLISHED</p> | <p>PARTLY ESTABLISHED</p> | <p>Establish terms of reference -CO HSCP/COO</p> <p>Establish working group-CO HSCP/COO</p> <p>Development of delivery plan with key milestones.</p> <p>Clarification of activities that are in scope.</p> <p>Engage with other IA via Director of Delivery for Health and Social care Integration.</p> <p>NHS Fife to provide information on set aside budgets- size of budget and how calculated. Trends in spend and budget allocation.</p> <p>Clear understanding of where delegated responsibility lies and how the partnership influences spend.</p> <p>Work is underway with Directors of Finance to further discuss options.</p> |                |                 |                 |  | <p>March 2023</p> |

**Key Feature 4 – Governance and Accountability Arrangements**

**4.1– The understanding of accountabilities and responsibilities between statutory partners must improve**

**ACTION/STRATEGIC To strengthen the understanding of accountabilities and responsibilities between statutory partners**

| Next Steps for the Partnership   | Strategic Lead(s)   | Delivery Lead(s) | Current Status            | Target Status      | Action Plan  | Q1<br>Jan-Mar              | Q2<br>Apr -Jun | Q3<br>Jul- Sept | Q4<br>Oct - Dec            | Timescale |
|--|---|------------------|---------------------------|--------------------|--|----------------------------|----------------|-----------------|----------------------------|-----------|
| <p>Ongoing engagement with the Director of Delivery for Health and Social Care Integration at Scottish Government.</p> <p>Meetings will continue to develop a shared understanding of the accountabilities and responsibilities of NHS Fife, Fife Council and the Health and Social Care Partnership. This will offer opportunities for delegated functions and to support the interface between all parties.</p> <p>Development session with Finance and Performance Committee to refine the performance framework.</p> <p>Continual review of information available to officers, committees and the IJB.</p> | <p>Chair and Vice Chair IJB, Chief Executives of Fife Council and NHS Fife and Director of H&amp;SC</p> |                  | <p>PARTLY ESTABLISHED</p> | <p>ESTABLISHED</p> | <p>The Chief Officer contributes via a number of committees within the Scottish Government and has been involved in the CO group throughout the pandemic.</p> <p>The Chief Officer continues to work with partners and to support the delegated functions reporting to both CEOs on the progress within the partnership, this has been significant due to covid which say emergency measure being implemented and a command structure in place.</p> <p>The Performance framework is in place across the Partnership and will continue to be reviewed to ensure it is fit for purpose and meets the requirements of the new management structure.</p> | <p>✓</p> <p>✓</p> <p>✓</p> |                |                 | <p>✓</p> <p>✓</p> <p>✓</p> |           |

**Key Feature 4 – Governance and Accountability Arrangements**

**4.2– Accountability processes across statutory partners will be streamlined**

**ACTION/STRATEGIC Improve clarity of the Integration Scheme in Fife in 2202**

| Next Steps for the Partnership  | Strategic Lead(s)  | Delivery Lead(s) | Current Status     | Target Status    | Action Plan  | Q1<br>Jan - Mar | Q2<br>Apr - Jun | Q3<br>July - Sept | Q4<br>Oct - Dec | Timescale |
|---|--|------------------|--------------------|------------------|--|-----------------|-----------------|-------------------|-----------------|-----------|
| <p>Explore governance structures in other H &amp; SCPs and work towards streamlining reporting across the IJB, NHS Fife and Fife Council.</p> <p>Initiate discussions with Chief Executives of Fife Council and NHS Fife and Chair of IJB regarding how to further strengthen and improve collaboration</p> | <p>Chief Executives of Fief Council and NHS Fife, Director of H&amp;SC</p> |                  | <p>Established</p> | <p>EXEMPLARY</p> | <p>A review of the Integration scheme has been signed off by NHS Fife and Fife Council this is now with the Scottish Minister for final sign off. This will see a restructure of the governance committees to ensure a better alignment and clarity of roles and responsibilities.</p> <p>A review of the involvement of the chair of the IJB with partners will be considered as part of the review of the committee structure.</p> | <p>✓</p>        |                 |                   |                 |           |

**Key Feature 4 – Governance and Accountability Arrangements**

**4.3– IJB Chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis**

**ACTION/STRATEGIC Continue Board Development Sessions**

| Next Steps for the Partnership   | Strategic Lead(s)   | Delivery Lead(s) | Current Status     | Target Status    | Action Plan  | Q1<br>Jan-Mar                       | Q2<br>Apr- Jun | Q3<br>July- Sep | Q4<br>Oct - Dec | Timescale |
|--|---|------------------|--------------------|------------------|--|-------------------------------------|----------------|-----------------|-----------------|-----------|
| <p>Topics for scheduled development sessions for the remainder of 2022</p> <p>Regular meetings with Chair, Vice Chair, Director H &amp; SC and Head of Corporate Services</p> <p>Strengthen connections and reporting between IJB and Committees</p> <p>See Sections 1.1. and 1.2 for further actions regarding development.</p> | <p>Chair and Vice-Chair of IJB and Director of H&amp;SC</p> |                  | <p>ESTABLISHED</p> | <p>EXEMPLARY</p> | <p>Board Development Sessions are held every alternate month on a variety of topics which are suggested by IJB Members or topical issues</p> <p>Director, Head of Corporate Services, Chair and Vice-Chair meet regularly to set Agenda for future meetings or discuss running of meetings.</p> <p>Forward work planner for IJB and governance committees being pulled onto single spreadsheet to track progress.</p> <p>Bimonthly meetings arranged with Chair, Vice Chair, and Chairs of 3 governance committees</p> | <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> |                |                 |                 |           |

**Key Feature 4 – Governance and Accountability Arrangements**

**4.4– Clear directions must be provided by IJB to Health Boards and Local Authorities**

**ACTION/STRATEGIC Learn from other systems about use of directions and take account of national guidance**

| Next Steps for the Partnership  | Strategic Lead(s)                                     | Delivery Lead(s) | Current Status            | Target Status      | Action Plan   | Q1<br>Apr-Jun | Q2<br>Jul-Sep     | Q3<br>Oct-Dec | Q4<br>Jan -Mar | Timescale                         |
|---|---|------------------|---------------------------|--------------------|---|---------------|-------------------|---------------|----------------|-----------------------------------|
| <p>Contact other H&amp;SCPs to better understand how they use Directions.</p> <p>Strengthen how Directions are used in Fife in line with national guidance.</p> <p>Provide greater clarity in reports to the IJB and its committees on how decisions are fulfilling Directions.</p> | <p>Director of H&amp;SC and Chief Finance Officer</p> |                  | <p>PARTLY ESTABLISHED</p> | <p>ESTABLISHED</p> | <p>As part of the Integration scheme review and the restructure a greater use of direction will be determined as we move out of the command structure due to covid.</p> <p>Ensure that the financial and performance committee is restructured to include scrutiny which will ensure that directions are fulfilled and actioned on accordingly.</p> |               | <p>✓</p> <p>✓</p> |               |                | <p>July 2023</p> <p>July 2003</p> |



**Key Feature 4 – Governance and Accountability Arrangements**

**4.5– Effective, coherent and joined up clinical and care governance arrangements must be in place**

**ACTION/STRATEGIC Bring members of the IJB C&CG Committee and the NHS Fife CG Committee together regularly on areas of common interest**

| Next Steps for the Partnership  | Strategic Lead(s)  | Delivery Lead(s) | Current Status | Target Status | Action Plan  | Q1<br>Jan- Mar                               | Q2<br>Apr - Jun | Q3<br>July- Sep | Q4<br>Oct - Dec | Timescale |
|---|--|------------------|----------------|---------------|--|--|-----------------|-----------------|-----------------|-----------|
| <p>Continue to hold joint development sessions and engagement with chairs from both committees.</p> <p>Contact other IJBs to see how their Clinical Governance arrangements work.</p> <p>Agree an appropriate clinical and care governance system that is efficient and appropriately balanced and focused on both social work and NHS services.</p> <p>Refresh the Clinical and Care Governance Strategy which will inform and strengthen the clinical and care governance arrangements across Fife.</p> <p>Build on the guidance, direction and policy as a foundation for transformational change and offer a clear line of accountability and responsibility for delivery, drawing on the work undertaken to develop clinical and care governance arrangements to strengthen assurance.</p> | <p>Chairs of Clinical and Care Governance and NHS Fife's Clinical Governance Committees and Director of H&amp;SC</p> |                  | ESTABLISHED    | EXEMPLARY     | <p>The chairs of the relevant committees regroup after each IJB to discuss relevant matters and take forward any development requirements into a development session.</p> <p>The Partnership has developed a Quality Matters programme which is a governance board within the partnership, this board will ensure effective clinical and care governance with a dedicated terms of reference and workplan. Weekly meetings are in place to review and govern clinical areas, work is underway to ensure social work is included in this programme.</p> <p>Monthly meetings to bring together areas of improvement and reporting on inspections will be submitted for discussion</p> <p>Work is required to identify areas of this work to be incorporated in an integrated performance and quality assurance report to give assurance to the IJB.</p> <p>Any transformational programme will be discussed at this group to ensure full co-production and accountability for any change is approved by the clinical and care governance routes.</p> | <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> |                 |                 |                 |           |

**Key Feature 5 – Ability & Willingness to share information**

**5.1– Annual reports will be benchmarked by Chief Officer to allow them to better understand local performance data**

**ACTION/STRATEGIC Be part of National discussions and learn from other systems about how we more systematically learn from best practice elsewhere**

| Next Steps for the Partnership   | Strategic Lead(s) | Delivery Lead(s) | Current Status | Target Status | Action Plan  | Q1<br>Jan- Mar | Q2<br>Apr - Jun | Q3<br>July-<br>Sept | Q4<br>Oct - Dec | Timescale |
|--|-------------------|------------------|----------------|---------------|--|----------------|-----------------|---------------------|-----------------|-----------|
| <p>To continue to work in partnership with Chief Officers as part of a shared learning network.</p> <p>To review and develop a comprehensive performance framework across the Partnership, building on the portfolio arrangements in place to better understand our local performance data.</p> <p>Engage with the Scottish Commissioning and Improvement Network to work in partnership towards agreed national annual reporting which is consistent and accessible.</p> <p>Facilitate extensive engagement and participation to maximise ownership, public understanding and contribution to the 2022 annual report.</p> | Director of H&SC  |                  | ESTABLISHED    | EXEMPLARY     | <p>Chief Officer is a full member and on dedicated sub groups considering the National Care Service</p> <p>Continue to review and develop a programme of performance linked to both clinical and social work, ensuring that key performance data is available for Heads of Service across the partnership.</p> <p>Continue to attend the SCIN partnership to ensure fully sighted on national reporting and engage with other partnerships on their programmes to maximise potential within Fife and learn from other partnerships through information sharing meetings.</p> <p>A participation and engagement team are now in place and will support work identified within the strategic plan and transformation strategy.</p> | ✓              |                 | ✓                   |                 |           |

**Key Feature 5 – Ability & Willingness to share information**

**5.2– Identifying and implementing good practice will be systematically undertaken by all partnerships**

**ACTION/STRATEGIC Learn from other systems and national bodies about how we more systematically learn from best practice elsewhere**

| Next Steps for the Partnership  | Strategic Lead(s) | Delivery Lead(s) | Current Status     | Target Status | Action Plan   | Q1 Jan-Mar | Q2 Apr- Jun | Q3 July-Sep | Q4 Oct-Dec | Timescale                           |
|---|-------------------|------------------|--------------------|---------------|---|------------|-------------|-------------|------------|-------------------------------------|
| <p>Systematically identify areas of good practice as part of the development of locality working.</p> <p>Further develop the Fife website to share best practice identified across the Partnership localities and indeed nationally.</p> <p>Create networking space for all partners to identify, share and spread good practice.</p> <p>Further systematic collaboration opportunities sought in partnership with national bodies to learn, adapt and implement good practice locally where appropriate.</p> | Director of H&SC  |                  | PARTLY ESTABLISHED | ESTABLISHED   | <p>The locality planning group have been virtual throughout the pandemic, but refreshed data has been made available to updated the plans. A programme is being developed to review the locality working linked to the refresh of the strategic plan.</p> <p>The website requires to be updated and a plan is in place to consider best practice across the country so that people have easy access to service detail.</p> <p>Partnership continues to work with national bodies to highlight areas of good practice and learn from other areas to ensure we become a top performing partnership by 2025.</p> | ✓          |             | ✓           |            | <p>March 2023</p> <p>March 2023</p> |

**Key Feature 6 – Meaningful & Sustainable Engagement**

6.1– Effective approaches for community engagement and participation must be put in place for integration and Action

6.2 – Improved understanding of effective working relationships with carers, people using services and local communities is required

**ACTION/STRATEGIC** Complete and implement review of Participation & Engagement Network (PEN)  
Working with NHS Fife Director of Nursing recognise statutory role in community/patient engagement

| Next Steps for the Partnership   | Strategic Lead(s)  | Delivery Lead(s) | Current Status            | Target Status      | Action Plan   | Q1 Jan-Mar | Q2 Apr-Jun        | Q3 July-Sept | Q4 Oct-Dec | Timescale   |
|--|--|------------------|---------------------------|--------------------|---|------------|-------------------|--------------|------------|---|
| <p>Future meetings to be scheduled to support strong collaboration between Fife H&amp;SCP and NHS Fife.</p> <p>Agree the scope of focus for PEN within H&amp;SCP, PEN Participation and Engagement Officer’s priorities accordingly.</p> <p>New Chair sought from PEN membership who will be a member of the IJB.</p> <p>Develop induction which considers the training and support arrangements which new PEN chair requires.</p> <p>Develop joint working between PEN and 7 Locality groups within Fife.</p> | <p>Director of H&amp;SC, Director of Nursing and Head of Strategic Planning, Performance and Commissioning</p> |                  | <p>PARTLY ESTABLISHED</p> | <p>ESTABLISHED</p> | <p>The Partnership continues with strong collaboration with NHS Fife.</p> <p><b>Planning with People</b> - In March 2021 The Scottish Government and COSLA published Planning with People. This document provides guidance which applies to all care services. It supports organisations to deliver their existing statutory duties for engagement and public involvement, with a direction that it should be followed not only by health and social care providers but also by local, regional and national planners, Special Boards and all independent contractors and suppliers such as care homes, pharmacies and general practices.</p> <p>The Partnership have refreshed the participation and engagement strategy in line with the above guidance supported by members of the IJB this will ensure that the IJB have their own dedicated strategy but will continue to link in with both NHS Fife and Fife Council.</p> <p>The chair of the participation and engagement programme will be redefined, and locality groups will support the design of the new structure and the appointment of a new chair. The PEN will continue to be supported by NHS Fife Board the Partnership will launch a Community Forum which will be the vehicle to engage with people across Fife.</p> <p>A full programme of support is in place for engagement with carers groups set up across the seven localities who will feed into the planning. The community forum will seek participation and views from local people using services or have an interest in particular areas of the partnership.</p> | <p>✓</p>   | <p>✓</p> <p>✓</p> |              |            | <p>March 2023</p> <p>March 2023</p> <p>March 2023</p> <p>March 2023</p> |

Key Feature 6 – Meaningful & Sustainable Engagement

6.3– We will support carers and representatives of people using services better to enable their full involvement in integration

ACTION/STRATEGIC Continue work to support network of carers and service users’ representatives on locality groups

| Next Steps for the Partnership   | Strategic Lead(s)   | Delivery Lead(s) | Current Status | Target Status | Action Plan  | Q1 Jan-Mar | Q2 Apr-Jun | Q3 July-Sep | Q4 Oct - Dec | Timescale |
|--|---|------------------|----------------|---------------|--|------------|------------|-------------|--------------|-----------|
| <p>Build support for Carer representatives and embed this in the localities. Clear linkage to be developed with the network of Wells across Fife.</p> <p>Seek to improve the process of distribution of Board papers, ensuring time built in for review.</p> <p>Build on the work carried out by Carers strategy lead with a presentation at an IJB future development session.</p> <p>Continue to involve carers representatives within transformational programmes to ensure the carers voice is taken into consideration.</p> | Director of H&SC, Head of Strategic Planning, Performance and Commissioning |                  | ESTABLISHED    | EXEMPLARY     | <p>The Partnership has established 7 carers groups in localities further work is required to establish the support via Fife Carers Centre and Fife Voluntary Action.</p> <p>A programme to support transition from the current chair of the carers group and rep on the IJB to a new member is underway with a clear plan for support and transition.</p> <p>Information and significant investment has been approved via the IJB and further presentations are planned via a development session,</p> <p>Work is required to identify carers reps alongside community members to be a voice on transformation programmes.</p> | ✓          |            | ✓           | ✓            |           |

|                               |  |
|-------------------------------|--|
| <b>Meeting:</b>               | <b>Finance Performance &amp; Resources Committee</b>             |
| <b>Meeting date:</b>          | <b>17 January 2023</b>   |
| <b>Title:</b>                 | <b>Population Health and Wellbeing Strategy Progress Update</b>  |
| <b>Responsible Executive:</b> | <b>Margo McGurk, Director of Finance and Strategy</b>            |
| <b>Report Author:</b>         | <b>Susan Fraser, Associate Director Planning and Performance</b> |

## 1 Purpose

**This is presented to the Committee for:**

- Assurance

**This report relates to a:**

- NHS Board strategy

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.3 Situation

This paper provides an update on the progress of the development of the Population Health and Wellbeing Strategy for assurance.

### 2.2 Background

Work on developing the Public Health and Wellbeing (PH&W) Strategy commenced in 2021. The strategy will outline how NHS Fife will deliver its organisational strategic priorities (these include improving: health and wellbeing; the quality of health and care services; staff experience and wellbeing; and, delivering value and sustainability). The strategy has a focus on population health and wellbeing which includes access and inequalities.

In previous papers, committee members have received information on how the strategy has been developed and updates on the progress to date.

There is a commitment to prepare a draft strategy document for review and approval by the NHS Fife Board by the end of March 2023.

## **2.3 Assessment**

Significant progress has been made in the completion of

- the public and staff engagement work. The engagement work has been completed by the external company with the final report due by mid-January 2023.
- The writing up of the draft Public Health and Wellbeing Strategy that will be discussed at the next diet of committees.

A first draft of the Population Health and Wellbeing Strategy has been produced and shared at the Portfolio Board in December 2022 in terms of the proposed format of the document. Further discussions with individual directors are taking place during December 2022 and January 2023 to discuss the content of the Strategy. This is an iterative process with the Strategy content being refined after each stage. The next version of the Strategy will be shared at the committees during January 2023.

In terms of the Milestone Plan, the Review of the Clinical Strategy 2016-21 and the Public Health Wellbeing Review have now been completed and reported through the governance structure in 2022.

### **2.3.1 Quality/ Patient Care**

It is anticipated that the Population Health and Wellbeing Strategy will have an impact on all health care services that NHS Fife delivers.

### **2.3.2 Workforce**

Workforce is a key to the delivery of the strategy. As part of the engagement work for the strategy, we are engaging with and listening to the views of our workforce.

### **2.3.3 Financial**

A key part of this work is to consider how we ensure value and sustainability for NHS Fife services in the future. As the strategy is finalised there may be further resource considerations. These will be managed through the existing planning processes.

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

The risks associated with this work are identified and managed by the NHS Fife Corporate PMO.

### **2.3.5 Equality and Diversity, including health inequalities**

This work is examining, in detail, the impact of health inequalities and ensuring a population health and wellbeing response.

### **2.3.6 Other impact**

No other impacts are anticipated.

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

Engagement is being managed as part of the engagement work stream as described above.

### **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.

- Individual Meeting with Directors December 2022/January 2023

## **2.4 Recommendation**

The Committee are invited to take:

- **Assurance** on the progress of the strategy through the contents of this report

## **3 List of appendices**

N/A

### **Report Contact**

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Associate Director of Planning and Performance

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|                               |   |
|-------------------------------|---|
| <b>Meeting:</b>               | <b>Finance, Performance &amp; Resources Committee</b>                                     |
| <b>Meeting date:</b>          | <b>17 January 2023</b>  |
| <b>Title:</b>                 | <b>Integrated Performance &amp; Quality Report – Finance, Performance &amp; Resources</b> |
| <b>Responsible Executive:</b> | <b>Margo McGurk, Director of Finance &amp; Strategy</b>                                   |
| <b>Report Author:</b>         | <b>Bryan Archibald, Head of Performance</b>   |

## 1 Purpose

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

- Assurance

**This report relates to:**

- Annual Delivery Plan

**This aligns to the following 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 generally up to the end of October 2022, although there are some measures with a significant time lag and a few which are available up to the end of November. This includes Revenue and Capital.

### 2.2 Background

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

Improvement actions are included following finalisation of the Annual Delivery Plan for 2022/23, and this streamlines local reporting for governance purposes with quarterly national reporting to the Scottish Government.

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

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

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

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

## 2.3 Assessment

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

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

*WT = Waiting Times*

*RTT = Referral-to-Treatment*

*TTG = Treatment Time Guarantee (measured on 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% | Achieving     |
| DD (Bed Days Lost)  | Monthly   | 5%  | Not achieving |

## Finance

| Measure                | Update  | Forecast                       | Current Status  |
|------------------------|---------|--------------------------------|---|
| Revenue Resource Limit | Monthly | £19m<br>Overspend<br>Projected | Forecast position now exceeding financial plan target of £10.4 overspend. Mitigating actions to reduce this under close review. |
| Capital Resource Limit | Monthly | £29.3m                         | Achieving   |

### 2.3.1 Quality/ Patient Care

IPQR contains quality measures.

### 2.3.2 Workforce

IPQR contains workforce measures.

### 2.3.3 Financial

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

### 2.3.4 Risk Assessment/Management

A mapping of key Corporate Risks to measures within the IPQR is provided via a Risk Summary Table and the Executive Summary narratives.

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

Not applicable.

### 2.3.6 Climate Emergency & Sustainability Impact

Not applicable.

### 2.3.7 Communication, involvement, engagement and consultation

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

The Finance, Performance & Resources extract of the December IPQR will be available for discussion at the meeting on 17 January 2023.

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

The IPQR was ratified by EDG on 5 January and approved for release by the Director of Finance & Strategy.

## **2.4 Recommendation**

The report is being presented to the FPR Committee for:

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

## **3 List of appendices**

None

### **Report Contact**

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Head of Performance

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# **Fife Integrated Performance & Quality Report**

## **FINANCE, PERFORMANCE & RESOURCES**

**Produced in December 2022**

# Introduction

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

Amendments have been made to the IPQR following the IPQR Review. This involves changes to the suit of key indicators, a re-design of the Indicator Summary, applying Statistical Process Control (SPC) where appropriate and mapping of key Corporate Risks.

At each meeting, the Standing Committees of the NHS Fife Board is presented with an extract of the overall report which is relevant to their area of Governance. The complete report is presented to the NHS Fife Board.

The IPQR for the Finance, Performance & Resources Committee comprises the following sections:

- a) Corporate Risk Summary**  
Summarising key Corporate Risks and status.
- b) Indicatory Summary**  
Summarising performance against National Standards and local KPI's. These are listed showing current, 'previous' and 'previous year' performance, and a benchmarking indication against other mainland NHS Boards, where appropriate. There is also a column indicating performance 'special cause variation' based on SPC methodology.
- c) Projected & Actual Activity**  
Comparing projected Scheduled Care activity to actuals for Patient TTG, New Outpatients and Diagnostics.
- d) Assessment**  
Summary assessment for indicators of continual focus.
- e) Performance Exception Reports**  
Further detail for indicators of focus or concern. Includes additional data presented in tables and charts, incorporating SPC methodology, where applicable. Deliverables, detailed within Annual Delivery Plan (ADP) 2022/23, relevant to indicators are incorporated accordingly.

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

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5 January 2023

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## a. Corporate Risk Summary

To be cross referenced with in depth Risk Report presented at Committees and NHS Board

| Strategic Priority                                 | Total Risks | Current Strategic Risk Profile |          |          |          | Risk Movement | Risk Appetite |
|--|-------------|--------------------------------|----------|----------|----------|---------------|---------------|
| To improve health and wellbeing                    | 5           | 3                              | 2        | -        | -        | ◀▶            | High          |
| To improve the quality of health and care services | 5           | 5                              | -        | -        | -        | ◀▶            | Moderate      |
| To improve staff experience and wellbeing          | 2           | 2                              | -        | -        | -        | ◀▶            | Moderate      |
| To deliver value and sustainability                | 6           | 4                              | 2        | -        | -        | ◀▶            | Moderate      |
| <b>Total</b>                                       | <b>18</b>   | <b>14</b>                      | <b>4</b> | <b>0</b> | <b>0</b> |               |               |




### Summary Statement on Risk Profile

Current assessment indicates delivery against 3 of the 4 strategic priorities facing a risk profile in excess of risk appetite.

Mitigations in place to support management of risk over time with some risks requiring daily assessment.

Risk Improvement Trajectory for high risks and Corporate Risk Register assessment in place.

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

| Movement Key  |                               |
|---|-------------------------------|
|  | Improved - Risk Decreased     |
|  | No Change                     |
|  | Deteriorated - Risk Increased |

## b. Indicator Summary

| Section                       | Indicator   | Target 2022/23 | Reporting Period | Current Period | Current Performance | SPC Outlier | Vs Previous | Vs Year Previous | Benchmarking |
|-------------------------------|---|----------------|------------------|----------------|---------------------|-------------|-------------|------------------|--------------|
| Clinical Governance           | Major/Extreme Adverse Events - Number Reported          | N/A            | Month            | Oct-22         | 36                  | ○           | ▲           | ▼                | ●            |
|                               | Major/Extreme Adverse Events - % Actions Closed on Time | TBD            | Month            | Oct-22         | 23.1%               | ●           | ▲           | ▼                | ●            |
|                               | HSMR  | N/A            | Year Ending      | Jun-22         | 0.99                | ●           | ▲           | ▲                | ●            |
|                               | Inpatient Falls   | 6.91           | Month            | Oct-22         | 8.00                | ○           | ▲           | ▼                | ●            |
|                               | Inpatient Falls with Harm                               | 1.65           | Month            | Oct-22         | 2.03                | ○           | ▼           | ▼                | ●            |
|                               | Pressure Ulcers   | 0.89           | Month            | Oct-22         | 1.03                | ○           | ▲           | ▼                | ●            |
|                               | SAB - HAI/HCAI  | 18.8           | Month            | Oct-22         | 9.6                 | ○           | ▲           | ▲                | ● QE Jun-22  |
|                               | C Diff - HAI/HCAI                                       | 6.5            | Month            | Oct-22         | 3.2                 | ○           | ▲           | ▲                | ● QE Jun-22  |
|                               | ECB - HAI/HCAI  | 33.0           | Month            | Oct-22         | 41.7                | ○           | ▼           | ▼                | ● QE Jun-22  |
|                               | S1 Complaints Closed in Month on Time                   | 80%            | Month            | Oct-22         | 63.9%               | ○           | ▼           | ▼                | ● 2021/22    |
|                               | S2 Complaints Closed in Month on Time                   | 50%            | Month            | Oct-22         | 0.0%                | ○           | ▼           | ▼                | ● 2021/22    |
|                               | S2 Complaints Opened in Month and Closed On Time        | N/A            | Month            | Oct-22         | 10.3%               | ○           | ▲           | ▲                | ●            |
| Operational Performance       | IVF Treatment Waiting Times                             | 90%            | Month            | Oct-22         | 100.0%              | ●           | ◀▶          | ◀▶               | ●            |
|                               | 4-Hour Emergency Access                                 | 95%            | Month            | Nov-22         | 70.1%               | ○           | ▲           | ▼                | ● Nov-22     |
|                               | Patient TTG % <= 12 Weeks                               | 100%           | Month            | Oct-22         | 50.6%               | ●           | ▲           | ▼                | ● Sep-22     |
|                               | New Outpatients % <= 12 Weeks                           | 95%            | Month            | Oct-22         | 50.2%               | ●           | ▼           | ▼                | ● Sep-22     |
|                               | Diagnostics % <= 6 Weeks                                | 100%           | Month            | Oct-22         | 62.5%               | ●           | ▼           | ▼                | ● Sep-22     |
|                               | 18 Weeks RTT  | 90%            | Month            | Oct-22         | 69.9%               | ●           | ▲           | ▼                | ● QE Sep-22  |
|                               | Cancer 31-Day DTT                                       | 95%            | Month            | Oct-22         | 96.7%               | ○           | ▲           | ▼                | ● QE Sep-22  |
|                               | Cancer 62-Day RTT                                       | 95%            | Month            | Oct-22         | 68.3%               | ○           | ▼           | ▼                | ● QE Sep-22  |
|                               | Detect Cancer Early                                     | 29%            | Year Ending      | Mar-22         | 22.2%               | ●           | ▼           | ▲                | ● 2020, 2021 |
|                               | Freedom of Information Requests                         | 85%            | Month            | Oct-22         | 93.8%               | ●           | ▲           | ▲                | ●            |
|                               | Delayed Discharge % Bed Days Lost (All)                 | N/A            | Month            | Nov-22         | 12.1%               | ●           | ▼           | ▲                | ● QE Jun-22  |
|                               | Delayed Discharge % Bed Days Lost (Standard)            | 5%             | Month            | Nov-22         | 7.7%                | ○           | ▼           | ▲                | ● QE Jun-22  |
|                               | Antenatal Access  | 80%            | Month            | Sep-22         | 86.1%               | ●           | ▼           | ▼                | ● CY 2021    |
| Finance                       | Revenue Resource Limit Performance                      | (£10.4m)       | Month            | Nov-22         | (£19.6m)            | ●           | ▼           | —                | ●            |
|                               | Capital Resource Limit Performance                      | £29.3m         | Month            | Nov-22         | £17.8m              | ●           | —           | —                | ●            |
| Staff Governance              | Sickness Absence  | 4.00%          | Month            | Oct-22         | 6.63%               | ○           | ▲           | ▼                | ● YE Mar-22  |
|                               | Personal Development Plan & Review (PDPR)               | 80%            | Month            | Nov-22         | 33.6%               | ●           | ▲           | —                | ●            |
| Public Health & Wellbeing     | Smoking Cessation (FY 2022/23)                          | 473            | YTD              | Jul-22         | 99                  | ●           | —           | ▼                | ● 2021/22    |
|                               | CAMHS Waiting Times                                     | 90%            | Month            | Oct-22         | 77.2%               | ○           | ▲           | ▲                | ● QE Sep-22  |
|                               | Psychological Therapies Waiting Times                   | 90%            | Month            | Oct-22         | 75.8%               | ○           | ▼           | ▼                | ● QE Sep-22  |
|                               | Drugs & Alcohol Waiting Times                           | 90%            | Month            | Sep-22         | 98.8%               | ●           | ▲           | ▲                | ● QE Sep-22  |
|                               | COVID Vaccination (Autumn/Winter Booster, Age 65+)      | 80%            | Month            | Nov-22         | 87.1%               | ●           | ▲           | —                | ●            |
|                               | Flu Vaccination (Age 65+)                               | 80%            | Month            | Nov-22         | 85.5%               | ●           | ▲           | —                | ●            |
|                               | Immunisation: 6-in-1 at Age 12 Months                   | 95%            | Quarter          | Sep-22         | 94.4%               | ○           | ▼           | ▼                | ● QE Sep-22  |
| Immunisation: MMR2 at 5 Years | 92%   | Quarter        | Sep-22           | 88.4%          | ○                   | ▼           | ▼           | ● QE Sep-22      |              |

**Performance Key**

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

**SPC Key**

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

**Change Key**

|    |                                 |
|----|---------------------------------|
| ▲  | "Better" than comparator period |
| ◀▶ | No Change                       |
| ▼  | "Worse" than comparator period  |
| —  | Not Applicable                  |

**Benchmarking Key**

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



## c. Projected and Actual Activity

Better than Projected | Worse than Projected | No Assessment  
 (NOTE: Better/Worse may be higher or lower, depending on context)

|  |           | Quarter End | Quarter End | Month End |        |        | Quarter End | Quarter End |
|--|-----------|-------------|-------------|-----------|--------|--------|-------------|-------------|
|  |           | Jun-22      | Sep-22      | Oct-22    | Nov-22 | Dec-22 | Dec-22      | Mar-23      |
| TTG Inpatient/Daycase Activity<br>(Definitions as per Waiting Times Datamart)                    | Projected | 3,036       | 3,053       | 1,029     | 1,029  | 1,029  | 3,087       | 3,087       |
|  | Actual    | 2,878       | 2,996       | 1,012     | 1,215  |        | 2,227       | 0           |
|  | Variance  | -158        | -57         | -17       | 186    |        |             |             |
| New OP Activity (F2F, NearMe, Telephone, Virtual)<br>(Definitions as per Waiting Times Datamart) | Projected | 18,567      | 18,806      | 6,400     | 6,395  |        | 12,795      | 19,166      |
|  | Actual    | 20,951      | 21,448      | 6,710     | 8,611  |        | 15,321      | 0           |
|  | Variance  | 2,384       | 2,642       | 310       | 2,216  |        |             |             |
| Urgent   | Actual    | 10,868      | 11,377      | 3,684     | 4,177  |        | 7,861       | 0           |
|  | Routine   | 10,083      | 10,071      | 3,026     | 4,434  |        | 7,460       | 0           |
| Elective Scope Activity<br>(Definitions as per Diagnostic Monthly Management Information)        | Projected | 1,491       | 1,491       | 497       | 497    | 497    | 1,491       | 1,491       |
|  | Actual    | 1,550       | 1,608       | 595       | 560    |        | 1,155       | 0           |
|  | Variance  | 59          | 117         | 98        | 63     |        |             |             |
| Upper Endoscopy  | Actual    | 575         | 630         | 227       | 191    |        | 418         | 0           |
| Lower Endoscopy  | Actual    | 182         | 191         | 77        | 71     |        | 148         | 0           |
| Colonscopy   | Actual    | 738         | 742         | 268       | 277    |        | 545         | 0           |
| Cystoscopy   | Actual    | 55          | 45          | 23        | 21     |        | 44          | 0           |
| Elective Imaging Activity<br>(Definitions as per Diagnostic Monthly Management Information)      | Projected | 11,988      | 11,988      | 3,996     | 3,996  | 3,996  | 11,988      | 11,988      |
|  | Actual    | 13,471      | 12,936      | 3,950     | 4,311  |        | 8,261       | 0           |
|  | Variance  | 1,483       | 948         | -46       | 315    |        |             |             |
| CT Scan  | Actual    | 4,083       | 3,989       | 1,140     | 1,304  |        | 2,444       | 0           |
| MRI  | Actual    | 2,936       | 2,923       | 913       | 927    |        | 1,840       | 0           |
| Non-obstetric Ultrasound   | Actual    | 6,452       | 6,024       | 1,897     | 2,080  |        | 3,977       | 0           |

## d. Assessment

### OPERATIONAL PERFORMANCE



To improve the quality of health and care services

5



Moderate

|   |  | Target      | Current      |
|---|--|-------------|--------------|
| <b>4-Hour Emergency Access</b>  | <i>95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>          | <b>95%</b>  | <b>70.1%</b> |
| <p>Monthly performance improved in November and is above the recovery trajectory target set with the Scottish Government. In ED only, monthly performance also improved again slightly, to 61.9%, the highest since June. The Scottish average for ED in November was 64.1%.</p> <p>In November, there were 615 8-hour breaches, 168 of which breached 12 hours. This compares to 655 and 182, respectively, in October. The vast majority of breaches (73% in November) continued to be due to waits for a bed or first assessment.</p> <p>Unplanned attendance at ED in the first 8 months of the FY was 8% higher than in the equivalent period of FY 2021/22 and was 7% more if all MIUs are included.</p> <p>Focused improvement work aligned with OPEL actions have supported flow through ED and prevented admission. The Rapid Triage Unit opened mid-November to support additional GP demand. Continued focus on redirection policy has improved minors' performance and we continue to optimise QMH as a minor injuries unit. A staff health and wellbeing room is being developed and senior nursing staff attended a development away day to support health and wellbeing.</p> <p>The challenges are the continuing demand added with winter pressures.</p>  |  |             |              |
| <b>Patient TTG (Waiting)</b>  | <i>All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat</i> | <b>100%</b> | <b>50.6%</b> |
| <p>Monthly performance has stabilised in the last 4 months and is around 15% lower than it was a year ago. However, NHS Fife continues to be in the top quartile of Mainland Health Boards, as at the most recent publication in November (for the period up to the end of September), where performance was 51.1% against the Scottish average of 31.2%.</p> <p>Actual activity in the first 7 months of the FY is 3% lower than forecast, but the Waiting List has increased in each of the last 17 months and is more than 50% higher than in October 2021.</p> <p>It is not possible to undertake any additional activity to deliver the long waiting targets given the level of funding received and core inpatient surgery capacity continues to be restricted at Victoria Hospital due to sustained pressures in unscheduled care, staff absence and vacancies. The focus remains on urgent and cancer inpatients and long waiting day cases which can be performed at QMH.</p> <p>As waiting times increase there are proportionally more patients being referred and assessed as urgent which is leading to increasing waits for routine patients particularly those who are complex and/or require an inpatient bed. Revised trajectories have been submitted to the Scottish Government showing that the 2-year target will not be sustained by March 2023 for General Surgery, Orthopaedics and Gynaecology, progress against the 18 months target will deteriorate and concerningly there will be increasing numbers of patients waiting over a year for Orthopaedics, Urology and General Surgery.</p> <p>Every effort will be made to maximise the use of capacity, particularly for day case activity at QMH and to validate the waiting lists.</p> |  |             |              |
| <b>New Outpatients</b>  | <i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i>     | <b>95%</b>  | <b>50.2%</b> |
| <p>Monthly performance has fallen steadily since June and is around 6% lower than it was a year ago. NHS Fife is in the mid-range of Mainland Health Boards, as at the most recent publication in November (for the period up to the end of September), where performance was 50.5% against the Scottish average of 46.3%.</p> <p>Actual activity in the first 7 months of the FY (including DNAs) is 12% higher than forecast, but the Waiting List has continued to increase month-on-month and is now 26% higher than it was a year ago.</p> <p>It is not possible to undertake any additional activity to reduce the backlog and deliver the long waiting targets given the level of funding received and continued pressures in unscheduled care, staff absence and vacancies. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 18 months and 2 years.</p> <p>As waiting times increase there are proportionally more patients being referred and assessed as urgent in some specialities which is leading to increasing waits for routine patients.</p>   |  |             |              |

|   |   | Target      | Current      |
|---|---|-------------|--------------|
| <p>Revised trajectories have been submitted to the Scottish Government showing that the 2-year target will be sustained by March 2023 for most specialities apart from Vascular Surgery, the 18 month and one year target will not be met by December 2022 and March 2023 for Cardiology, Gastroenterology, Endocrinology, Neurology, Haematology, Vascular, General Surgery, Urology, Gynaecology and Medical Paediatrics.</p> <p>Every effort will be made to maximise the use of capacity and validate the waiting lists.</p>  |   |             |              |
| <b>Diagnostics</b>  | <i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>                               | <b>100%</b> | <b>62.5%</b> |
| <p>Monthly performance is around 15% lower than it was at the equivalent time in FY 2021/22. In comparison to other Mainland Health Boards, NHS Fife remains in the mid-section as at the most recent publication in November (for the period up to the end of September), where performance was 64.7% against the Scottish average of 47.9%.</p> <p>Despite achieving 8% greater activity than planned in the first 7 months of FY 2022/23 (this figure including DNAs), the combined Waiting List for Endoscopy and Radiology is 7% higher than it was a year ago (Endoscopy 14% higher and Radiology 6% higher). It should be noted, however, that the Waiting List for Endoscopy has fallen in each of the last 6 months.</p> <p>In endoscopy it has not been possible to undertake any additional activity this year to reduce the backlog as no additional funding was received. There has been a reduction in long waits as efforts are made to contact patients and clinical validation of the waiting list progresses. There continue to be challenges in maintaining core activity due to unscheduled care and staffing pressures. It is likely that the number of patients waiting over 6 weeks will rise over the next 6 months.</p> <p>In Radiology additional activity was undertaken in Q1 and Q2 of this year particularly in CT and MRI which enabled a reduction in long waits for specialist CT scans and significant reduction in those waiting over 6 weeks. The majority of patients waiting over 6 weeks are in ultrasound where there are particular challenges in capacity due to vacancies and staff absence.</p> <p>Given the reduced level of funding available in Q3 and Q4, the increase in the proportion of urgent referrals and the continued increase in demand for inpatient scans it will not be possible to sustain performance and the numbers waiting over 6 weeks will begin to rise for all modalities over the next 6 months</p> <p>There will continue to be a focus on urgent and urgent suspicion of cancer referrals along with reviewing those routine patients who have been experiencing long waits for both Radiology and endoscopy. It is anticipated that performance will continue to be challenged due to the demand for urgent diagnostics and the pressure from unscheduled care.</p> |   |             |              |
| <b>Cancer 62-Day RTT</b>  | <i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i> | <b>95%</b>  | <b>68.3%</b> |
| <p>As anticipated, there was a further fall in performance in October. In the 3 months ending October, there were 53 breaches out of 225 patients starting treatment, with 35 of these being in the Urology speciality. NHS Fife was below the Scottish average for the first time since January.</p> <p>The number of patients starting treatment in the first 7 months of the FY was slightly higher than in the same 7 months of FY 2021/22 (520 against 507).</p> <p>Prostate remained our most challenged pathway where delays leading to breaches were seen in almost all steps. Introduction of robotic prostate surgery in Fife has already improved the waits to surgery and are expected to reduce the current backlog of surgical patients who have breached without a treatment date. Breaches seen in lung were attributed to a delay to surgery and referral from another cancer pathway. The range of breaches was 1 to 167 days (average 58 days).</p>  |   |             |              |
| <b>Delayed Discharges</b>   | <i>The % of Bed Days 'lost' due to Patients in Delay (excluding those marked as Code 9) is to reduce</i>                  | <b>5%</b>   | <b>7.7%</b>  |
| <p>The % of bed lost to 'standard' delays in November increased in comparison to October but was just below the 2-year average of 7.8% and was also just under 3% less than it was in November 2021. Actual patient numbers were also less than a year ago (74 against 82).</p> <p>Looking at 'Code 9' delays, the number of patients in delay was almost double what it was a year ago (47 against 24).</p> <p>NHS Fife has been in the mid-range of Mainland Health Boards for bed days lost for both 'standard' and 'Code 9' delays in each of the last 3 quarters, covering October 2021 to June 2022.</p> <p>The Front Door team is focusing on redirecting patients to prevent admission to the VHK, while PDD is being rolled out to ensure that patients leave hospital on their planned day of discharge. There is also focused work being undertaken to look at guardianship processes in Fife.</p> <p>Measures to effectively mitigate against proposed winter pressure are progressing following the Grand Round.</p>   |   |             |              |



To deliver value and sustainability

6

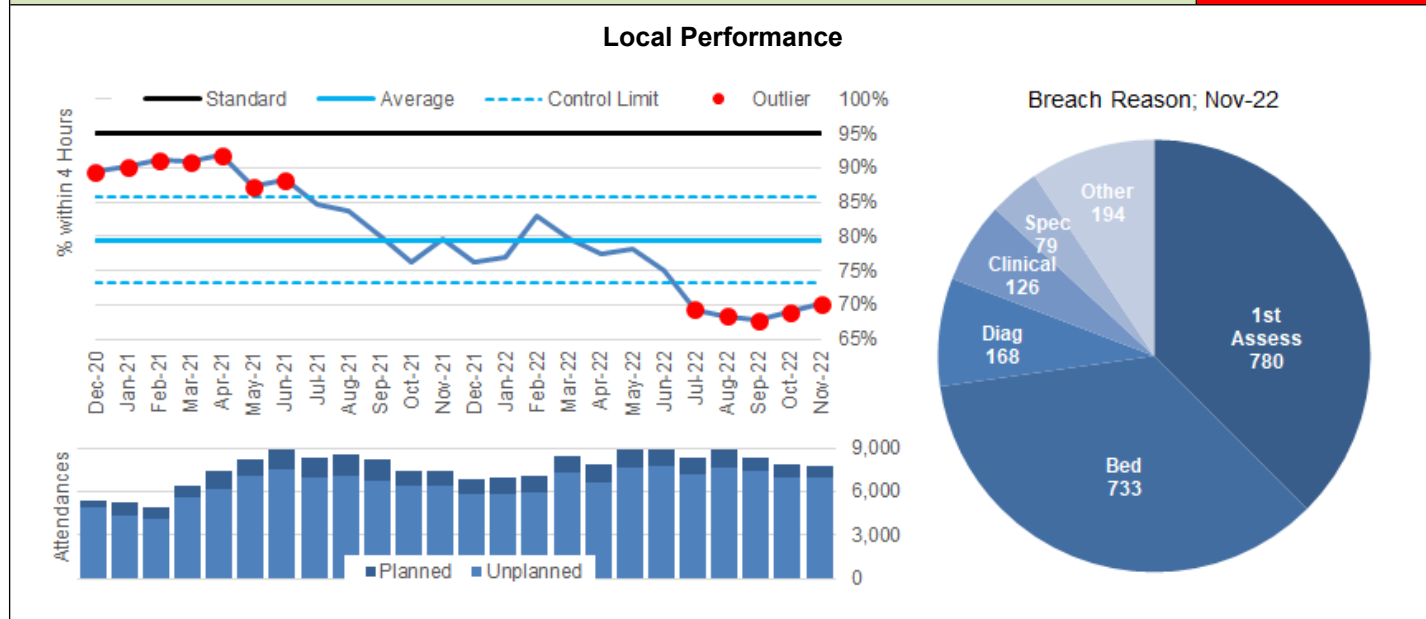


Moderate

|  |  | Forecast        | Current         |
|--|--|-----------------|-----------------|
| <b>Revenue Expenditure</b>   | <i>Work within the revenue resource limits set by the SG Health &amp; Social Care Directorates</i> | <b>(£10.4m)</b> | <b>(£19.6m)</b> |
| <p>The Health Board retained position at the end of November is an overspend of £19.6m. This overspend comprises:</p> <ul style="list-style-type: none"> <li>• £8.865m core overspend (includes £3.214m overspend relating to acute set aside services)</li> <li>• £6.939m of the financial gap identified in the board's approved financial plan</li> <li>• £3.758m unfunded Covid surge and associated costs</li> </ul> <p>The core overspend reflects the significant and ongoing service pressures across acute unscheduled care services, a reduction in planned care funding and an increasing cost pressure within external care commissioning. The forecast year-end position is now significantly beyond the approved financial plan and there is a high level of risk in relation to the delivery of our full savings target programme for the year.</p> <p>Health Delegated Services report an underspend at the end of November 2022 of £3.827m including fully funded Covid costs of £6.982m.</p> |  |                 |                 |
| <b>Capital Expenditure</b>   | <i>Work within the capital resource limits set by the SG Health &amp; Social Care Directorate</i>  | <b>£29.3m</b>   | <b>£17.8m</b>   |
| <p>The overall anticipated capital budget for 2022/23 is £29.282m, which is net of a capital to revenue transfer of £2.600m. The capital position for the period to November records spend of £17.831m. Therefore, 61% of the anticipated total capital allocation has been spent to month 8.</p>  |  |                 |                 |

e. Performance Exception Reports

|  |  |
|--|--|
| <p style="text-align: center;"><b>4-Hour Emergency Access</b></p> <p style="text-align: center;"><i>At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident &amp; Emergency treatment</i></p> | <p><b>Performance</b><br/><b>70.1%</b></p> |
|--|--|



|                 | 2021/22 |       |       |       |       | 2022/23 |       |       |       |       |       |       |       |
|-----------------|---------|-------|-------|-------|-------|---------|-------|-------|-------|-------|-------|-------|-------|
|                 | Nov     | Dec   | Jan   | Feb   | Mar   | Apr     | May   | Jun   | Jul   | Aug   | Sep   | Oct   | Nov   |
| <b>NHS Fife</b> | 79.7%   | 76.1% | 77.0% | 83.0% | 79.6% | 77.5%   | 78.2% | 74.9% | 69.3% | 68.3% | 67.7% | 68.9% | 70.1% |
| <b>Scotland</b> | 75.9%   | 75.7% | 76.0% | 74.2% | 71.6% | 72.1%   | 73.0% | 71.3% | 69.9% | 69.7% | 69.0% | 67.6% |       |

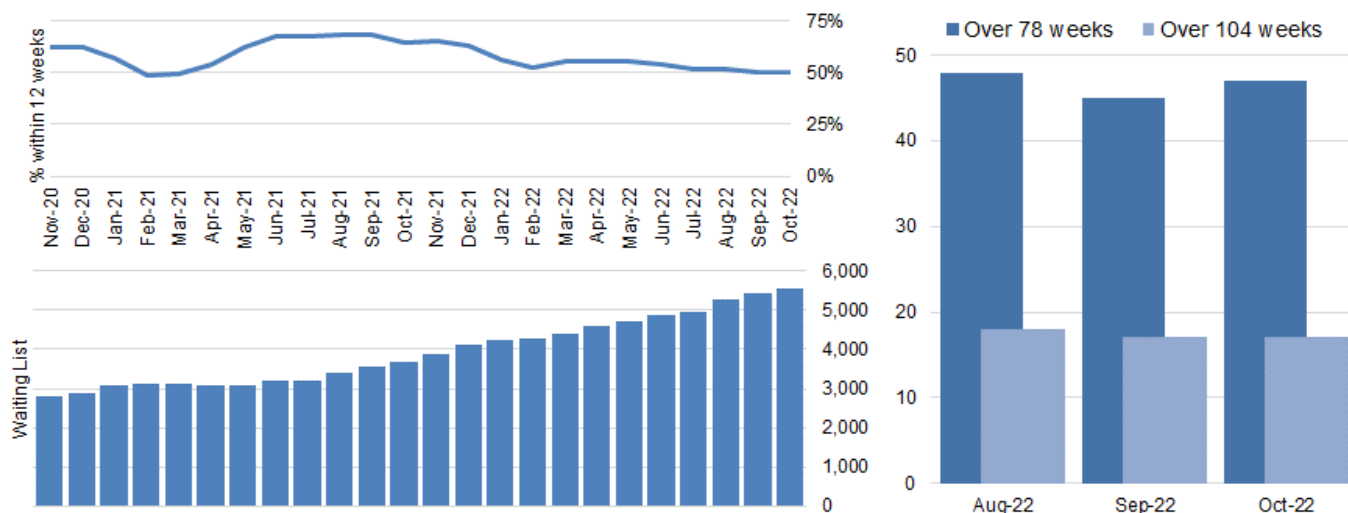
| Key Deliverable  |   | End Date           |
|--|---|--------------------|
| Enhance and optimise our ECAS/AU1 assessment   |   | Apr-23<br>At risk  |
| <b>Key Milestones</b>  | Review Au1 assessment area  | Dec-22<br>On track |
|  | Enhance pathways into ECAS  | Apr-23<br>At risk  |
|  | Rapid Triage Unit to be Established and link with ECAS  | Apr-23<br>On track |
| Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach |   | Sep-23<br>At risk  |
| <b>Key Milestones</b>  | Improve access to Integrated Assessment Team services for frailty positive patients. Develop an in-reach physio model to support earlier diagnosis/treatment.                             | Mar-23<br>Complete |
|  | Develop an in-reach model for people requiring mental health support UCAT. Develop an in-reach model for people requiring addictions support for recovery and crises management.          | Sep-23<br>At risk  |
|  | Develop appropriate alternatives to attendance at A&E, minimise the need for admission, and reduce length of stay and increase options and processes for timely and appropriate discharge | Sep-23<br>At risk  |
| Implement an enhanced triage model within ED to support scheduling with FNC  |   | Mar-23<br>On track |
| Redesign of Urgent Care in close working with partners   |   | Apr-23<br>At risk  |

## Patient TTG

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

**Performance**  
**50.6%**

### Local Performance



### National Benchmarking

|                 | 2021/22 |       |       |       |       | 2022/23 |       |       |       |       |       |       |
|-----------------|---------|-------|-------|-------|-------|---------|-------|-------|-------|-------|-------|-------|
|                 | Nov     | Dec   | Jan   | Feb   | Mar   | Apr     | May   | Jun   | Jul   | Aug   | Sep   | Oct   |
| <b>NHS Fife</b> | 65.1%   | 63.1% | 56.6% | 52.7% | 55.2% | 55.9%   | 55.6% | 54.3% | 51.6% | 51.4% | 50.5% | 50.6% |
| <b>Scotland</b> | 37.3%   | 34.6% | 33.7% | 32.5% | 34.0% | 32.8%   | 32.5% | 31.5% | 30.9% | 31.4% | 31.2% |       |

### Key Deliverable

### End Date

#### Reducing long waits; TTG

It is not possible to undertake any additional activity to deliver the long waiting targets given the level of funding received and core inpatient surgery capacity continues to be restricted at Victoria Hospital due to sustained pressures in unscheduled care, staff absence and vacancies. The focus remains on urgent and cancer inpatients and long waiting day cases which can be performed at QMH.

Mar-23  
Off track

#### Key Milestones

Preassessment

Mar-23  
On track

Elective Orthopaedic Centre

Building and staff expected to be in place by January. Fife allocation from NTC has been reduced to 26 patients from 336 patients which will mean that the backlog of Orthopaedic patients will increase month on month.

Jan-23  
Off track

Maximise utilisation of QMH Theatres

Mar-23  
On track

Optimising Theatres on VHK site - Clinical prioritisation of VHK Theatres

Mar-23  
On track

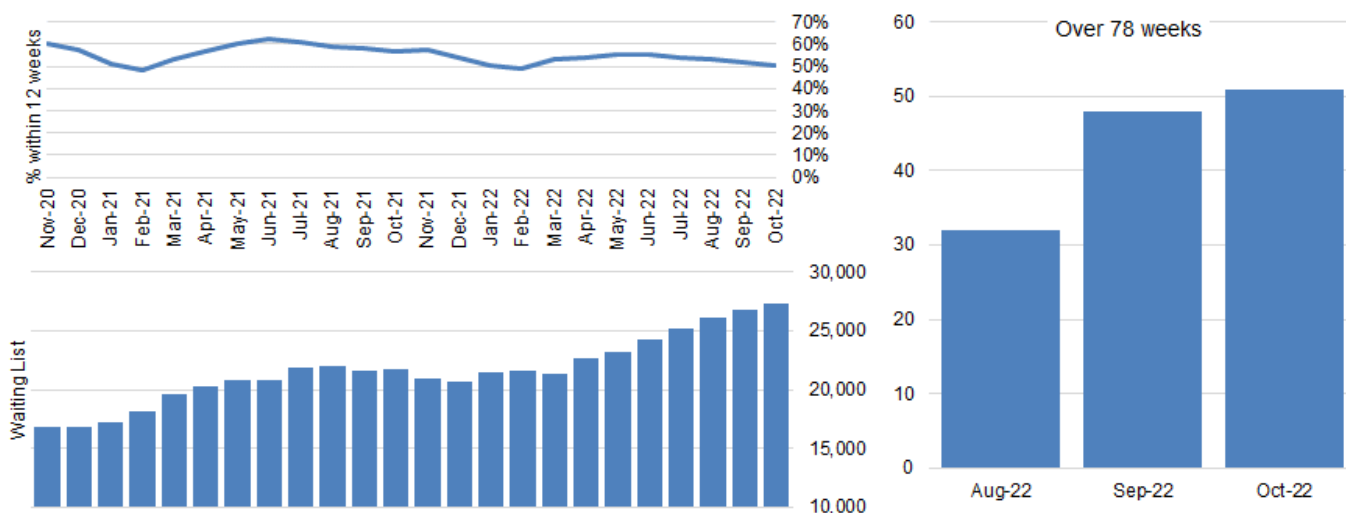
## New Outpatients

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

**Performance**

**50.2%**

### Local Performance



### National Benchmarking

|                 | 2021/22 |       |       |       |       | 2022/23 |       |       |       |       |       |       |
|-----------------|---------|-------|-------|-------|-------|---------|-------|-------|-------|-------|-------|-------|
|                 | Nov     | Dec   | Jan   | Feb   | Mar   | Apr     | May   | Jun   | Jul   | Aug   | Sep   | Oct   |
| <b>NHS Fife</b> | 57.1%   | 53.8% | 50.1% | 48.8% | 53.4% | 53.9%   | 55.3% | 55.4% | 53.9% | 52.9% | 51.5% | 50.2% |
| <b>Scotland</b> | 48.4%   | 46.5% | 45.5% | 45.9% | 49.6% | 48.9%   | 49.6% | 49.1% | 49.1% | 48.4% | 46.3% |       |

| Key Deliverable | End Date |
|-----------------|----------|
|-----------------|----------|

|   |                             |
|---|-----------------------------|
| <p><b>Reducing long waits; Outpatients</b></p> <p><i>It is not possible to undertake any additional activity to reduce the backlog and deliver the long waiting targets given the level of funding received and continued pressures in unscheduled care, staff absence and vacancies. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 18 months and 2 years.</i></p> | <p>Mar-23<br/>Off track</p> |
|---|-----------------------------|

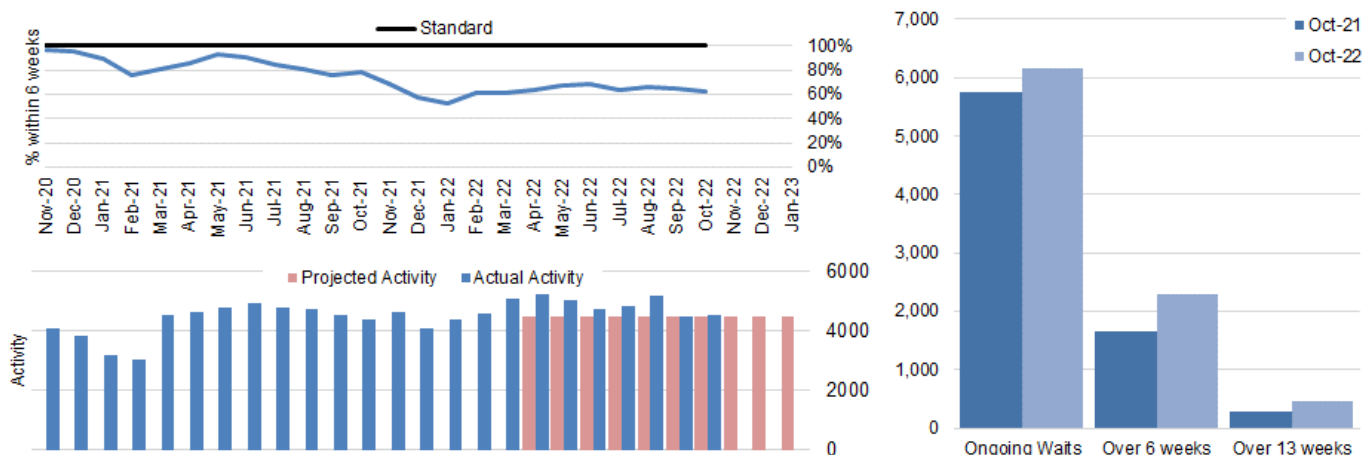
|   |                             |
|---|-----------------------------|
| <p><b>Key Milestones</b></p> <p>ACRT and PIR - Continue rollout throughout 2021/22 to all appropriate services</p>  | <p>Mar-23<br/>At risk</p>   |
| <p>Three step validation process of waiting lists will be implemented</p> <p><i>Lack of WL funding will mean review of patients waiting will either not take place or will be completed at the expense of clinical activity</i></p> | <p>Mar-23<br/>Off track</p> |

## Diagnostics Waiting Times

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

**Performance**  
**62.5%**

### Local Performance



### National Benchmarking

|          | 2021/22 |       |       |       |       | 2022/23 |       |       |       |       |       |       |
|----------|---------|-------|-------|-------|-------|---------|-------|-------|-------|-------|-------|-------|
|          | NOV     | DEC   | JAN   | FEB   | MAR   | APR     | MAY   | JUN   | JUL   | AUG   | SEP   | OCT   |
| NHS Fife | 68.3%   | 57.8% | 52.7% | 61.2% | 61.6% | 63.0%   | 67.8% | 68.2% | 63.5% | 65.9% | 64.6% | 62.5% |
| Scotland | 56.9%   | 49.6% | 48.1% | 50.8% | 49.6% | 45.2%   | 47.0% | 47.5% | 44.7% | 46.0% | 47.9% |       |

### Key Deliverable

### End Date

#### Reducing long waits; Diagnostics

*In endoscopy it has not been possible to undertake any additional activity this year to reduce the backlog as no additional funding was received. There has been a reduction in long waits as efforts are made to contact patients and clinical validation of the waiting list progresses.*

*In Radiology additional activity was undertaken in Q1 and Q2 of this year particularly in CT and MRI which enabled a reduction in long waits for specialist CT scans and significant reduction in those waiting over 6 weeks.*

*There will continue to be a focus on urgent and urgent suspicion of cancer referrals along with reviewing those routine patients who have been experiencing long waits for both Radiology and endoscopy.*

Mar-23  
Off track

#### Radiology -7 day working

*No funding identified to take this forward, continuing into FY 2023/24*

Mar-24  
Off track

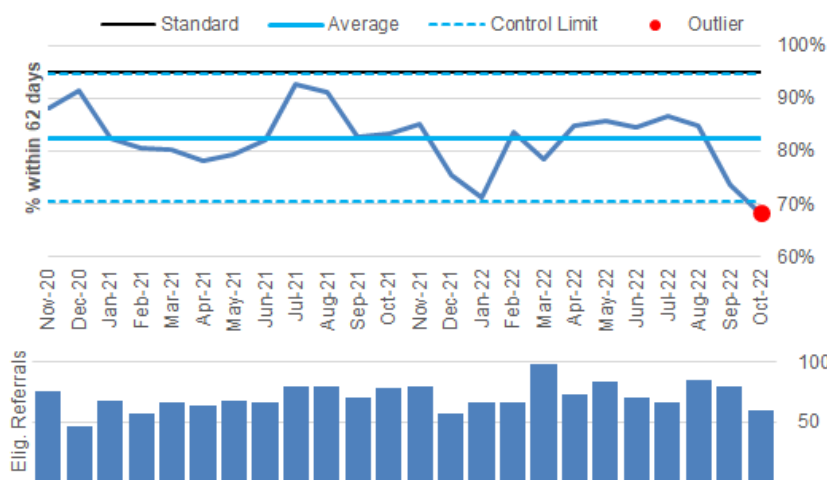


## Cancer 62-Day Referral to Treatment

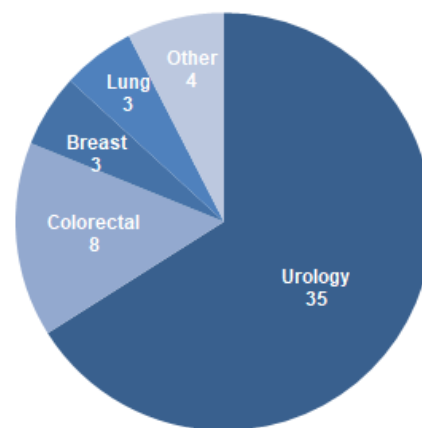
At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days

**Performance**  
**68.3%**

### Local Performance



Breaches; QE Oct-22



### National Benchmarking

| Month    | 2021/22 |       |       |       |       | 2022/23 |       |       |       |       |       |       |
|----------|---------|-------|-------|-------|-------|---------|-------|-------|-------|-------|-------|-------|
|          | NOV     | DEC   | JAN   | FEB   | MAR   | APR     | MAY   | JUN   | JUL   | AUG   | SEP   | OCT   |
| NHS Fife | 85.0%   | 75.4% | 71.2% | 83.6% | 78.6% | 84.9%   | 85.7% | 84.5% | 86.6% | 84.7% | 73.8% | 68.3% |
| Scotland | 78.1%   | 78.3% | 76.3% | 77.4% | 75.5% | 77.0%   | 75.8% | 73.5% | 75.8% | 73.6% | 72.1% | 70.3% |

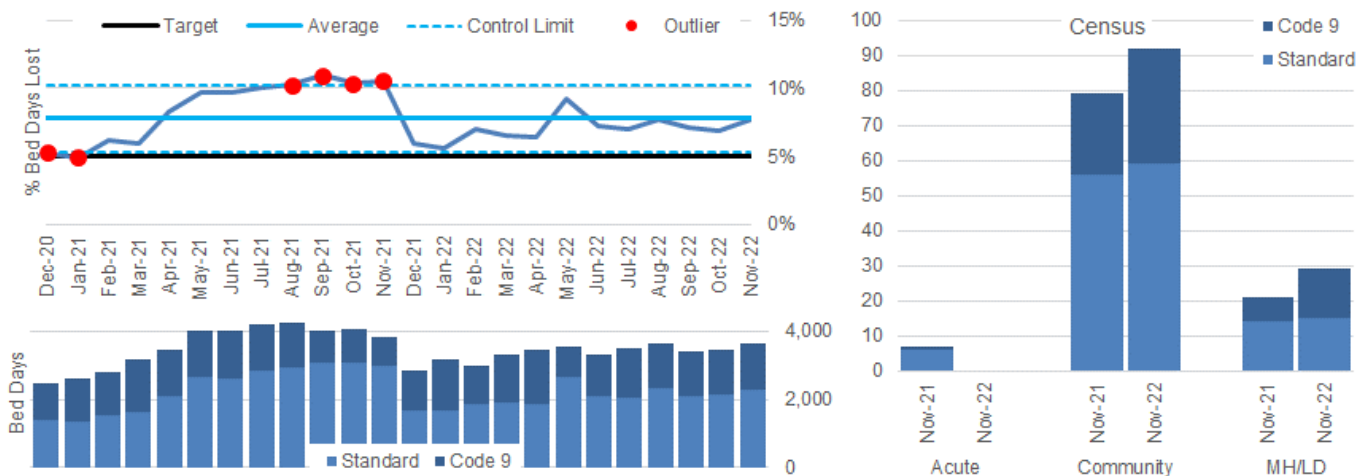
| Key Deliverable   |   | End Date            |
|---|---|---------------------|
| Implementation of Cancer Framework and delivery plan in NHS Fife to support delivery of Recovery and Redesign: An Action Plan for Cancer Services |   | Mar-23<br>On track  |
| Key Milestones  | ECDC development/expansion  | Mar-23<br>On track  |
|   | Development of single point of contact hub (SPOCH)  | Sep-22<br>Complete  |
|   | Review of cancer workforce  | Mar-23<br>Complete  |
|   | Environmental needs of cancer services  | Mar-23<br>On track  |
|   | Continued public and patient engagement   | Mar-23<br>Complete  |
|   | Increased access to trials linking with R, I & K  | Mar-23<br>On track  |
|   | Optimal and timed patient pathways (including BSC), aligning to Effective Cancer Management Framework                 | Mar-23<br>On track  |
| Delivery of Cancer Waiting Times  |   | Mar-23<br>Off track |
| Key Milestones  | Implement refreshed Effective Cancer Management Framework to drive improvement of Cancer Waiting Times performance    | Mar-23<br>Complete  |
|   | Targeted improvements designed to maintain the 31-day standard and improve the 62-day standard on a sustainable basis | Mar-23<br>Off track |

## Delayed Discharges (Bed Days Lost)

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

**Performance**  
**7.7%**

### Local Performance



### National Benchmarking

| % Bed Days Lost |          | Quarter Ending |       |      |       |         |       |       |       |         |
|-----------------|----------|----------------|-------|------|-------|---------|-------|-------|-------|---------|
|                 |          | 2020/21        |       |      |       | 2021/22 |       |       |       | 2022/23 |
|                 |          | JUN            | SEP   | DEC  | MAR   | JUN     | SEP   | DEC   | MAR   | JUN     |
| NHS Fife        | Standard | 4.6%           | 6.8%  | 5.4% | 5.7%  | 9.2%    | 10.4% | 9.0%  | 6.4%  | 7.6%    |
|                 | All      | 8.6%           | 10.1% | 9.6% | 10.9% | 14.4%   | 14.8% | 12.4% | 11.1% | 11.8%   |
| Scotland        | Standard | 3.8%           | 5.1%  | 4.8% | 4.6%  | 5.0%    | 6.8%  | 7.2%  | 7.2%  | 7.3%    |
|                 | All      | 5.9%           | 7.1%  | 7.3% | 7.3%  | 7.4%    | 9.4%  | 9.7%  | 10.4% | 10.3%   |

### Key Deliverable

### End Date

**Deliver Home First and enable Prevention and Early Intervention**

Dec-23  
On track

| Key Milestones   | End Date            |
|--|---------------------|
| 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.   | Feb-23<br>On track  |
| Information and data development of programme measures and the delivery of a management information dashboard for the programme through an inter-agency and inter-disciplinary approach  | Jun-23<br>On track  |
| Support citizens to have greater control and choice of care preferences in event of a future deterioration, or change in circumstances for themselves or their carer(s). All community patients at risk of readmission will have an ACP.                                       | Mar-23<br>On track  |
| Reduce admissions from ED and GP presentation by early IAIT assessment and use of out of hospital pathways for those who are screened for frailty at point of presentation   | Dec-22<br>Suspended |
| Integrated Discharge Planning - review and develop pathways to minimise delays and ensure patients are cared for in the right place at the right time  | Dec-22<br>On track  |
| Intermediate Care - ensure that all reablement options are explored to promote independence for people who need support prior to going home. Promote delivery of digital solutions, which will support the implementation of the aims & objectives of the home first strategy. | Jul-23<br>At risk   |
| Housing & Social Determinants - review and develop pathways to minimise delays where Housing is the primary reason for a delayed discharge   | Mar-23<br>On track  |
| Commissioning and Resourcing - support the Home First model by working with providers, Scottish care and inhouse provision to redesign a system that is fit for the future   | Oct-22<br>Complete  |

**Discharge without Delay project as part of the U&UC programme to improve patient pathways to reduce preventable delays that extend length of stay**

Mar-23  
On track

**Continue to reduce delayed discharge**

Dec-23  
On track

Reduce hand offs in discharge processes

Feb-23

|  |   |                    |
|--|---|--------------------|
|  |   | On track           |
|  | Reduce the number of patients delayed in hospital awaiting the appointment of a Welfare Guardian  | Apr-23<br>On track |
|  | 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 | Apr-23<br>On track |
|  | Promotional campaign to support the Moving on Policy to help with decision making of moving on patients   | Dec-23<br>On track |
|  | Planned Date of Discharge Project   | Dec-22<br>On track |
|  | Front Door Model  | Dec-22<br>On track |
|  | Electronic referrals  | Dec-23<br>At risk  |

# FINANCE, PERFORMANCE & RESOURCES: FINANCE

|   |                             |
|---|-----------------------------|
| <b>Finance</b><br><i>NHS Boards are required to work within the revenue and capital resource limits set by the Scottish Government Health &amp; Social Care Directorates (SGHSCD)</i> | <b>Revenue<br/>(£19.6m)</b> |
|   | <b>Capital<br/>£17.8m</b>   |

## 1. Executive Summary

The Health Board retained position at the end of November 2022 is an overspend of £19.562m. This overspend comprises:

- £8.865m core overspend (includes £3.214m overspend relating to acute set aside services).
- £6.939m of the financial gap identified in the board's approved financial plan.
- £3.758 unfunded Covid surge and associated costs.

Health Delegated Services report an underspend at the end of November 2022 of £3.827m including fully funded Covid costs of £6.982m.

### Revenue Financial Position as at 30 November 2022

| Budget Area  | Annual Budget<br>£'000 | YTD Budget<br>£'000 | YTD Spend<br>£'000 | YTD Variance<br>£'000 |
|--|------------------------|---------------------|--------------------|-----------------------|
| <b>NHS Services (incl Set Aside)</b>               |                        |                     |                    |                       |
| <b><u>Clinical Services</u></b>                    |                        |                     |                    |                       |
| Acute Services                                     | 249,437                | 165,992             | 174,593            | -8,601                |
| IJB Non-Delegated                                  | 9,574                  | 6,471               | 6,423              | 48                    |
| Non-Fife & Other Healthcare Providers              | 95,847                 | 63,921              | 66,421             | -2,500                |
| <b><u>Non Clinical Services</u></b>                |                        |                     |                    |                       |
| Estates & Facilities                               | 78,856                 | 52,121              | 52,134             | -13                   |
| Board Admin & Other Services                       | 71,259                 | 43,773              | 43,638             | 135                   |
| <b><u>Other</u></b>                                |                        |                     |                    |                       |
| Financial Flexibility & Allocations                | 23,188                 | 2,288               |                    | 2,288                 |
| Income   | -22,326                | -11,541             | -11,625            | 84                    |
| Grip and Control                                   | -3,412                 | -2,275              | -1,969             | -306                  |
| <b>Sub-total Core position</b>                     | <b>502,423</b>         | <b>320,750</b>      | <b>329,615</b>     | <b>-8,865</b>         |
| Financial Gap                                      | -10,408                | -6,939              |                    | -6,939                |
| <b>HB Retained Surge Capacity</b>                  |                        |                     | <b>2,145</b>       | <b>-2,145</b>         |
| <b>HB retained Covid 19</b>                        | <b>10,255</b>          | <b>7,755</b>        | <b>9,368</b>       | <b>-1,613</b>         |
| <b>SUB TOTAL</b>                                   | <b>502,270</b>         | <b>321,566</b>      | <b>341,128</b>     | <b>-19,562</b>        |
| <b><u>Health &amp; Social Care Partnership</u></b> |                        |                     |                    |                       |
| Fife H & SCP                                       | 374,941                | 242,239             | 238,412            | 3,827                 |
| Health delegated Covid 19                          | 6,982                  | 6,982               | 6,982              | 0                     |
| <b>SUB TOTAL</b>                                   | <b>381,923</b>         | <b>249,221</b>      | <b>245,394</b>     | <b>3,827</b>          |
| <b>TOTAL</b>                                       | <b>884,193</b>         | <b>570,787</b>      | <b>586,522</b>     | <b>-15,735</b>        |

- 1.2 The NHS Fife financial plan approved in March 2022 identified cost improvement plans of £11.7m and a capital to revenue transfer of £2m resulting in a residual financial gap of £10.4m against an original £24.1m financial gap position. The financial plan also assumed that additional costs incurred in responding to Covid 19 would be fully funded, however all Health Boards Covid-19 funding has been capped with NHS Fife receiving £7.5m for

## FINANCE, PERFORMANCE & RESOURCES: FINANCE

2022/23 (notified in October) and any overspend beyond the funding cap is disclosed as part of our core overspend position: £3.758m at the end of November 2022.

- 1.3 The November 2022 allocation letter was received on 7 December 2022. We continue to make assumptions on anticipated allocations including critically the required level of funding to cover the final agreement on the national AFC pay award. As previously reported the planned care funding allocation received from SG was significantly reduced and although work has been taken forward to mitigate the impact of the shortfall in funding, a £1m overspend will materialise and is reflected in our position. Details of our funding allocations, both received and anticipated, are attached at Appendix 1.
- 1.4 At the end of November 2022, we are £1.2m short of the level of savings we planned to deliver by this time. The forecast outturn assumes all CIPs will be delivered at the financial year end, however there is a high level of risk that £2m of our Acute Services savings plan may now not be achieved and therefore has the potential to increase the Board's overspend position.

It is important to note that the cost of living crisis, inflationary increases, the level of service pressure and staff absence are increasing the challenge on the financial position and delivery of savings across the entire organisation.

Where plans are slipping pipeline schemes are being identified and are currently being further explored for presentation at the FIS Programme Board for approval it is doubtful however that we will be able to deliver newly identified schemes in full this financial year.

- 1.5 The delivery of our approved financial position (£10.4m overspend agreed with Scottish Government) is at a high level of risk with the Board's forecast overspend at this time projected to be £19m. This position assumes the delivery of our Cost Improvement Programme in full this year and assumes HSCP funding for surge beds and expenditure on Primary Care and Mental Health out of area treatment costs. This is a significant change to our financial position which will be discussed in detail at EDG in early January 2023. In the meantime directors are reviewing their forecast outturn projections, noting that difficult choices lie ahead for the remainder of 2022/23 and into 2023/24.
- 1.6 The overall anticipated capital budget for 2022/23 is £29.282m (net of a capital to revenue transfer value of £2.6m). This reflects: the core Capital Resource limit (CRL) of £7.764m notified by Scottish Government; anticipated allocations expected during the year to support a number of ongoing projects; as well as additional funding received from successful bids submitted to SG over the summer months. The capital position for the period to November records spend of £17.831m equivalent to 61% of the net allocation. The capital programme is expected to deliver in full, with activity in the latter part of the financial year in respect of completion of the National Treatment Centre facility.

## 2. Health Board Retained Services

### Clinical Services financial performance as at 30 November 2022 excluding Covid-19 costs

| Budget Area                             | Annual Budget<br>£'000 | YTD Budget<br>£'000 | YTD Spend<br>£'000 | YTD Variance<br>£'000 |
|---|------------------------|---------------------|--------------------|-----------------------|
| Acute Services (HB Retained)            | 205,245                | 136,714             | 142,101            | -5,387                |
| Acute Services (Acute Set Aside)        | 44,192                 | 29,278              | 32,492             | -3,214                |
| <b>Subtotal Acute Services Division</b> | <b>249,437</b>         | <b>165,992</b>      | <b>174,593</b>     | <b>-8,601</b>         |
| IJB Non Delegated                       | 9,574                  | 6,471               | 6,423              | 48                    |
| Non-Fife & Other Healthcare Providers   | 95,847                 | 63,921              | 66,421             | -2,500                |
| Income                                  | -22,326                | -11,541             | -11,625            | 84                    |
| <b>SUB TOTAL</b>                        | <b>332,532</b>         | <b>224,843</b>      | <b>235,812</b>     | <b>-10,969</b>        |

- 2.1 Acute Services reports a core **overspend of £8.601m**. This position reflects the financial consequences of the significant ongoing service pressures across unscheduled care with increased demand and higher acuity than pre-pandemic levels. Increased lengths of stay together with delayed discharges and high levels of vacancy are driving the reliance on supplementary staffing for both nursing and medical workforces. Despite appointment of newly qualified practitioners, international recruits and introducing the role of B4 nurse practitioner, supplementary staffing remains very high with vacancy levels being sustained at similar levels to earlier in the year. In addition, the Acute Services position has been impacted by a change in policy regarding covid absence with these costs now reflected in the core position. Separately, work is underway to investigate control issues relating to spend on premium agency staff in our efforts to ensure non-contract agency is minimised. The middle grade rota in WCCS has been confirmed as non-compliant which adds to the financial challenge, with

## FINANCE, PERFORMANCE & RESOURCES: FINANCE

other departments also monitoring rota compliance. In month 8 cancer funding has been redirected to address some of the gap which resulted from the shortfall in Planned Care Funding for cancer waiting lists and the funding gap remains under review. There is significant cost pressure within non pay cost due to additional medicines growth of £2.608m, particularly within haematology services where new cancer medicines are being made available. Patients eligible for multiple sclerosis medicines in neurology have increased by 50% compared to this time last year, with more patients being added weekly. This growth is also being seen by other boards as early treatment has been evidenced to reduce both long term disabilities and reliance on rehabilitation. Continued growth and replacement of diabetic pumps, the increased cost of consumables for robotic procedures and theatres supplies are collectively overspending at £0.975m. The reported overspend to November includes unachieved cost improvement plans of £0.812m.

Included in the core Acute Services position is an overspend on core set aside services of £3.214m which is being funded on a **non-recurring** basis by the board.

- 2.2 The IJB Non-Delegated budget reports an **underspend of £0.048m**. This relates in the main to relates to nursing vacancies across the Acute Services within the Northeast Fife Hospitals and the Forensic unit (Daleview) at Lynebank.
- 2.3 The budget for healthcare services provided outwith NHS Fife is **overspent by £2.5m** (detail per Appendix 2). Notwithstanding a £3m budget allocation as part of this year's financial planning process; there has been increased activity in patients requiring mental health support; and substance misuse support. In addition, discussions continue nationally on an additional inflationary uplift to SLAs re increased energy costs. Information has been received this month on 2 very high-cost patients who no longer meet the criteria for NSD funding. This increases our costs by £0.9m. We are in discussion with the HSCP in relation to the alignment of both budget and spend for SLAs relating to Mental Health services for which there is now a forecast overspend of £2.5m.
- 2.4 **Corporate Functions and Other Financial performance at 30 November 2022**

| Budget Area                         | Annual Budget<br>£'000 | YTD Budget<br>£'000 | YTD Spend<br>£'000 | YTD Variance<br>£'000 |
|-------------------------------------|------------------------|---------------------|--------------------|-----------------------|
| <u>Non Clinical Services</u>        |                        |                     |                    |                       |
| Estates & Facilities                | 78,856                 | 52,121              | 52,134             | -13                   |
| Board Admin & Other Services        | 71,259                 | 43,773              | 43,638             | 135                   |
| <u>Other</u>                        |                        |                     |                    |                       |
| Financial Flexibility & Allocations | 23,188                 | 2,288               | 0                  | 2,288                 |
| <b>SUB TOTAL</b>                    | <b>173,303</b>         | <b>98,182</b>       | <b>95,772</b>      | <b>2,410</b>          |

- 2.5 The Estates and Facilities budgets report a slight overspend of **£0.013**. Whilst pays are reflecting an underspend this is being offset as previously reported by energy and clinical waste pressures, and this month has seen an increase in provision costs which are being further investigated.
- 2.6 Within the Board's corporate services there is **an underspend of £0.135m**. Whilst there are a range of underspends across corporate service areas, there are offsetting areas of overspend within our Workforce Department which reflects cost pressures associated with the Regional Recruitment consortium and legal costs.
- Financial Flexibility**
- 2.7 Financial flexibility at the end of November includes allocations and anticipated budget provision for supplies, medical supplies and drugs uplifts. A summary of funding held in **financial flexibility** and the release of **£2.288m** to month 8 is shown at Appendix 3.
- Financial Gap**
- 2.8 The **financial plan gap** reflects the pro-rata share of the planned £10.4m deficit (**£6.939m** to month 8) which we will require to address on a recurring basis as part of our medium term financial strategy.
- Approved Cost Improvement Plans**
- 2.9 The year-to-date target at month 8 is £7.260m with £6.099m achieved, resulting in a current year shortfall of £1.161m. Recurring savings achieved are £2.337m, equivalent to 20% of the full year target, a 1% increase against the position in month 8. This represents a significant challenge going into 2023/24 as the non-recurring element of the in-year target will require to be carried forward.

## FINANCE, PERFORMANCE & RESOURCES: FINANCE

Significant risk remains against delivery of the full in-year target. It is important to note that the cost of living crisis, inflationary increases, the level of service pressure and staff absence are increasing the challenge on the financial position and delivery of savings across the entire organisation.

There is a high level of risk that £2m of our Acute Services savings plan may now not be achieved and therefore has the potential to increase the Board's forecast overspend position by a further £2m.

### Approved Cost Improvement Plans - Position at 30 November 2022

| Budget Area          | Current Year Target<br>£'000 | Year to Date Target<br>£'000 | Year to Date Achieved<br>£'000 | Year to Date Variance<br>£'000 |
|----------------------|------------------------------|------------------------------|--------------------------------|--------------------------------|
| Acute Services       | 5,752                        | 3,466                        | 2,654                          | -812                           |
| Estates & Facilities | 1,652                        | 902                          | 905                            | 3                              |
| Corporate            | 4,296                        | 2,892                        | 2,540                          | -352                           |
| <b>Total</b>         | <b>11,700</b>                | <b>7,260</b>                 | <b>6,099</b>                   | <b>-1,161</b>                  |

By the end of month 8 Acute Services delivered £2.654m, a year-to-date shortfall of £0.812m. To date Acute Services has identified £1.370m on a recurring basis. Further detail is included in Appendix 4 to this report.

### 3. Health Board Covid-19 spend

3.1 Formal notification of a funding cap on the Health Board Covid-19 funding of £7.5m for 2022/23 has meant that any overspend beyond the funding cap is part of our core position. The table below shows Covid-19 spend of £8.758m to month 8. This includes £2.145m unfunded Covid surge costs for Ward 6 and other surge beds and the costs of additional resources deployed to other wards/clinical areas required to support surge activity across the hospital. For 2020/21 and 2021/22 these costs were accounted for as Covid expenditure. However, the Covid funding cap means this expenditure is now an overspend against our available Covid budget. Discussions are underway with the HSCP to determine a system wide approach to support the cost of surge activity for the full financial year.

3.2 In addition, we have incurred fully funded £2.755m spend for Test and Protect costs.

| HB & Acute set aside Covid-19 spend | Year to Date Budget<br>£'000 | YTD Spend HB Retained<br>£'000 | YTD Spend Set Aside<br>£'000 | YTD Spend Total<br>£'000 | YTD Variance<br>£'000 |
|-------------------------------------|------------------------------|--------------------------------|------------------------------|--------------------------|-----------------------|
| Acute Services                      | 2,080                        | 2,080                          | 3,042                        | 5,122                    | -3,042                |
| HB Retained Surge Capacity          | 0                            | 0                              | 2,145                        | 2,145                    | -2,145                |
| Estate & Facilities                 | 76                           | 76                             | 448                          | 524                      | -448                  |
| Corporate                           | 866                          | 866                            | 101                          | 967                      | -101                  |
| Funding Envelope                    | 1,978                        |                                |                              |                          | 1,978                 |
| <b>Subtotal</b>                     | <b>5,000</b>                 | <b>3,022</b>                   | <b>5,736</b>                 | <b>8,758</b>             | <b>-3,758</b>         |
| Test & Protect                      | 2,755                        | 2,755                          | 0                            | 2,755                    | 0                     |
| <b>Total</b>                        | <b>7,755</b>                 | <b>5,777</b>                   | <b>5,736</b>                 | <b>11,513</b>            | <b>-3,758</b>         |

3.3 Local policies have been reviewed to ensure that national guidance is adhered to and bring consistency with other boards.

### 4. Health & Social Care Partnership

4.1 Health services in scope for the Health and Social Care Partnership report a core **underspend of £3.827m**. This position is after a £2.4m budget realignment to Social Care in October 2022. The underspend position predominantly relates to vacancies with attempts to recruit ongoing by services. In common with HB retained services, there are high usage/costs associated with medical locums and nurse bank/agency to cover vacancies, sickness and increased patient supervision requirements. Prescribing data available to inform the position is 2 months in arrears so the position to month 8 is based on 6 months actual data with 2 months informed estimated costs. Using that data, other available indicators and 3 years previous positive outturns, the GP Prescribing position to October is estimated to be £0.945m underspent.

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| Budget Area                                 | Annual Budget<br>£'000 | YTD Budget<br>£'000 | YTD Spend<br>£'000 | YTD Variance<br>£'000 |
|---|------------------------|---------------------|--------------------|-----------------------|
| <b>Health &amp; Social Care Partnership</b> |                        |                     |                    |                       |
| Fife H & SCP                                | 374,941                | 242,239             | 238,412            | 3,827                 |
| <b>SUB TOTAL</b>                            | <b>374,941</b>         | <b>242,239</b>      | <b>238,412</b>     | <b>3,827</b>          |

The Health and Social Care Partnership budget detailed above are Health budgets designated as in scope for HSCP integration, excluding budgets in respect of large hospital services, also referred to as Set Aside. The financial pressure related to set aside services is currently held within the NHS Fife financial position. Anticipated funding from the IJB earmarked reserve is shown at Appendix 5.

### 4.2 HSCP Covid-19 spend

The Health Delegated covid spend of £6.982m to month 8, including Covid vaccine costs, will be met from the Covid-19 earmarked reserve.

| Health Delegated Covid-19 spend      | Budget<br>£'000 | YTD Spend<br>£'000 | YTD Variance<br>£'000 |
|--------------------------------------|-----------------|--------------------|-----------------------|
| Community Care Services              | 2,551           | 2,551              | 0                     |
| Complex and Critical Services        | 94              | 94                 | 0                     |
| Primary Care and Prevention Services | 85              | 85                 | 0                     |
| Professional/Business Enabling       | 78              | 78                 | 0                     |
| Covid-19 Vaccination Costs           | 4,174           | 4,174              | 0                     |
| <b>Total</b>                         | <b>6,982</b>    | <b>6,982</b>       | <b>0</b>              |

## 5. Forecast Outturn

- 5.1 The forecast outturn for Health retained services at the end of March 2023 is a potential overspend of £19m. This position assumes HSCP funding to support the cost of surge activity which is predicted to remain for the full financial year and the non-Fife and other Healthcare providers overspend relating to Primary Care and Mental Health. The forecast further assumes Acute Services will deliver their full CIP targets in-year, there is a high level of risk associated with this latter assumption.
- 5.2 There is a clear expectation from Scottish Government that we deliver our forecast financial position (an overspend of £10.4m) as notified to them in March 2022. Currently the board requires further mitigating actions of £9m to be identified and actioned prior to the financial year end which is extremely challenging.

This is a significant change to our financial position which will be discussed in detail at EDG in early January 2023. In the meantime directors are reviewing their forecast outturn projections, noting that difficult choices lie ahead for the remainder of 2022/23 and into 2023/24.

## 6. Capital

- 6.1 The overall anticipated capital budget for 2022/23 is £29.282m, which is net of a capital to revenue transfer of £2.600m. The capital position for the period to November records spend of £17.831m. Therefore, 61% of the anticipated total capital allocation has been spent to month 8.
- 6.2 The programme of £31.882m detailed in the table below.



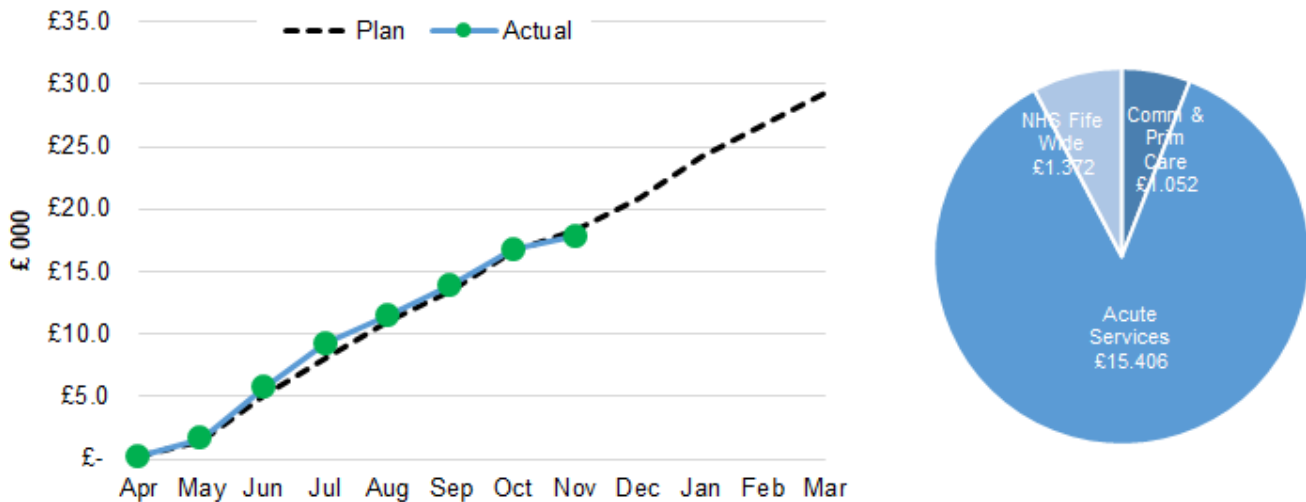
| Capital Plan                                    | £'000         |
|---|---------------|
| Initial Capital Allocation                      | 7,764         |
| Elective Orthopaedic Centre                     | 13,629        |
| Kincardine Health Centre                        | 365           |
| Lochgelly Health Centre                         | 506           |
| National Equipping - Traunch 1                  | 1,506         |
| QMH Theatres PH2                                | 1,500         |
| Mental Health                                   | 100           |
| HEPMA   | 900           |
| Ferno Trollies                                  | 50            |
| Estates NIB Bid                                 | 2,720         |
| D&I NIB Bid                                     | 1,928         |
| NIB Equipment                                   | 914           |
| <b>Total Before Capital to Revenue Transfer</b> | <b>31,882</b> |
| Capital to Revenue Transfer                     | - 2,600       |
| <b>Total</b>                                    | <b>29,282</b> |

NHS Fife has received £1.191m in charitable funding to support both the modernisation works associated with the VHK Hospice of £0.350m and £0.841m for the Audio Visual Theatre and Artwork for the new National Treatment Centre.

The Scottish Capital Investment Group have given approval for the Kincardine & Lochgelly Health Centres to proceed to Full Business Case, subject to NHS Assure approval and a Benefits Realisation incorporated into the Outline Business Case.

### 6.3 Expenditure / Major Scheme Progress

The summary expenditure position across all projects is set out in the dashboard summary below. The expenditure to date amounts to £17.831m, this equates to 60.89% of the total anticipated capital allocation, as illustrated in the spend profile graph below.



The main areas of spend to date include:

|                             |          |
|-----------------------------|----------|
| Statutory Compliance        | £2.842m  |
| Equipment                   | £1.193m  |
| Digital                     | £1.155m  |
| Elective Orthopaedic Centre | £11.535m |
| Health Centres              | £0.764m  |

- 6.5** The capital programme is expected to deliver in full with significant activity in the final months of the year working towards a balanced capital position. Further detail on capital expenditure is detailed in Appendices 6 and 7.

## 7 Recommendation

7.1 Members are invited to approach the Director of Finance and Strategy for any points of clarity on the month 8 position reported and are asked to:

- **Discuss** the reported core YTD overspend of £19.562m
- **Note** the Health delegated core YTD underspend position of £3.827m
- **Discuss and agree mitigations to reduce** the forecast outturn position of £19m
- **Note** the capital expenditure spend of £17.831m.

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## Appendix 1: Revenue Resource Limit

|   | Baseline<br>Recurring<br>£'000 | Earmarked<br>Recurring<br>£'000 | Non-<br>Recurring<br>£'000 | Total<br>£'000 | Narrative                                      |
|---|--------------------------------|---------------------------------|----------------------------|----------------|--|
| June letter                                       | 748,855                        |                                 | 125                        | 748,980        |  |
| July Letter                                       |                                |                                 | 101                        | 101            |  |
| August Letter                                     |                                | 8,828                           | 4,765                      | 13,593         |  |
| September Letter                                  |                                | 1,408                           | 4,363                      | 5,771          |  |
| October Letter                                    | 600                            | 5,132                           | 1,966                      | 7,698          |  |
| Benzodiazepine Service                            |                                |                                 | 273                        | 273            |  |
| Nursing support for Adult Social care             |                                |                                 | 1,053                      | 1,053          | Continuation of Funding                        |
| Development Hospital at Home                      |                                |                                 | 287                        | 287            | Continuation of Funding                        |
| Integrated Primary & Community Care               |                                |                                 | 357                        | 357            | Second part of annual allocation               |
| Breast Feeding Support project                    |                                | 66                              |                            | 66             |  |
| Primary Care Out of Hours                         |                                |                                 | 240                        | 240            | First part of allocation information to follow |
| District Nursing                                  |                                |                                 | 605                        | 605            | Annual allocation in line with estimates       |
| Additional funding Imaging                        |                                |                                 | 114                        | 114            | Additional funding as per discussion with SG   |
| Drug Tariff Reduction                             |                                |                                 | -19                        | -19            | Corrction to last month figure                 |
| Planned Care                                      |                                | 8,635                           |                            | 8,635          | As per letter                                  |
| <b>Total Core RRL Allocations</b>                 | <b>749,455</b>                 | <b>24,069</b>                   | <b>14,230</b>              | <b>787,754</b> |  |
| Primary Medical Services                          |                                | 59,263                          |                            | 59,263         |  |
| Mental Health Bundle                              |                                | 1,363                           |                            | 1,363          |  |
| Distinction Awards                                |                                | 139                             |                            | 139            |  |
| Community Pharmacy Champions                      |                                | 20                              |                            | 20             |  |
| NSS Discovery                                     |                                | -37                             |                            | -37            |  |
| Pharmacy Global Sum Calculation                   |                                | -204                            |                            | -204           |  |
| NDC Contribution                                  |                                | -843                            |                            | -843           |  |
| Community Pharmacy Pre-Reg Training               |                                | -165                            |                            | -165           |  |
| New Medicine Fund                                 |                                | 6,683                           |                            | 6,683          |  |
| Golden Jubilee SLA                                |                                | -25                             |                            | -25            |  |
| PCIF  |                                | 3,499                           |                            | 3,499          |  |
| Action 15 Mental Health strategy                  |                                | 2,121                           |                            | 2,121          |  |
| Veterans First Point Transisition Funding         |                                | 116                             |                            | 116            |  |
| ADP   |                                | 989                             |                            | 989            |  |
| School Nurse                                      |                                | 276                             |                            | 276            |  |
| Perinatal and Infant Mental Health                |                                | 663                             |                            | 663            |  |
| Primary care development funding                  |                                | 30                              |                            | 30             |  |
| CAMHS   |                                | 704                             |                            | 704            |  |
| Mental Health Funding Pharmacy recruitment        |                                | 64                              |                            | 64             |  |
| Mental health & Wellbeing primary care services   |                                | 105                             |                            | 105            |  |
| Capital to Revenue                                |                                |                                 | 2,600                      | 2,600          |  |
| Midwife Training                                  |                                |                                 | 7                          | 7              |  |
| NSD etc   |                                | -1,535                          |                            | -1,535         |  |
| Additional Pay Award                              | 8,513                          |                                 |                            | 8,513          |  |
| Depreciation                                      |                                |                                 | 1,420                      | 1,420          |  |
| NTC   |                                |                                 | 975                        | 975            |  |
| MND Nurse   |                                |                                 | 19                         | 19             |  |
|   | 8,513                          | 73,226                          | 5,021                      | 86,760         |  |
|   | <b>757,968</b>                 | <b>97,295</b>                   | <b>19,251</b>              | <b>874,514</b> |  |
| IFRS  |                                |                                 | 8,516                      | 8,516          |  |
| Donated Asset Depreciation                        |                                |                                 | 137                        | 137            |  |
| Impairment  |                                |                                 | 526                        | 526            |  |
| AME Provisions                                    |                                |                                 | 500                        | 500            |  |
| <b>Total Anticipated Non-Core RRL Allocations</b> | <b>0</b>                       | <b>0</b>                        | <b>9,679</b>               | <b>9,679</b>   |  |
| <b>Grand Total</b>                                | <b>757,968</b>                 | <b>97,295</b>                   | <b>28,930</b>              | <b>884,193</b> |  |

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## Appendix 2: Service Agreements

|                            | Annual Budget | YTD Budget    | YTD Spend     | YTD Variance  |
|----------------------------|---------------|---------------|---------------|---------------|
|                            | £'000         | £'000         | £'000         | £'000         |
| <b>Health Board</b>        |               |               |               |               |
| Ayrshire & Arran           | 101           | 68            | 67            | 1             |
| Borders                    | 47            | 31            | 39            | -8            |
| Dumfries & Galloway        | 26            | 17            | 39            | -22           |
| Forth Valley               | 3,311         | 2,207         | 2,527         | -320          |
| Grampian                   | 374           | 250           | 194           | 56            |
| Greater Glasgow & Clyde    | 1,724         | 1,149         | 1,153         | -4            |
| Highland                   | 141           | 94            | 140           | -46           |
| Lanarkshire                | 120           | 80            | 149           | -69           |
| Lothian                    | 32,822        | 21,882        | 23,361        | -1,479        |
| Scottish Ambulance Service | 105           | 70            | 37            | 33            |
| Tayside                    | 41,258        | 27,504        | 29,066        | -1,562        |
|                            | <b>80,029</b> | <b>53,352</b> | <b>56,772</b> | <b>-3,420</b> |
| <b>UNPACS</b>              |               |               |               |               |
| Health Boards              | 14,214        | 9,477         | 7,981         | 1,496         |
| Private Sector             | 799           | 533           | 1,160         | -627          |
|                            | <b>15,013</b> | <b>10,010</b> | <b>9,141</b>  | <b>869</b>    |
| OATS                       | 740           | 493           | 440           | 53            |
| Grants                     | 65            | 65            | 67            | -2            |
| <b>Total</b>               | <b>95,847</b> | <b>63,920</b> | <b>66,420</b> | <b>-2,500</b> |

## Appendix 3: Financial Flexibility

|   |               | Flexibility Released to Nov-22 |
|---|---------------|--------------------------------|
|   | £'000         | £'000                          |
| Drugs :NMF  | 459           |                                |
| Junior Doctor Travel                                    | 29            | 7                              |
| Consultant increments                                   | 251           | 167                            |
| Discretionary Points                                    | 281           |                                |
| AME impairments   | 0             |                                |
| AME Provisions  | 723           |                                |
| Prior Years Approved Developments, National Initiatives | 588           | 588                            |
| Health Retained 22-23 Uplifts                           | 12,854        |                                |
| Cost pressures 22-23                                    | 3,428         | 535                            |
| Allocations to be distributed                           | 4,575         | 991                            |
| <b>Total</b>  | <b>23,188</b> | <b>2,288</b>                   |

# FINANCE, PERFORMANCE & RESOURCES: FINANCE

## Appendix 4: Detailed Cost Improvement Plans

| Area     | Plan  | Current Year Target | Year to Date Target | Year to Date Achieved | Year to Date Variance |
|----------|---|---------------------|---------------------|-----------------------|-----------------------|
|          |   | £'000               | £'000               | £'000                 | £'000                 |
| PCD      | Instruments & Sundries                              | 1,000               | 587                 | 378                   | (209)                 |
| PCD      | Investment in Theatres Procurement / Cost Reduction | 500                 | 278                 | 110                   | (168)                 |
| PCD      | Repatriation of Radical Prostatectomy               | 205                 | 0                   | 0                     | 0                     |
| WCCS     | Travel & Printing                                   | 60                  | 40                  | 48                    | 8                     |
| WCCS     | Managed Service Contract for Labs                   | 425                 | 283                 | 283                   | 0                     |
| WCCS     | Skill Mix Review                                    | 50                  | 25                  | 25                    | 0                     |
| ECD      | Pirfenidone / Nintedanib                            | 40                  | 27                  | 27                    | 0                     |
| ECD      | Patent Expiry / Homecare                            | 160                 | 107                 | 0                     | (107)                 |
| WCCS     | Community Paediatric Drugs                          | 20                  | 13                  | 13                    | 0                     |
| Acute    | Reduction in Non Core Staffing                      | 2,000               | 1,167               | 1,019                 | (148)                 |
| WCCS     | Vacancy Release                                     | 210                 | 133                 | 100                   | (33)                  |
| Pharmacy | Medicines Efficiency, PAS Rebates, Contract Changes | 700                 | 552                 | 641                   | 89                    |
| P&I      | Major Contract Review                               | 250                 | 0                   | 0                     | 0                     |
| P&I      | Property Maintenance Minor Works Team               | 100                 | 0                   | 0                     | 0                     |
| P&I      | Energy Savings - NDEE Project                       | 150                 | 0                   | 0                     | 0                     |
| P&I      | Rates Review  | 500                 | 500                 | 503                   | 3                     |
| P&I      | Roster Review                                       | 250                 | 0                   | 0                     | 0                     |
| P&I      | Terminate Lease for Evans Business Park             | 80                  | 80                  | 80                    | 0                     |
| P&I      | Grip and Control                                    | 402                 | 402                 | 402                   | 0                     |
| All      | Vacancy Factor                                      | 1,183               | 790                 | 501                   | (289)                 |
| All      | Financial Grip & Control                            | 3,415               | 2,277               | 1,969                 | (308)                 |
|          | <b>Total</b>  | <b>11,700</b>       | <b>7,260</b>        | <b>6,099</b>          | <b>(1,161)</b>        |

## Appendix 5: Anticipated Funding from Health Delegated Earmarked Reserve

|                                       | 2021/22 Earmarked Reserve<br>£'000 | May-22<br>£'000 | Jun-22<br>£'000 | Jul-22<br>£'000 | Aug-22<br>£'000 | Sep-22<br>£'000 | Oct-22<br>£'000 | Nov-22<br>£'000 |
|---------------------------------------|------------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Covid-19 earmarked reserve            | 33,522                             | 620             | 327             | 379             | 364             | 281             | 524             | 305             |
| Vaccine                               | 2,472                              | 1,053           | 472             | 330             | 372             | 453             | 753             | 749             |
| ADP (from Core)                       | 1,700                              |                 |                 |                 |                 |                 |                 |                 |
| Primary Care Improvement Fund         | 6,585                              |                 | 145             | 18              | 167             | 240             | 328             | 244             |
| Care homes                            | 817                                |                 | 41              | 15              | 599             | 15              | 15              | 15              |
| Urgent Care Redesign                  | 950                                | 139             | 110             | 105             | 87              | 76              |                 |                 |
| Action 15                             | 1,791                              |                 |                 |                 |                 |                 |                 |                 |
| District Nurses                       | 213                                |                 |                 |                 |                 |                 |                 |                 |
| Fluenz                                | 18                                 |                 |                 |                 |                 |                 |                 |                 |
| Mental Health Recovery & Renewal      | 3,932                              | 100             | 122             |                 | 63              |                 | 1217            |                 |
| Workforce Wellbeing                   | 196                                |                 |                 |                 |                 |                 |                 |                 |
| Budival                               | 213                                |                 |                 |                 |                 |                 |                 |                 |
| Child Healthy Weight                  | 23                                 |                 |                 |                 |                 |                 |                 |                 |
| Acceleration of 22/23 MDT recruitment | 300                                |                 |                 |                 |                 |                 |                 |                 |
| Multi Disciplinary Teams              | 1,384                              |                 |                 |                 |                 |                 |                 |                 |
| GP Premises                           | 430                                |                 |                 |                 |                 |                 |                 |                 |
| Afghan Refugees                       | 47                                 |                 |                 |                 |                 |                 |                 |                 |
| Dental Ventilation                    | 669                                |                 | 72              |                 | 1               | 236             | 80              |                 |
| Interface care                        | 170                                |                 |                 | 30              |                 |                 |                 |                 |
| School Nursing                        | 146                                |                 |                 |                 |                 |                 |                 |                 |
| Remobilisation of dental services     | 313                                |                 |                 |                 |                 |                 |                 |                 |
| Psychological Therapies               | 264                                |                 |                 |                 |                 |                 |                 |                 |
| Uncommitted Reserves                  |                                    |                 |                 |                 |                 |                 |                 |                 |
| RT Funding                            | 1,500                              |                 |                 |                 |                 |                 |                 |                 |
| Core general reserve                  | 3,402                              |                 | 127             | 98              | 524             | 15              | -56             |                 |
| Core underspend                       | 3,550                              |                 |                 |                 |                 |                 |                 |                 |
| <b>TOTAL</b>                          | <b>64,607</b>                      | <b>1,912</b>    | <b>1,416</b>    | <b>975</b>      | <b>2,177</b>    | <b>1,316</b>    | <b>2,861</b>    | <b>1,313</b>    |

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## Appendix 6 : Capital Expenditure Breakdown

| Project   | CRL<br>Confirmed Funding<br>£'000 | Total Expenditure<br>to Date<br>£'000 | Projected Expenditure<br>2022/23<br>£'000 |
|---|-----------------------------------|---------------------------------------|---|
| <b>COMMUNITY &amp; PRIMARY CARE</b>             |                                   |                                       |   |
| Clinical Prioritisation                         | 67                                | 37                                    | 67  |
| Statutory Compliance                            | 354                               | 202                                   | 354                                       |
| Capital Equipment                               | 229                               | 21                                    | 229                                       |
| Condemned Equipment                             | 0                                 | 0                                     | 0   |
| <b>Total Community &amp; Primary Care</b>       | <b>650</b>                        | <b>260</b>                            | <b>650</b>                                |
| <b>ACUTE SERVICES DIVISION</b>                  |                                   |                                       |   |
| Statutory Compliance                            | 2,041                             | 1,633                                 | 2,041                                     |
| Capital Equipment                               | 800                               | 350                                   | 800                                       |
| Clinical Prioritisation                         | 123                               | 53                                    | 123                                       |
| Condemned Equipment                             | 97                                | 6                                     | 97  |
| QMH Theatre                                     | 734                               | 255                                   | 734                                       |
| <b>Total Acute Services Division</b>            | <b>3,795</b>                      | <b>2,297</b>                          | <b>3,795</b>                              |
| <b>NHS FIFE WIDE SCHEMES</b>                    |                                   |                                       |   |
| Equipment Balance                               | 381                               | 0                                     | 381                                       |
| Information Technology                          | 877                               | 877                                   | 877                                       |
| Clinical Prioritisation                         | 59                                | 0                                     | 59  |
| Statutory Compliance                            | 1                                 | 0                                     | 1   |
| Condemned Equipment                             | 0                                 | 0                                     | 0   |
| Fire Safety                                     | 0                                 | 0                                     | 0   |
| Scheme Development                              | 0                                 | 0                                     | 0   |
| Vehicles  | 0                                 | 0                                     | 0   |
| Capital to Revenue Transfer                     | 2,000                             | 0                                     | 2,000                                     |
| <b>Total NHS Fife Wide Schemes</b>              | <b>3,318</b>                      | <b>877</b>                            | <b>3,318</b>                              |
| <b>TOTAL CAPITAL ALLOCATION FOR 2022/23</b>     | <b>7,764</b>                      | <b>3,434</b>                          | <b>7,764</b>                              |
| <b>ANTICIPATED ALLOCATIONS 2022/23</b>          |                                   |                                       |   |
| QMH Theatres PH2                                | 1,500                             | 0                                     | 1,500                                     |
| Kincardine Health Centre                        | 365                               | 322                                   | 365                                       |
| Lochgelly Health Centre                         | 506                               | 443                                   | 506                                       |
| Mental Health Review                            | 100                               | 28                                    | 100                                       |
| Elective Orthopaedic Centre                     | 13,629                            | 11,535                                | 13,629                                    |
| National Equipping Tranche 1                    | 1,506                             | 444                                   | 1,506                                     |
| HEPMA   | 900                               | 218                                   | 900                                       |
| Ferno Trollies                                  | 50                                | 0                                     | 50  |
| Estates NIB Bid                                 | 2,720                             | 753                                   | 2,720                                     |
| D&I NIB Bid                                     | 1,928                             | 278                                   | 1,928                                     |
| National Equipping Tranche 2                    | 914                               | 377                                   | 914                                       |
| <b>Anticipated Allocations for 2022/23</b>      | <b>24,118</b>                     | <b>14,397</b>                         | <b>24,118</b>                             |
| <b>Total Anticipated Allocation for 2022/23</b> | <b>31,882</b>                     | <b>17,831</b>                         | <b>31,882</b>                             |

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## Appendix 7: Capital Plan - Changes to Planned Expenditure

| Capital Expenditure Proposals 2022/23      | Pending Board Approval | Cumulative Adjustment to October | November Adjustment | Total November |
|--|------------------------|----------------------------------|---------------------|----------------|
| Routine Expenditure                        | £'000                  | £'000                            | £'000               | £'000          |
| <b>Community &amp; Primary Care</b>        |                        |                                  |                     |                |
| Capital Equipment                          | 0                      | 229                              | 0                   | 229            |
| Condemned Equipment                        | 0                      | 0                                | 0                   | 0              |
| Clinical Prioritisation                    | 0                      | 67                               | 0                   | 67             |
| Statutory Compliance                       | 0                      | 354                              | 0                   | 354            |
| <b>Total Community &amp; Primary Care</b>  | <b>0</b>               | <b>650</b>                       | <b>0</b>            | <b>650</b>     |
| <b>Acute Services Division</b>             |                        |                                  |                     |                |
| Capital Equipment                          | 0                      | 748                              | 52                  | 800            |
| Condemned Equipment                        | 0                      | 14                               | 83                  | 97             |
| Clinical Prioritisation                    | 0                      | 117                              | 7                   | 123            |
| Statutory Compliance                       | 0                      | 2,041                            | 0                   | 2,041          |
| QMH Theatre                                | 734                    | 734                              | 0                   | 734            |
|  | <b>734</b>             | <b>3,653</b>                     | <b>142</b>          | <b>3,795</b>   |
| <b>Fife Wide</b>                           |                        |                                  |                     |                |
| Backlog Maintenance / Statutory Compliance | 2,396                  | -2,395                           | 0                   | 1              |
| Fife Wide Equipment                        | 1,407                  | -977                             | -49                 | 381            |
| Digital & Information                      | 877                    | 0                                | 0                   | 877            |
| Clinical Prioritisation                    | 250                    | -184                             | -7                  | 59             |
| Condemned Equipment                        | 100                    | -14                              | -86                 | 0              |
| Capital to Revenue Transfer                | 2,000                  | 0                                | 0                   | 2,000          |
| Fife Wide Fire Safety                      | 0                      | 0                                | 0                   | 0              |
| Fife Wide Vehicles                         | 0                      | 0                                | 0                   | 0              |
| <b>Total Fife Wide</b>                     | <b>7,030</b>           | <b>-3,570</b>                    | <b>-142</b>         | <b>3,318</b>   |
| <b>Total Capital Resource 2022/23</b>      | <b>7,764</b>           | <b>734</b>                       | <b>0</b>            | <b>7,764</b>   |

| <b>ANTICIPATED ALLOCATIONS 2022/23</b>     |               |          |          |               |
|--|---------------|----------|----------|---------------|
| QMH Theatres PH2                           | 1,500         | 0        | 0        | 1,500         |
| Kincardine Health Centre                   | 365           | 0        | 0        | 365           |
| Lochgelly Health Centre                    | 506           | 0        | 0        | 506           |
| Mental Health Review                       | 100           | 0        | 0        | 100           |
| Elective Orthopaedic Centre                | 13,629        | 0        | 0        | 13,629        |
| National Equipping Tranche 1               | 1,506         | 0        | 0        | 1,506         |
| HEPMA                                      | 900           | 0        | 0        | 900           |
| Ferno Trolleys                             | 50            | 0        | 0        | 50            |
| Estates NIB Bid                            | 2,720         | 0        | 0        | 2,720         |
| D&I NIB Bid                                | 1,928         | 0        | 0        | 1,928         |
| National Equipping Tranche 2               | 914           | 0        | 0        | 914           |
| <b>Anticipated Allocations for 2022/23</b> | <b>24,118</b> | <b>0</b> | <b>0</b> | <b>24,118</b> |

|  |               |            |          |               |
|--|---------------|------------|----------|---------------|
| <b>Total Planned Expenditure for 2022/23</b> | <b>31,882</b> | <b>734</b> | <b>0</b> | <b>31,882</b> |
|--|---------------|------------|----------|---------------|

|                               |   |
|-------------------------------|---|
| <b>Meeting:</b>               | <b>Finance, Performance and Resources Committee</b>                       |
| <b>Meeting date:</b>          | <b>17 January 2023</b>  |
| <b>Title:</b>                 | <b>Financial Improvement and Sustainability Programme Progress Report</b> |
| <b>Responsible Executive:</b> | <b>Margo McGurk, Director of Finance</b>                                  |
| <b>Report Author:</b>         | <b>Maxine Michie, Deputy Director of Finance</b>                          |

## 1 Purpose

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

- Assurance

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

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

- Safe
- Effective
- Person Centred

## 2 Report Summary

### 2.1 Situation

This paper outlines the progress to date of the Financial Improvement and Sustainability Programme.

### 2.2 Assessment

At the end of November the cost improvement plans (CIPs) target was £7.260m, of which £6.099m was achieved, resulting in slippage of £1.161m. Recurring CIPs achieved to that date totalled £2.237m, equivalent to only 20% of the full year target.

There is a high level of concern both in relation to the shortfall and also the fact that savings are not being achieved on a recurring basis as planned. The latter creates additional challenges as we move into the next financial year.

At the end of November we have identified that we are unlikely to deliver the FIS programme target in full. We have a non-delivery risk of £2m, primarily due to the



challenges in reducing Supplementary staffing and Procurement savings as highlighted in previous reports.

Work continues to identify and accelerate other schemes through the pipeline process and a review of all spend areas and opportunities including Balance Sheet flexibility remains ongoing.

#### Approved Cost Improvement Plans - Position at 30 November 2022

| Budget Area          | Current Year Target<br>£'000 | Year to Date Target<br>£'000 | Year to Date Achieved<br>£'000 | Year to Date Variance<br>£'000 |
|----------------------|------------------------------|------------------------------|--------------------------------|--------------------------------|
| Acute Services       | 5,752                        | 3,466                        | 2,654                          | -812                           |
| Estates & Facilities | 1,652                        | 902                          | 905                            | 3                              |
| Corporate            | 4,296                        | 2,892                        | 2,540                          | -352                           |
| <b>Total</b>         | <b>11,700</b>                | <b>7,260</b>                 | <b>6,099</b>                   | <b>-1,161</b>                  |

The high level of vacancies and continued service pressures within unscheduled care services are making it difficult to reduce the spend on supplementary staffing. Significant work is currently being taken forward in relation to the processing of bank and agency costs to ensure all the necessary checks and balances are in place and improvements rolled out wherever possible to improve the efficiency of processing transactions and improve reporting and monitoring arrangements. Work continues to confirm reductions in supplementary staffing spend linked to the recruitment of senior medical staff in the second part of the financial year and the impact of International Recruitment, Newly Qualified Nurses and B4 posts on the supplementary staffing run rate.

The procurement target is challenged by increasing inflation rates, with National Procurement working hard to keep prices increases to a minimum. Despite this challenge a number of opportunities are being pursued.

The SPRA process for 2023/24 is underway with several workshops having taken place and a number of completed returns have been submitted by Directorates. Work is underway to summarise, validate and consolidate the information provided to support completion of the medium-term financial plan for 3023/24. Early discussion has taken place of potential cost improvement opportunities for the coming financial year. The mid-year financial review encouraged services to accelerate potential cost improvement schemes wherever possible to support the identified risk in the current financial year. Services are also being encouraged to deliver cost improvements on a recurring basis as much as possible to mitigate the level of cost improvements which will be required in financial year 2023/24.

A summary by Senior Responsible Officer (SRO) of the status of approved plans is detailed in Appendix 2

## 2.4 Recommendation

This paper is presented to the Committee for:

- Assurance

## **Report Contact**

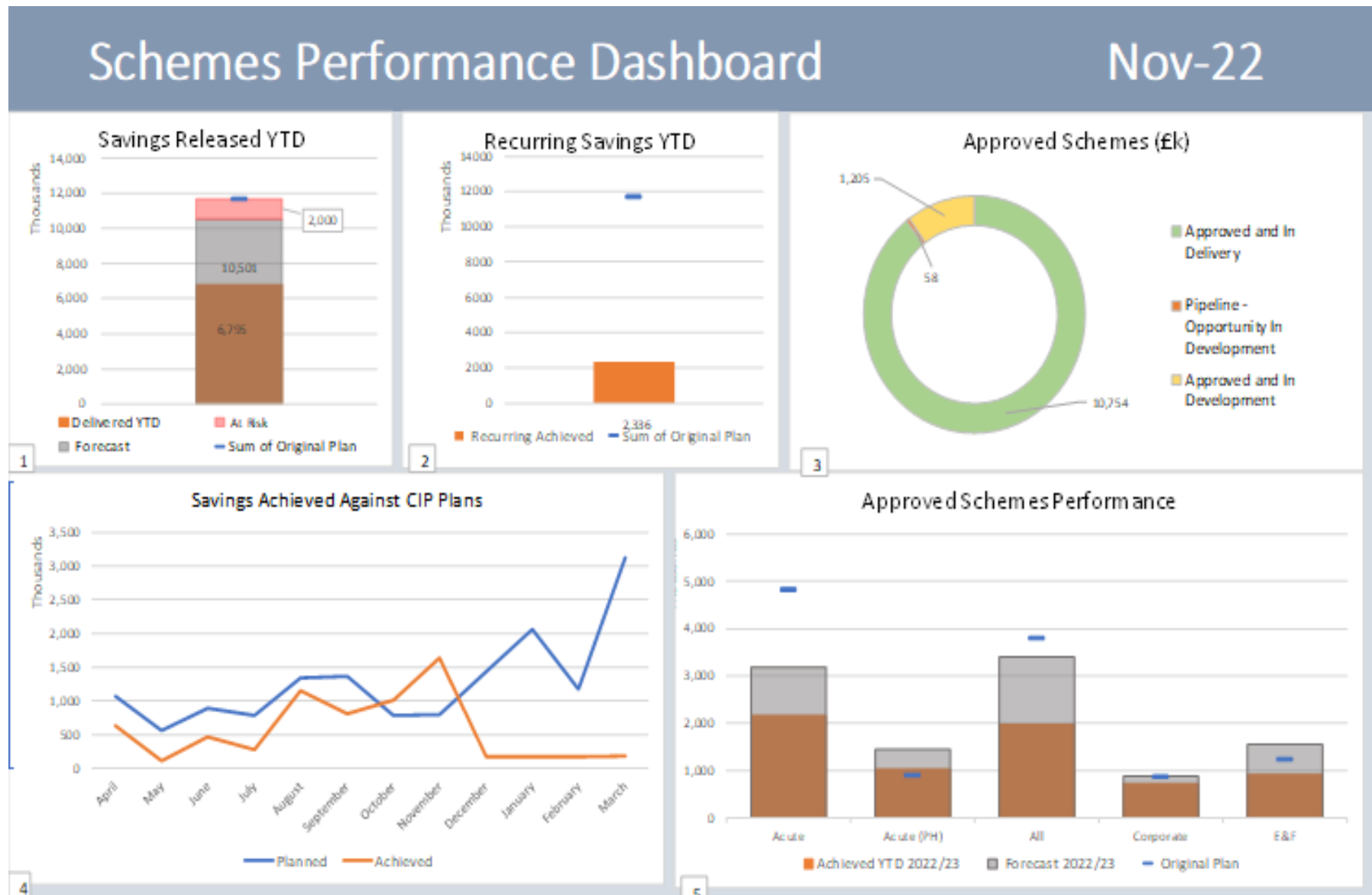
### **Maxine Michie**

Deputy Director of Finance  
maxine.michie @nhs.scot

### **Appendices:**

Appendix 1: FIS Performance Dashboard

Appendix 2: Detail Assessment of CIPs by SRO



## Appendix 2

### Acute Schemes - Update

Total target Including Vacancy Factor- £4,832k

Total budget released to date against the target- £2,165k.

Outstanding Target - £2,667k

Main Improvement in the month linked to the Supplementary Staffing target – YTD £1,019



### Pharmacy - Update

Total Target - £920k

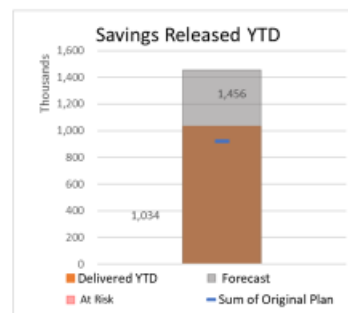
Forecast - £1,456k

Total budget released to date against the target- £1,034k

Outstanding Target - £0k

Pharmacy has delivered both the in year and recurring target.

The additional savings delivered between now and the end of the year are offsetting other Acute schemes.



Appendix 2

## Estates and Facilities Update

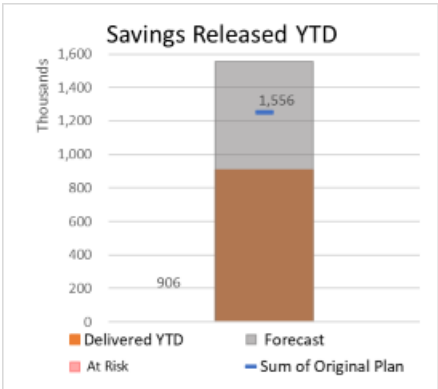
Original Target- £1,250k

Additional £402k identified to offset part of the Grip and Control target

Total budget released to date against the target £906k

Outstanding Target- £747k

The remaining schemes are due to deliver in the final part of the financial year.



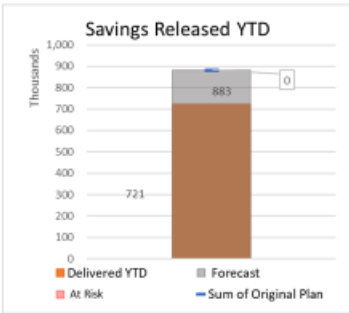
## Corporate Savings - Update

Total Target - £883k

Total budget released to date against the target- £721k

Outstanding Target - £161k

The majority of the Vacancy factor targets have now been achieved with the remaining element expected in the last quarter.



Appendix 2

# Financial Grip and Control & SLA - Update

| Division           | Department              | Scheme Detail   | R/ NR | Risk  | 22/23            | Budget          | Outstand<br>ing | Forecast<br>2022/23 |
|--------------------|-------------------------|---|-------|-------|------------------|-----------------|-----------------|---------------------|
|                    |                         |   |       |       | Planned<br>Total | Released<br>YTD |                 |                     |
| All                | All                     | Financial Grip and Control                                | R     | L     | 0                | 0               | 0               | 0                   |
|                    | Finance                 | Review of PECOS Purchase Orders (Grip and Control Target) | NR    | L     | 1,120            | 1,120           | 0               | 1,120               |
|                    |                         | Year End Accrual Savings                                  | NR    | L     | 580              | 849             | (268)           | 849                 |
|                    | Service Level Agreement | SLA Savings   | R     | M     | 1,713            | 0               | 1,713           | 1,444               |
| All Total          |                         |   |       | 3,413 | 1,969            | 1,445           | 3,413           |                     |
| E&F                | Estates                 | PFI Insurance - SACH (target from grip and control)       | NR    | L     | 61               | 61              | 0               | 61                  |
|                    |                         | PFI Insurance - VHK (target from grip and control)        | NR    | L     | 128              | 128             | 0               | 128                 |
|                    |                         | RHI Payment Ofgem Rebate (target from grip and control)   | NR    | L     | 213              | 213             | 0               | 213                 |
| E&F Total          |                         |   |       | 402   | 402              | 0               | 402             |                     |
| <b>Grand Total</b> |                         |   |       |       | <b>3,816</b>     | <b>2,371</b>    | <b>1,445</b>    | <b>3,815</b>        |

# Financial Grip and Control & SLA - Update

Original Grip & Control & SLA target - £3,815k

Remaining to be identified - £2,294k. Additional savings within E&F offset part of the original balance (£402k).

| Department | Scheme Detail   | R/ NR | Risk | Original Plan | 22/23 Planned Total | Budget Released YTD | Outstanding | Forecast 2022/23 |
|------------|---|-------|------|---------------|---------------------|---------------------|-------------|------------------|
| All        | Financial Grip and Control                                | R     | L    | 2,000         | 479                 | 0                   | 479         | 479              |
| Finance    | Review of PECOS Purchase Orders (Grip and Control Target) | NR    | L    |               | 1,120               | 1,120               | 0           | 1,120            |
|            |   |       |      | 2,000         | 1,598               | 1,120               | 479         | 1,598            |
| Estates    | PFI Insurance - SACH (target from grip and control)       | NR    | L    | 0             | 61                  | 61                  | 0           | 61               |
|            | PFI Insurance - VHK (target from grip and control)        | NR    | L    | 0             | 128                 | 128                 | 0           | 128              |
|            | RHI Payment Ofgem Rebata (target from grip and control)   | NR    | L    | 0             | 213                 | 213                 | 0           | 213              |
|            |   |       |      | 0             | 402                 | 402                 | 0           | 402              |
|            |   |       |      | 2,000         | 2,001               | 1,522               | 479         | 2,001            |

| Department              | Scheme Detail | R/ NR | Risk | Original Plan | 22/23 Planned Total | Budget Released YTD | Outstanding | Forecast 2022/23 |
|-------------------------|---------------|-------|------|---------------|---------------------|---------------------|-------------|------------------|
| Service Level Agreement | SLA Savings   | R     | M    | 1,815         | 1,815               | 0                   | 1,815       | 1,815            |

**Meeting:** Finance Performance & Resources Committee

**Meeting date:** 17 January 2023

**Title:** Fife Capital Investment Group Report November 2022

**Responsible Executive:** Margo McGurk, Director of Finance & Strategy

**Report Author:** Rose Robertson, Assistant Director of Finance

## 1 Purpose

**This is presented for:**

- Assurance

**This report relates to:**

- Capital Expenditure Plan 2022/23

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

- Safe
- Effective
- Person Centred

## 2 Report Summary

### 2.1 Situation

The total anticipated capital budget for 2022/23 is £31.882m and is summarised in the table below. This reflects the Capital Resources Limit (CRL) of £7.764m as advised by the Scottish Government adjusted for the capital to revenue transfer of £2.6m (£2m per the approved financial plan plus £0.6m further opportunity) together with several anticipated allocations which are expected over the remainder of the financial year.

| <b>Funding</b>                           | <b>Annual Budget £m</b> | <b>Spend Nov 2022 £m</b> | <b>Forecast Outturn £m</b> |
|--|-------------------------|--------------------------|----------------------------|
| Core Capital Resource Limit              | 7.764                   | 3.434                    | 7.764                      |
| Capital to Revenue                       | 2.600                   | 0.000                    | 2.600                      |
| Anticipated Allocation                   | 21.518                  | 14.397                   | 21.518                     |
| <b>Total Planned Project Expenditure</b> | <b>31.882</b>           | <b>17.831</b>            | <b>31.882</b>              |

The anticipated allocations relate to: the National Treatment Centre; National Equipping and Infrastructure Board funding; national backlog maintenance support funding; Kincardine & Lochgelly Health Centres; and several Digital & Information Projects including HEPMA and other ongoing projects.



Additional monies have been received since the beginning of the financial year, namely £2.420m for equipment following successful bids to the national infrastructure and Equipping Board, a further £0.240, secured from Scottish Government (SG) in relation to the additional Covid costs incurred on the NTC – Fife orthopaedics project. During the summer period boards were invited by SG to bid for monies available from national capital slippage totalling £40m for backlog maintenance/upgrade projects. NHS Fife were successful in securing £2.7m for backlog maintenance projects, £0.917m for Digital and Information Projects and a further £0.05m for ICU Trolleys.

## 2.2 Assessment

As in previous financial years, capital expenditure is largely incurred in the second half of the financial year. At this time in the year no significant risks are identified but risks do remain with supply chain issues, high inflation and continued covid impacts.

Capital expenditure to November totals £17.831m and is summarised in the table below.

| <b>Expenditure</b>                       | <b>Annual Budget<br/>£000's</b> | <b>Spend Nov 2022<br/>£000's</b> | <b>Forecast Outturn<br/>£000's</b> |
|--|---------------------------------|----------------------------------|------------------------------------|
| Statutory Compliance/Backlog Maintenance | 5,116                           | 2,587                            | 5,116                              |
| Clinical Prioritisation                  | 250                             | 90                               | 250                                |
| Capital Equipment                        | 3,978                           | 1,199                            | 3,978                              |
| Digital & Information                    | 3,638                           | 1,155                            | 3,638                              |
| QMH Theatre Upgrades                     | 1,634                           | 255                              | 1,634                              |
| Elective Orthopaedic Centre              | 12,796                          | 11,535                           | 12,796                             |
| HEPMA                                    | 900                             | 218                              | 900                                |
| Lochgelly Health Centre                  | 506                             | 443                              | 506                                |
| Kincardine Health Centre                 | 365                             | 322                              | 365                                |
| Mental Health Review                     | 100                             | 28                               | 100                                |
| Capital to Revenue                       | 2,600                           | -                                | 2,600                              |
| <b>Total Planned Project Expenditure</b> | <b>31,882</b>                   | <b>17,831</b>                    | <b>31,882</b>                      |

**National Treatment Centre** – Works are on target to be completed toward the end of December. The revised operational start date is 27 February. At this stage the project continues to be within budget.

**Statutory Compliance/Backlog Maintenance** – The majority of the spend to November includes £1.3m on steam works at the Victoria Hospital with the remaining spend incurred over a number of projects. The annual budget includes £2.7m of funding just recently awarded and works are underway to ensure completion by March.

**Capital Equipment** – Annual budget includes additional funding of £2.4m secured toward the end of the summer. Most of the total budget is already committed and the remaining budget is expected to be spent in full by March.

**Lochgelly/Kincardine Health Centres** -The Outline Business Cases for Lochgelly and Kincardine Health Centres were discussed at the Scottish government’s Capital Investment Group on 29 June 2022. The feedback received confirmed the strategic case was robustly presented and accepted by SCIG. However, SCIG will require completion of the NHS Assure process before approval can be given. A letter is anticipated from SCIG recommending the board continues to progress to Full Business Case but will note the NHS

Assure process requires to be completed and funding confirmation would follow at a later stage.

**Digital & Information** – The £1.155m spend to date includes refresh of Telephony core infrastructure and Network Development.

**HEPMA** – The contractual arrangement with the preferred supplier is under review and expected to be signed off imminently and thereafter the project will move at pace. The identified budget is expected to be spent in full this financial year.

All other available funds are anticipated to be utilised in full by the end of the financial year.

### **2.2.1 Quality/ Patient Care**

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

### **2.2.2 Workforce**

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

### **2.2.3 Financial**

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

### **2.2.4 Equality and Diversity, including health inequalities**

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

### **2.2.5 Other impact**

n/a

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

All capital schemes require appropriate communication and engagement through the FCIG subgroups and specific project groups for particular schemes.

### **2.3.7 Route to the Meeting**

Fife Capital investment group

## **2.3 Recommendation**

This paper is presented to the Committee for:

- Assurance

## **3 List of appendices**

N/A

### **Report Contact**

**Rose Robertson**

Assistant Director of Finance

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**FINANCE, PERFORMANCE AND RESOURCES COMMITTEE**

**ANNUAL WORKPLAN 2022/23**

| <b>Governance - General</b>   |  |                 |                 |                 |  |                      |                 |
|---|--|-----------------|-----------------|-----------------|--|----------------------|-----------------|
|   | <b>Lead</b>  | <b>10/05/22</b> | <b>12/07/22</b> | <b>13/09/22</b> | <b>15/11/22</b>                        | <b>17/01/23</b>      | <b>14/03/23</b> |
| Minutes of Previous Meeting   | <b>Chair</b>                                       | ✓               | ✓               | ✓               | ✓                                      | ✓                    | ✓               |
| Action List   | <b>Chair</b>                                       | ✓               | ✓               | ✓               | ✓                                      | ✓                    | ✓               |
| Escalation of Issues to NHS Board                                     | <b>Chair</b>                                       | ✓               | ✓               | ✓               | ✓                                      | ✓                    | ✓               |
| <b>Governance Matters</b>   |  |                 |                 |                 |  |                      |                 |
|   | <b>Lead</b>  | <b>10/05/22</b> | <b>12/07/22</b> | <b>13/09/22</b> | <b>15/11/22</b>                        | <b>17/01/23</b>      | <b>14/03/23</b> |
| Committee Self-Assessment   | <b>Board Secretary</b>                             |                 |                 |                 |  |                      | ✓               |
| Corporate Calendar / Committee Dates                                  | <b>Board Secretary</b>                             |                 |                 | ✓               |  |                      |                 |
| Review of Annual Workplan   | <b>Board Secretary</b>                             | ✓               | ✓               | ✓               | ✓                                      | ✓                    | ✓<br>Approval   |
| Review of Terms of Reference  | <b>Board Secretary</b>                             |                 |                 |                 |  |                      | ✓<br>Approval   |
| Annual Assurance Statement 2021/22                                    | <b>Board Secretary</b>                             | ✓               |                 |                 |  |                      |                 |
| Annual Internal Audit Report 2021/22                                  | <b>Director of Finance &amp; Strategy</b>          |                 | ✓               |                 |  |                      |                 |
| Board Assurance Framework (BAF)                                       | <b>Director of Finance &amp; Strategy</b>          | ✓               | ✓               | ✓               | Corporate Risks has replaced this item |                      |                 |
| Corporate Risks Aligned to Finance, Performance & Resources Committee | <b>Director of Finance &amp; Strategy</b>          |                 |                 |                 | ✓                                      | ✓                    | ✓               |
| Review of General Policies & Procedures                               | <b>Board Secretary</b>                             | ✓               |                 |                 | ✓                                      |                      |                 |
| PPP Performance Monitoring Report                                     | <b>Director of Property &amp; Asset Management</b> |                 |                 |                 | Deferred to next mtg                   | Deferred to next mtg | ✓               |
| Internal Audit Review of Property Transaction Report 2021/22          | <b>Internal Audit</b>                              | As required     |                 |                 |  |                      |                 |

| Strategy / Planning                                    |   |  |   |                    |            |                                    |          |
|--|---|--|---|--------------------|------------|------------------------------------|----------|
|  | Lead  | 10/05/22                               | 12/07/22                                    | 13/09/22           | 15/11/22   | 17/01/23                           | 14/03/23 |
| Annual Delivery Plan 2022/23                           | Director of Finance & Strategy  | Postponed (awaiting national guidance) | Private Session                             | Private Session    | ✓<br>Added |                                    | ✓        |
| Corporate Objectives                                   | Director of Finance & Strategy / Associate Director of Planning & Performance | ✓                                      |   |                    |            |                                    |          |
| Annual Budget Setting Process 2022/23                  | Director of Finance & Strategy  | Private Session                        |   |                    |            |                                    |          |
| Property & Asset Management Strategy (PAMS)            | Director of Property & Asset Management                                       |  | ✓   | ✓<br>Added         |            |                                    |          |
| 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 |
| Fife Capital Investment Group Reports 2022/23          | Director of Finance & Strategy / Director of Property & Asset Management      | ✓                                      | ✓   | ✓                  | ✓          | ✓                                  | ✓        |
| Integrated Performance & Quality Report                | Exec. Leads   | ✓                                      | ✓   | ✓                  | ✓          | ✓                                  | ✓        |
| RMP4 / Winter Performance Report                       | Director of Finance   | ✓                                      | Annual Delivery Plan has replaced this item |                    |            |                                    |          |
| 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   | ✓<br>09/03                             | ✓<br>20/04                                  | ✓<br>09/06 & 27/07 | ✓<br>14/09 | ✓<br>28/10 – mtg cancelled & 07/12 | TBC      |

| <b>Linked Committee Minutes (cont.)</b>  |  |                                    |                       |                 |                 |                 |                 |
|--|--|------------------------------------|-----------------------|-----------------|-----------------|-----------------|-----------------|
|  | <b>Lead</b>  | <b>10/05/22</b>                    | <b>12/07/22</b>       | <b>13/09/22</b> | <b>15/11/22</b> | <b>17/01/23</b> | <b>14/03/23</b> |
| Procurement Governance Board   | <b>Chair</b>                                       |                                    |                       |                 | ✓<br>29/09      |                 | TBC             |
| IJB Finance, Performance & Scrutiny Committee                                    | <b>Chair</b>                                       | 11/03 –<br>deferred to<br>next mtg | ✓<br>11/03 &<br>29/04 | ✓<br>08/07      | ✓<br>16/09      | ✓<br>11/11      | TBC             |
| Primary Medical Services Committee   | <b>Chair</b>                                       |                                    |                       | ✓<br>07/06      | ✓<br>06/09      | ✓<br>08/11      | ✓<br>06/12      |
| Pharmacy Practice Committee  | <b>Chair</b>                                       | ✓<br>18/03                         | ✓<br>30/05            | Ad-hoc Meetings |                 |                 |                 |
| <b>Other / Adhoc</b>   |  |                                    |                       |                 |                 |                 |                 |
|  | <b>Lead</b>  | <b>10/05/22</b>                    | <b>12/07/22</b>       | <b>13/09/22</b> | <b>15/11/22</b> | <b>17/01/23</b> | <b>14/03/23</b> |
| Receipt of Business Cases  |  | <b>As required</b>                 |                       |                 |                 |                 |                 |
| Consideration of awards of tenders   |  | <b>As required</b>                 |                       |                 |                 |                 |                 |
| Asset Disposals  |  |                                    |                       |                 |                 |                 |                 |
| Procurement Governance Board Report No. B18-22                                   | <b>Internal Audit</b>                              |                                    | ✓                     |                 |                 |                 |                 |
| Financial Process Compliance Report No. B20-22                                   | <b>Internal Audit</b>                              |                                    | ✓                     |                 |                 |                 |                 |
| Audit Report – Post Transaction Monitoring                                       | <b>Internal Audit</b>                              |                                    |                       | ✓               |                 |                 |                 |
| <b>Additional Agenda Items (Not on the Workplan e.g. Actions from Committee)</b> |  |                                    |                       |                 |                 |                 |                 |
|  | <b>Lead</b>  | <b>10/05/22</b>                    | <b>12/07/22</b>       | <b>13/09/22</b> | <b>15/11/22</b> | <b>17/01/23</b> | <b>14/03/23</b> |
| CAT – Lucky Ewe Proposal   | <b>Director of Property &amp; Asset Management</b> | ✓                                  |                       |                 |                 |                 |                 |
| Kincardine & Lochgelly Health Centres Business Case                              | <b>Head of Capital Planning</b>                    | ✓                                  |                       |                 |                 |                 |                 |

| <b>Additional Agenda Items (Not on the Workplan e.g. Actions from Committee) Cont.</b>   |   |                 |                 |                 |                 |                      |                 |
|--|---|-----------------|-----------------|-----------------|-----------------|----------------------|-----------------|
|  | <b>Lead</b>   | <b>10/05/22</b> | <b>12/07/22</b> | <b>13/09/22</b> | <b>15/11/22</b> | <b>17/01/23</b>      | <b>14/03/23</b> |
| Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme Proposal on Revised Final Business Case & Procurement | <b>Director of Pharmacy &amp; Medicine</b>                                      |                 | Private Session |                 |                 |                      |                 |
| Corporate Risk Register - Draft Strategic Risks  | <b>Director of Finance &amp; Strategy/ Director of Pharmacy &amp; Medicines</b> |                 |                 | ✓               |                 |                      |                 |
| HES Listed Building Status of Phase 1 and Phase II Tower Block, VHK  | <b>Director of Property &amp; Asset Management</b>                              |                 |                 | ✓               |                 |                      |                 |
| Proposal to Develop Assistant Practitioner Role  | <b>Director of Nursing</b>  |                 |                 | ✓               |                 |                      |                 |
| Waiting Times Target   | <b>Director of Acute Services</b>   |                 |                 | ✓               |                 |                      |                 |
| Financial Improvement and Sustainability Programme Progress Report   | <b>Director of Finance &amp; Strategy</b>                                       |                 | ✓               | ✓               | ✓               | ✓                    | ✓               |
| Financial Position – Mid-Year Review 2022/23   | <b>Director of Finance &amp; Strategy</b>                                       |                 |                 |                 | ✓               |                      |                 |
| Proposal to Increase Procurement Tender Thresholds   | <b>Head of Financial Services &amp; Procurement</b>                             |                 |                 |                 | ✓               |                      |                 |
| Procurement Key Performance Indicators   | <b>Head of Financial Services &amp; Procurement</b>                             |                 |                 |                 | ✓               |                      |                 |
| Strategic Planning & Resource Allocation Process 2023/24   | <b>Director of Finance &amp; Strategy</b>                                       |                 |                 |                 | ✓               |                      | ✓               |
| Annual Procurement Report 2021/22  | <b>Head of Financial Services &amp; Procurement</b>                             |                 |                 |                 | ✓               |                      |                 |
| Mental Health Estates Initial Agreement  | <b>Medical Director</b>   |                 |                 |                 |                 |                      | ✓               |
| Ministerial Strategic Group – Delivery Plan  | <b>Director of Health &amp; Social Care Partnership</b>                         |                 |                 |                 |                 | ✓                    |                 |
| Tender Process for 2C GP Practices   | <b>Medical Director/Director of Property &amp; Asset Management</b>             |                 |                 |                 |                 | Deferred to next mtg | ✓               |
| Population Health & Wellbeing Strategy – Progress Update   | <b>Director of Finance &amp; Strategy</b>                                       |                 |                 |                 |                 | ✓                    | ✓               |

| <b>Additional Agenda Items (Not on the Workplan e.g. Actions from Committee) Cont.</b> |  |                 |                 |                      |                 |                      |                 |
|--|--|-----------------|-----------------|----------------------|-----------------|----------------------|-----------------|
|  | <b>Lead</b>  | <b>10/05/22</b> | <b>12/07/22</b> | <b>13/09/22</b>      | <b>15/11/22</b> | <b>17/01/23</b>      | <b>14/03/23</b> |
| Deep Dive – Medium Term Position   | <b>Director of Finance &amp; Strategy</b>          |                 |                 |                      |                 | Private Session      |                 |
| Re-Financing – PFI Project, Phase 3, VHK   | <b>Director of Property &amp; Asset Management</b> |                 |                 |                      |                 | Private Session      |                 |
| <b>Development Sessions</b>  |  |                 |                 |                      |                 |                      |                 |
|  | <b>Lead</b>  |                 |                 |                      |                 |                      |                 |
| FPR Development Session 1  | <b>Director of Finance &amp; Strategy</b>          |                 |                 | ✓<br><b>21/09/22</b> |                 |                      |                 |
| FPR Development Session 2  | <b>Director of Finance &amp; Strategy</b>          |                 |                 |                      |                 | ✓<br><b>25/01/23</b> |                 |

## FINANCE, PERFORMANCE AND RESOURCES COMMITTEE

### DRAFT ANNUAL WORKPLAN 2023/24

| Governance - General  |   |             |          |          |                 |            |               |
|---|---|-------------|----------|----------|-----------------|------------|---------------|
|   | Lead                                    | 09/05/23    | 11/07/23 | 12/09/23 | 14/11/23        | 16/01/24   | 12/03/24      |
| Minutes of Previous Meeting   | Chair                                   | ✓           | ✓        | ✓        | ✓               | ✓          | ✓             |
| Action List   | Chair                                   | ✓           | ✓        | ✓        | ✓               | ✓          | ✓             |
| Escalation of Issues to NHS Board                                     | Chair                                   | ✓           | ✓        | ✓        | ✓               | ✓          | ✓             |
| Governance Matters  |   |             |          |          |                 |            |               |
|   | Lead                                    | 09/05/23    | 11/07/23 | 12/09/23 | 14/11/23        | 16/01/24   | 12/03/24      |
| Annual Assurance Statement 2022/23                                    | Board Secretary                         | ✓           |          |          |                 |            |               |
| Annual Internal Audit Report 2022/23                                  | Director of Finance & Strategy          |             | ✓        |          |                 |            |               |
| Committee Self-Assessment   | Board Secretary                         |             |          |          |                 |            | ✓             |
| Corporate Calendar / Committee Dates                                  | Board Secretary                         |             |          | ✓        |                 |            |               |
| Corporate Risks Aligned to Finance, Performance & Resources Committee | Director of Finance & Strategy          | ✓           | ✓        | ✓        | ✓               | ✓          | ✓             |
| Internal Audit Review of Property Transaction Report 2022/23          | Internal Audit                          | As required |          |          |                 |            |               |
| PPP Performance Monitoring Report                                     | Director of Property & Asset Management |             |          |          | Private Session |            |               |
| Review of Annual Workplan 2024/25                                     | Board Secretary                         |             |          |          |                 | ✓<br>Draft | ✓<br>Approval |
| Review of General Policies & Procedures                               | Board Secretary                         | ✓           |          |          | ✓               |            |               |
| Review of Terms of Reference  | Board Secretary                         |             |          |          |                 |            | ✓<br>Approval |
| Strategy / Planning   |   |             |          |          |                 |            |               |
|   | Lead                                    | 09/05/23    | 11/07/23 | 12/09/23 | 14/11/23        | 16/01/24   | 12/03/24      |
| Annual Delivery Plan 2023/24  | Director of Finance & Strategy          | ✓           | ✓        | ✓        | ✓               | ✓          | ✓             |



| <b>Strategy / Planning (cont.)</b>                                 |  |                 |                 |                 |                 |                 |                 |
|--|--|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
|  | <b>Lead</b>  | <b>09/05/23</b> | <b>11/07/23</b> | <b>12/09/23</b> | <b>14/11/23</b> | <b>16/01/24</b> | <b>12/03/24</b> |
| Annual Budget Setting Process 2023/24                              | <b>Director of Finance &amp; Strategy</b>  | Private Session |                 |                 |                 |                 |                 |
| Corporate Objectives   | <b>Director of Finance &amp; Strategy / Associate Director of Planning &amp; Performance</b> | ✓               |                 |                 |                 |                 |                 |
| Fife Capital Investment Group Reports 2023/24                      | <b>Director of Finance &amp; Strategy / Director of Property &amp; Asset Management</b>      | ✓               | ✓               | ✓               | ✓               | ✓               | ✓               |
| Financial Improvement and Sustainability Programme Progress Report | <b>Director of Finance &amp; Strategy</b>  |                 | ✓               | ✓               | ✓               | ✓               | ✓               |
| Orthopaedic Elective Project                                       | <b>Director of Nursing</b>   | ✓               |                 | ✓               |                 | ✓               | ✓               |
| Property & Asset Management Strategy (PAMS)                        | <b>Director of Property &amp; Asset Management</b>   |                 | ✓               |                 |                 |                 |                 |
| Strategic Planning & Resource Allocation Process 2024/25           | <b>Director of Finance &amp; Strategy</b>  |                 |                 |                 | ✓               |                 | ✓               |
| <b>Quality / Performance</b>                                       |  |                 |                 |                 |                 |                 |                 |
|  | <b>Lead</b>  | <b>09/05/23</b> | <b>11/07/23</b> | <b>12/09/23</b> | <b>14/11/23</b> | <b>16/01/24</b> | <b>12/03/24</b> |
| Financial Position – Mid-Year Review 2023/24                       | <b>Director of Finance &amp; Strategy</b>  |                 |                 |                 | ✓               |                 |                 |
| Integrated Performance & Quality Report                            | <b>Exec. Leads</b>   | ✓               | ✓               | ✓               | ✓               | ✓               | ✓               |
| Labs Managed Service Contract (MSC) Performance Report             | <b>Director of Acute Services</b>  |                 | ✓               |                 |                 |                 |                 |
| Procurement Key Performance Indicators                             | <b>Head of Financial Services &amp; Procurement</b>  | ✓               |                 | ✓               | ✓               |                 | ✓               |

| <b>Annual Reports</b>                          |   |                    |                                 |                 |                       |                 |                       |
|--|---|--------------------|---------------------------------|-----------------|-----------------------|-----------------|-----------------------|
|  | <b>Lead</b>   | <b>09/05/23</b>    | <b>11/07/23</b>                 | <b>12/09/23</b> | <b>14/11/23</b>       | <b>16/01/24</b> | <b>12/03/24</b>       |
| Annual Procurement Report 2022/23              | <b>Head of Financial Services &amp; Procurement</b> |                    |                                 |                 | ✓                     |                 |                       |
| <b>For Assurance</b>                           |   |                    |                                 |                 |                       |                 |                       |
|  | <b>Lead</b>   | <b>09/05/23</b>    | <b>11/07/23</b>                 | <b>12/09/23</b> | <b>14/11/23</b>       | <b>16/01/24</b> | <b>12/03/24</b>       |
| Delivery of Annual Workplan 2023/24            | <b>Board Secretary</b>                              | ✓                  | ✓                               | ✓               | ✓                     | ✓               | ✓                     |
| <b>Linked Committee Minutes</b>                |   |                    |                                 |                 |                       |                 |                       |
|  | <b>Lead</b>   | <b>09/05/23</b>    | <b>11/07/23</b>                 | <b>12/09/23</b> | <b>14/11/23</b>       | <b>16/01/24</b> | <b>12/03/24</b>       |
| Fife Capital Investment Group                  | <b>Chair</b>  | ✓<br>18/01         | ✓<br>01/03,<br>12/04 &<br>24/05 | ✓<br>05/07      | ✓<br>16/08 &<br>27/09 | ✓<br>08/11      | ✓<br>13/12 &<br>24/01 |
| Procurement Governance Board                   | <b>Chair</b>  | ✓<br>22/02         | ✓<br>26/04                      | ✓<br>30/08      |                       | ✓<br>25/10      | ✓<br>28/02            |
| IJB Finance, Performance & Scrutiny Committee  | <b>Chair</b>  | TBC                | TBC                             | TBC             | TBC                   | TBC             | TBC                   |
| Primary Medical Services Committee             | <b>Chair</b>  | ✓<br>07/03         | ✓<br>06/06                      |                 | ✓<br>05/09            | ✓<br>05/12      |                       |
| Pharmacy Practice Committee                    | <b>Chair</b>  | Ad-hoc Meetings    |                                 |                 |                       |                 |                       |
| <b>Other / Adhoc</b>                           |   |                    |                                 |                 |                       |                 |                       |
|  | <b>Lead</b>   | <b>09/05/23</b>    | <b>11/07/23</b>                 | <b>12/09/23</b> | <b>14/11/23</b>       | <b>16/01/24</b> | <b>12/03/24</b>       |
| Receipt of Business Cases                      |   | <b>As required</b> |                                 |                 |                       |                 |                       |
| Consideration of awards of tenders             |   | <b>As required</b> |                                 |                 |                       |                 |                       |
| Asset Disposals                                |   |                    |                                 |                 |                       |                 |                       |
| Procurement Governance Board Report No. B18-22 | <b>Internal Audit</b>                               |                    | ✓                               |                 |                       |                 |                       |
| Financial Process Compliance Report No. B20-22 | <b>Internal Audit</b>                               |                    | ✓                               |                 |                       |                 |                       |
| Audit Report – Post Transaction Monitoring     | <b>Internal Audit</b>                               |                    |                                 | ✓               |                       |                 |                       |

| <b>Additional Agenda Items (Not on the Workplan e.g. Actions from Committee)</b> |             |                 |                 |                 |                 |                 |                 |
|--|-------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
|  | <b>Lead</b> | <b>09/05/23</b> | <b>11/07/23</b> | <b>12/09/23</b> | <b>14/11/23</b> | <b>16/01/24</b> | <b>12/03/24</b> |
|  |             |                 |                 |                 |                 |                 |                 |
| <b>Development Sessions</b>  |             |                 |                 |                 |                 |                 |                 |
|  | <b>Lead</b> |                 |                 |                 |                 |                 |                 |
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**MINUTE OF FIFE CAPITAL INVESTMENT GROUP MEETING**

**Wednesday 7 December 2022 at 9.30 am  
Via MS Teams**

**Present:** Margo McGurk, Director of Finance & Strategy (MMcG) **(Chair)**  
 Neil McCormick, Director of Property & Asset Management (NMcC)  
 Alistair Graham, Associate Director of Digital & Information (AG)  
 Maxine Michie, Deputy Director of Finance (MMi)  
 Ben Johnston, Head of Capital Planning/Project Director (BJ)  
 Rose Robertson, Assistant Director of Finance (RR)  
 Jim Rotheram, Head of Facilities (JR)  
 Paul Bishop, Head of Estates (PB)  
 Ben Hannan, Director of Pharmacy & Medicines (BH)  
 Tracy Gardiner, Capital Accountant (TG)  
 Claire Dobson, Director of Acute Services (CD)

**In Attendance:** Kerrie Donald, Interim PA to DOF&S (KD)

|           |  | <b>Action</b> |
|-----------|--|---------------|
| <b>1.</b> | <b>WELCOME AND APOLOGIES</b><br><br>Apologies were received from Dr Chris McKenna, Medical Director, Janette Keenan, Director of Nursing and Nicky Connor, Director of HSCP.   |               |
| <b>2.</b> | <b>NOTES OF PREVIOUS MEETING</b><br><br>The note of the previous meeting held on 14 September 2022, was approved, and agreed as an accurate record.  |               |
| <b>3.</b> | <b>ACTION LIST</b><br><br>The Action List was updated accordingly.   |               |
| <b>4.</b> | <b>MINUTES OF OTHER COMMITTEES</b><br><br><b>4.1 Clinical Prioritisation Group</b><br><br>The minute of the meetings held on 11 August 2022, 8 September 2022, 13 October 2022, and 10 November 2022 were noted by the group.<br><br>PB advised £59K remains within the Clinical Contingency budget however noted this may need to go towards other works within NHS Fife. PB further noted any new applications |               |

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|    | <p>for use of funding from the Clinical Contingency fund could not be considered by the group for prioritisation this financial year.</p> <p><b>4.2 Capital Equipment Management Group</b></p> <p>The minute of the meetings held on 4 August 2022, 1 September 2022 and 6 October 2022 were noted by the group.</p>  |   |
| 5. | <p><b>MATTERS ARISING</b></p> <p>No matters arising</p>   |   |
| 6. | <p><b>GOVERNANCE</b></p> <p><b>6.1 Primary Care Premises Framework/Strategy</b></p> <p>NMcC introduced the paper noting a total of 17 sustainability loan applications have been received by Scottish Government for Fife GP Premises (funding direct from Scottish Government), and highlighted 3 loans applications are completed, 4 loan applications have been withdrawn and 10 loan applications are currently in progress. NMcC further advised a completed assessment on all practices across Fife confirmed a lack of clinical space is available across NHS Fife’s primary care estate.</p> <p>MMcG highlighted the responsibility and accountability for taking this work forward requires to be clarified within the report and requested a discussion to take place with NC and CMcK to agree the governance route for the paper. NMcC agreed to update the paper once a discussion has taken place with NC and CMcK.</p> <p><b>6.2 GP Premises Funding</b></p> <p>JR presented the paper to members for assurance noting work is ongoing with the project and 28 sites currently have work ongoing or planned to start imminently.</p> <p>RR advised an offline conversation is required with JR to discuss the funding across 2022/23 and 2023/24. RR further advised, confirmation of revenue funding currently used must be confirmed, and assurance given that capital funding is not being used. RR, JR and MMi to discuss funding and provide update to members at the next meeting.</p> <p><b>6.3 FCIG Workshop</b></p> <p>NMcC noted discussions regarding capital funding are ongoing with Scottish Government and highlighted NHS Fife should prepare and plan the approach given there is likely to be a reduction to the CRL in 2023/24. After discussion, it was agreed the workshop will take place before the third week in January 2023.</p> <p>MMcG and NMcC to meet prior to the workshop to complete preparatory work.<br/> KD to co-ordinate date for workshop ensuring CP is available to attend the session.</p> <p><b>6.4 CEMG Update Paper</b></p> <p>RR provided an update to FCIG noting CEMG was allocated £1.507m capital core funding, of which £1.407m has been confirmed for core equipment replacement. Good</p> | <p><b>NMcC/<br/>NC/<br/>CMcK</b></p> <p><b>RR/JR/<br/>MMi</b></p> <p><b>MMcG/<br/>NMcC</b></p> <p><b>KD</b></p> |

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|    | <p>progress has been made ordering equipment from the Tranche 1 and 2 of funding secured via the National Infrastructure Board.</p> <p>FCIG were made aware of the notification of the requirement to purchase scopes replacement for Endoscopy, c£1.1m. Concern was noted that this requirement had not been included in the 5-10 year capital equipment replacement plan. RR noted a discussion was had with Mike Conroy to source additional funding for the replacement scopes however no funding is available.</p> <p>RR noted following discussion with Neil Cruickshank, an updated paper proposes a phasing of planned equipment replacement which will help mitigate some of the risk.</p> <p>NMcC noted Fife currently do not have an accurate list of all medical devices &amp; equipment however with assistance from NHS Forth Valley colleagues, a new national database will be created to hold all relevant information and will reduce the risk of missing any equipment that requires replacement. It was noted this would be discussed at the medical devices and CEMG groups in the new year.</p>   |     |
| 7. | <p><b>PLANNING</b></p> <p><b>7.1 Capital Budget 2022/23</b></p> <p>TG highlighted monthly meetings have been arranged with MMi and Beata Burkinshaw (Scottish Government) to discuss any slippage within the capital programme that should be returned to Scottish Government, with the potential of funding being reinstated to NHS Fife in 2023/24. It was noted, no underspend notification has been provided to Scottish Government regarding the capital programme as yet.</p> <p>MMi presented a slide to FCIG highlighting the unallocated balances from several capital programmes and slippage within the Queen Margaret Theatre programme. It was also noted that a review of revenue expenditure has identified c£700K of spend which requires to be redesignated to capital.</p> <p>After discussion, it was agreed due to the limited capital funds for 2022/23 and the immediate requirement to address the endoscopy scopes, all members are asked to urgently review and prioritise their capital programmes before the end of December 2022.</p> <p><b>7.2 Orthopaedic Project Update</b></p> <p>BJ provided FCIG with an update noting the contractual completion date has been delayed to 30 January 2023 with the site being operational from 27 February 2023 as a consequence of the delay in receiving essential theatre equipment.</p> <p><b>7.3 Kincardine &amp; Lochgelly Project Update</b></p> <p>BJ provided FCIG with an update noting the business cases were sent to the Scottish Capital Investment Group (CIG) in November to formally confirm the FBC's. The planned CIG meeting was cancelled however a meeting is being re-scheduled.</p> <p><b>7.4 Mental Health Strategy</b></p> | ALL |

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|            | <p>BJ advised the draft initial agreement has been completed and will be presented at the next Project Board meeting for consideration.</p> <p><b>7.5 Automation Initial Agreement</b></p> <p>BH provided FCIG with an updated initial agreement, proposing to have a phased implementation, creating a number of smaller projects particularly the centralisation of stores, implementation of pharmacy robot and ward-based atomisation.</p> <p>BH noted a correction to the paper, advising “earmarked funding of £5.94m” should be corrected to “projected cost of £5.94m”.</p> <p>MMcG highlighted it would be beneficial to discuss the capital elements of the initial agreement in relation to the capital plan noting this would be discussed at the FCIG workshop in January 2023.</p> |  |
| <b>8.</b>  | <p><b>PERFORMANCE</b></p> <p><b>8.1 Capital Expenditure Report</b></p> <p>TG highlighted a total of £16m has been spent and majority of equipment allocated has been ordered or pending an ERF. Monthly meetings with estates colleagues have been arranged to discuss timescales for projects to ensure all are deliverable within the financial year.</p>  |  |
| <b>9.</b>  | <p><b>ISSUES TO BE ESCALATED TO EDG</b></p> <p>N/A</p>   |  |
| <b>10.</b> | <p><b>AOCB</b></p> <p>N/A</p>  |  |
| <b>11.</b> | <p><b>DATE OF NEXT MEETING</b></p> <p>Wednesday 18 January 2023, 2pm – 3:30pm via MS Teams.</p>  |  |



# Fife Health & Social Care Partnership

Supporting the people of Fife together

## UNCONFIRMED MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE FRIDAY 11 NOVEMBER 2022 AT 10 PM VIA MICROSOFT TEAMS

**Present:** Arlene Wood, NHS Board Member [Chair]  
Martin Black, NHS Board Member  
Alistair Morris, NHS Board Member  
Cllr Dave Dempsey  
Cllr David Alexander  
Cllr Graeme Downie (10-10.40am)

**Attending:** Nicky Connor, Director of Health & Social Care (10-12noon)  
Fiona McKay, Head of Strategic Planning, Performance & Commissioning  
Norma Aitken, Head of Corporate Services  
Audrey Valente, Chief Finance Officer  
Euan Reid, Lead Pharmacist Medicines Management  
Rona Laskowski, Head of Critical and Complex Care Services  
Lisa Cooper, Head of Primary and Preventative Care Services  
Roy Lawrence, Principle Lead for Organisation Partnership  
John Cooper, Service Manager (representing Lynne Garvey)

*In attendance:*

Carol Notman, Personal Assistant (Minutes)  
Tim Bridle, Audit Scotland  
Karen Wright, Clinical Service Manager (Item 11)  
Joanne Bowden, Consultant in Palliative Care (Item 11)

**Apologies for**

**Absence:** Cllr David Graham  
Helen Hellewell, Associate Medical Director  
Lynne Garvey, Head of Community Care Services  
Ben Hannan, Director of Pharmacy and Medicines

|    |  | <b>ACTION</b> |
|----|--|---------------|
| 1. | <b>WELCOME AND APOLOGIES</b><br>Arlene Wood wished to take this opportunity to thank both Martin Black and Norma Aitken for their contribution and support to the FPS Committee over the years and wish them both well |               |



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|-----------|--|-----------|
|           | Arlene Wood reminded all of the meeting protocols.   |           |
| <b>2.</b> | <b>DECLARATIONS OF INTEREST</b><br>No declarations of interests were noted.  |           |
| <b>3.</b> | <b>MINUTE OF PREVIOUS MEETING– 16 SEPT. 2022</b><br>The minutes of the last meeting were agreed as an accurate record of discussion with 1 amendment to be made, Cllr Graham Downie is not a member of the NHS Board.  | <b>CN</b> |
| <b>4.</b> | <b>MATTERS ARISING / ACTION LOG</b><br>The action log was reviewed and FMcK advised that the outstanding items will be brought back to the next committee in January 2023.   |           |
| <b>5.</b> | <b>FINANCE UPDATE</b><br>Audrey Valente advised that the projected outturn for September 2022 for the delegated services was an underspend of £7.2M.<br><br>Audrey advised that the budget was set in March based on the assumption that the undelivered savings from 2021/22 will be delivered and confirmed that 66% of these will be delivered by the end of the year with others having alternative savings identified.<br><br>Audrey wished to note that at a recent Integration Joint Board the cost of living had been raised and she had given a commitment that this would be included in a future report. She wished to note that this has not been added to this report, but the finance teams were working through the financials relating to this and it is hoped that these costs will be reflected in the report that is submitted to the IJB.<br><br>Dave Dempsey noted with regards the additional budget allocation table on page 15/16 if it could be highlighted in future reports any changes that have been made to the figures from previous report.<br><br>Dave Dempsey queried with regards the budget for Adult Placement noting that it has been overspent for a significant number of years and was there a case to realign the budgets to avoid this. Audrey Valente advised that an additional £3M was added to Adult Placements budget last year, the overspend reflects the children transitioning from children's services to adult services and the additional packages that are being commissioned. Rona Laskowski advised that there has been a range work that has been undertaken in conjunction with the finance team and advised that the service is looking to develop a recovery plan over the next few months. She advised that there are a few anomalies that the Partnership has historically inherited and was pleased to advised that Audrey Valente had provided a financial technician to support the analyse of the budget.<br><br>Dave Dempsey queried whether there had been any changes within the Reserves table in Appendix 2 and queried how the uncommitted reserves could be allocated. Audrey advised that the uncommitted reserves are being brought to this committee for approval and noted that the table is accumulative with the previously approved requests and the new requests outlined within the table.<br><br>Alastair Morris queried what money would be required to be returned to the Scottish Government and what the timescale for this was. Audrey Valente advised that this was funding which had been specifically given to Boards for | <b>AV</b> |

|                  |   |  |
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|                  | <p>covid expenses and noted to date there has been no timescales provided by the Scottish Government.</p> <p>Martin Black queried if bed blocking could be attributed to the covid funds as there are unfunded beds required within acute when patients are not being able to be transferred out due to covid. Nicky Connor advised that the challenge with covid is the variability with wards closing and opening following mitigating actions in line with infection control advice. But noted that the team could investigate if patients are not able to move due to covid whether this could be attributed to covid costs. Audrey Valente reminded the committee that the acute services also received covid funding so this may be attributed to acute services rather than the Partnership.</p> <p>Arlene Wood confirmed in line with the recommendations outlined on page 13 that the committee had examined and considered the key actions/next steps. The Committee also approved the financial monitoring position and the reserves as at September 2022.</p>   |  |
| <p><b>6.</b></p> | <p><b>STRATEGIC PLAN 2022-2025</b></p> <p>Fiona McKay advised that the paper was to assure the committee that the Partnership has met the requirements outlined within the Public Bodies Act that dictates that a strategic plan is required. Fiona advised that the final report will be brought to the Integration Joint Board following significant consultation undertaken by the Strategic Planning Group.</p> <p>Fiona confirmed that the report is still in draft as the consultation period is still ongoing. In addition, Fiona outlined that the plan is a three year plan so it was important that the targets set were realistic for what could be achieved within a three year period.</p> <p>Alastair Morris noted that the plan was very comprehensive but wondered if the SMART Objectives could be further defined with quantified targets added to tighten up the success measures more.</p> <p>Fiona McKay advised that this Strategic Plan is an oversight plan with a variety of strategies noted within it such as Home First Strategy. Fiona noted that it would be these strategies where more detail within their SMART Objectives was provided. She wished to assure the Committee that each of the strategies outlined within the Strategic Plan will have targets and that the services will be required to provide an update on their performance.</p> <p>Martin Black queried with regards the risk that is associated with the Strategic Plan and how the committee determines where this risk lies when the partner organisation each have their own risk registers. Fiona McKay advised that Nicky Connor is the responsible officer in her role as Chief Officer and Director of Fife HSCP confirming she is the conduit as she reports into both Fife Council and NHS Fife. Nicky Connor confirmed that there are good discussions with the partners and safeguards were in place, with directions and the principle that there should be no surprises. Nicky advised that the Integration Scheme specifically outlines the requirements for the framework which is in place and confirmed that the partner organisations are revisiting their plans to ensure that there is alignment. Audrey confirmed that Avril Sweeney works very closely with her risk colleagues within Fife Council and NHS Fife.</p> <p>Arlene Wood noted that it is a good habit to start thinking about what the future will look like in 3 years and not be fearful outlining quantitative measures.</p> |  |

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|    | <p>Arlene Wood noted that she understood the requirement for the strategy to be high level but noted that the targeted intervention for specific illnesses such as heart disease, cancer, COPD and dementia is not clear within the strategy and asked how this was going to be targeted. Fiona McKay advised that the majority of these would be covered within the Prevention and Intervention Strategy which is lead by Lisa Cooper. Fiona noted that this strategy is new and will include the work undertaken with the Third Sector.</p> <p>Arlene Wood confirmed with the Committee that they were assured with the strategic plan as outlined with the recommendations on page 30 of the papers.</p>   |  |
| 7. | <p><b>HSCP WINTER PLANNING 2022/23</b></p> <p>Fiona McKay advised that the paper had been tabled at the Quality &amp; Communities Committee on Tuesday 8<sup>th</sup> November 2022. She advised that the report is split into 4 different sections: Section 1 – Annual Delivery Plan. Section 2 – Letter received from Scottish Government which details the work that is expected to be taken forward. Section 3 – Outlines new investment and positive recruitment and Section 4 – Further workstreams to address winter pressures.</p> <p>Dave Dempsey noted that this report was for winter planning and queried whether summer planning was different as a lot of what is noted within the report should be in place all year round although acknowledged that there may be more required in the winter. He noted that a lot of the report was operational, and he did not feel that all the detail was relevant for the FP&amp;S Committee. Dave noted with interested on page 191 that the Annual Delivery Plan had been issued to NHS Fife and Scottish Government in July/August 2022 and was curious as to why it was coming to this committee now. He also noted within Appendix 4 the table format was difficult to read but also vague and unquantified. Fiona McKay advised that the Annual Delivery Plan and the Winter Planning is dictated by NHS Fife and the Scottish Government, they communicate their requirements and provide funding, with NHS Fife and the Partnership having to deliver an annual delivery plan that meets their requirements. Fiona confirmed that the papers were being brought to this committee to give assurance to the committee that the work that the Partnership is required to undertake is being done.</p> <p>Fiona McKay advised that the Services were looking at new initiatives such as Front Door Model, Bed Coordinators in Care Homes to better support people to leave hospital when they are ready. In addition, there are discussions organised with acute colleagues around social work and what its role is and what it can mean for them as clinicians to ensure better multi-disciplinary team working.</p> <p>Fiona McKay acknowledged that the report was detailed but this is the report that will be seen by the Scottish Government colleagues, in addition the Annual Delivery Plan is owned by NHS Fife with the Partnership contributing to it. The delivery plan was submitted by NHS Fife in July, but it had not been through the Partnerships Governance Committee's hence why it was being tabled today.</p> <p>Alastair Morris noted surprise at how directive the letter received was and wondered how much of the direction was new or whether the Partnership was already ahead of the game and implementing the requirements. Fiona McKay advised that there had been no issues with the directive as Nicky</p> |  |

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|           | <p>Connor in her role as Chief Officer had been meeting with the Cabinet Secretary regularly and had fed into the development of the letter. Fiona did note that the partnership was pushing back on some of the directives such as NHS commissioning care beds as this was not something that Fife HSCP would do.</p> <p>Martin Black queried the letter from John Burns that had been sent in October 2021, noting that there has been a significant time and change in politicians since the distribution of this letter and whether it was still relevant. Fiona McKay advised that this letter outlined the £300M which was provided to Boards and it takes time to implement the requirements and the Partnership is still working through the money received in 2021.</p> <p>Arlene Wood questioned whether the Senior Leadership Team was confident that the whole system will be able to deliver the capacity that will be required to support the inpatients, considering the recent delayed discharge publication and the 45 surge beds opened last winter that have never been able to be stepped down. Nicky Connor advised that she wished she could give an answer to that question but advised that the attached report outlines the best practice. She advised that the biggest challenge is recruiting staff and capacity.</p> <p>Arlene Wood confirmed with the Committee that they were assured by actions being taken to address the predicted forthcoming winter pressures as outlined on page 183 of the papers.</p>  |           |
| <p>8.</p> | <p><b>TRANSFORMATION &amp; PMO REPORT</b></p> <p>Audrey Valente advised that the report provides an update on the work undertaken by the Transformation and Change Team highlighting not only the six original change initiatives but also the additional 4 projects that have been incorporated into the workplan of the PMO Team.</p> <p>Audrey advised the transformation dashboard which provides a high-level description with the overall RAG status of the projects is included within the paper. Audrey confirmed that all projects had a green status except for two, these being Care Home and Primary Care Improvement Plan. Audrey confirmed that mitigation actions are in place and these projects are regularly reviewed at the Transformation Board.</p> <p>Dave Dempsey noted surprise at seeing Appendix 1 for the SLT Assurance Report back in February 2022 which seemed quite old and out of date. He also noted that the big table showing the transformation portfolio was difficult to read on screen.</p> <p>Audrey advised that appendix 1 was an example of the governance that is in place and agreed that the table was difficult to read and will try to amend this going forward.</p> <p>Martin Black noted that it says on page 260 under Primary Care Improvement Plan that new ways of working are sustained and improved and asked what this meant and where is the evidence that it is sustained and improved. Lisa Cooper advised this was related to improving access to primary care services but could understand that this was not clear in the table. Audrey Valente</p> | <p>AV</p> |

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|                   | <p>agreed to feedback at the next meeting an expansion of what the outcomes are.</p> <p>Arlene Wood confirmed with the committee that they had been made aware and had discussed the update as outlined within the recommendations on page 256. Audrey noted that this should have noted assurance rather than awareness and will change this in future reports. All agreed that the report had provide the assurance required.</p>  | <b>AV</b> |
| <p><b>9.</b></p>  | <p><b>WORKFORCE STRATEGY &amp; ACTION PLAN 2022-25</b></p> <p>Roy Lawrence advised that the draft Workforce Strategy and work plan had been submitted and endorsed by both this committee and the Integration Joint Board in July 2022. He advised that feedback had been expected from the Scottish Government in August but there has been a delay in this being returned. Roy advised that it had been mid-October before the feedback had been received and due to this it has been agreed with the Scottish Government that the planned publication has been delayed to 30<sup>th</sup> November 2022.</p> <p>Roy advised that the feedback from Scottish Government had been very positive saying the strategy was well structured and logical with clear links to the strategic plan.</p> <p>Roy confirmed that to provide assurance the action plan will be reported to the Senior Leadership Team Assurance Meetings 3 times a year.</p> <p>Arlene Wood confirmed with the committee that they supported the recommendation to the Integration Joint Board and approved the publication of the report on the HSCP website by 30<sup>th</sup> November 2022. In addition, that the committee found assurance as outlined in the recommendations on page 267 of the papers.</p>   |           |
| <p><b>10.</b></p> | <p><b>ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORT 2021/22</b></p> <p>FMcK advised that the ADP is a strategic partnership of the HSCP and is required to report to the Scottish Government on progress and improvements.</p> <p>Dave Dempsey queried what was so different with Scotland compared to other equally deprived areas within the UK? He also noted that the font size was challenging to read on page 340 and at the end of Appendix 1 he noted that there was a lot of detail, but he felt the “punchline” was missing. Fiona McKay agreed that some of the graphs were difficult to read as the authors of the report were trying to provider their information visually. Fiona advised that the “punchline” is that we need to get the drug deaths down as the number of people not getting support is still high and this is one of the areas focussed on in the report. Fiona noted that Levenmouth had been identified as an area with significant pressure for drug and alcohol deaths and the Levenmouth Programme was set up. Fiona was pleased to note that while the programme is not complete there has been a 40% reduction in drug and alcohol deaths within Levenmouth. The Team will be validating these statistics and looking at what has been done differently, such as drop in sessions and investigating what could be rolled out further throughout Fife. The team is also looking at what else can be implemented to reduce the instances of drug and alcohol related death as 1 drug and alcohol death is too many.</p> |           |

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|     | <p>Fiona McKay advised with regards the query why Scotland's death rate was so much higher than the rest of the United Kingdom, this could be attributed to the different reporting used by NHS Scotland. Dave Dempsey noted that this was helpful and asked if the service could provide a review of these differences at a future meeting.</p> <p>Martin Black suggested that more work was required to implement the bullet points outlined on page 337, noting that being treated with dignity can be lacking even in professional environments and breaking the stigma is very challenging. He noted concern that there are more alcohol deaths in Fife than drug deaths, but the funding received is focussed on drugs and in his opinion, it should be focussing on addictions.</p> <p>Fiona McKay agreed that breaking the stigma is so important and noted that this has been achieved for mental health stigma and we need to get to the same point for those who have addictions. Fiona advised that within Levenmouth, it was those who have had addictions who are working in the drop-in centres and the Compass Team are tracking people who have been in hospital and needing medical support instead of them just being discharged to the social work team. The Compass Team are not giving up on those that they have made contact with and if appointments have been missed, they will follow up.</p> <p>With regards what other areas in Scotland are doing, Fiona advised that Glasgow has introduced a bold initiative to have a place where people can go to take drugs but noted that this has not been welcomed in other parts of Scotland. Fiona noted that Elizabeth Butters has visited her colleagues in Edinburgh and Glasgow to learn from them.</p> <p>Arlene Wood queried what the feedback mechanism is to the ADP as there is a lot of improvement work going on with lived experience panels and the feedback from Martin Black that the culture is not as positive as we would like. Nicky Connor advised that she was Chair of the Alcohol and Drug Partnership and has listened to the feedback and will report back to the ADP on this committee's behalf.</p> <p>David Alexander noted that until the 1971 Drugs Act which criminalises everyone is changed it will be difficult to change attitudes. He noted that the Levenmouth Police are taking a different stance and are directing people to support services such as the Hub in Leven High Street which is making a huge difference.</p> <p>Arlene Wood confirmed with the committee that there had been discussion and that the report provided assurance as outlined within the recommendations on page 334. Arlene also thanked Nicky Connor for providing feedback to the Alcohol and Drug Partnership.</p> | <b>FMcK</b> |
| 11. | <p><b>FIFE SPECIALIST PALLIATIVE CARE SERVICES (FSPCS) - SERVICE MODEL (CONFIDENTIAL)</b></p> <p>Arlene Wood welcomed Karen Wright and Joanne Bowden who outlined the key points within the report and Fiona McKay reminded all that it is a confidential report not for sharing out with the committee.</p> <p>Dave Dempsey advised that he welcomed the report noting he liked the direction and felt that it could be measured. He also noted that the John's</p>   |             |

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|                   | <p>case study was very good and beneficial. Dave did note that the recommendations say that the Qualities and Communities Committee are asked to support when this is the Finance, Performance &amp; Scrutiny Committee.</p> <p>Karen Wright confirmed that the paper was currently for discussion and will be submitted to the Integration Joint Board in January 2023.</p> <p>Arlene Wood confirmed with the committee there had been discussion as outlined within the recommendations on page 372 taking into consideration that it should have read The Finance and Performance Committee are asked to support.</p>  |  |
| <p><b>12.</b></p> | <p><b>FINANCE, PERFORMANCE AND SCRUTINY HIGH SCORING STRATEGIC RISKS</b></p> <p>Audrey Valente advised that the paper had been brought to the committee as part of its remit to monitor and scrutinise the Finance and Performance Risks on behalf of the Integration Joint Board. Audrey advised that the report specifically looking at high scoring risks had been requested at the last meeting.</p> <p>Alastair Morris queried what the risk appetite was and how frequently the committee should revisit appetite for risk. He also noted that the Finance risk outlining that there will not be enough money to deliver the services, in his opinion due to the forecasted financial position, should be scored higher. Audrey Valente noted that there is a development session organised that will look at the Integration Joint Boards appetite for risks which will direct the committee's appetite for risk going forward.</p> <p>Arlene Wood confirmed with the committee that there had been discussion and that they were assured of the actions taken regarding the risks as outlined within the recommendations outlined within page 399</p> |  |
| <p><b>13.</b></p> | <p><b>PUBLIC SECTOR CLIMATE CHANGE DUTIES 2022</b></p> <p>Audrey Valente advised that the report is for members to consider and agree priorities for the year ahead so that the Integration Joint Board complies with its statutory duties under the Climate Change Order. Audrey advised that this was the sixth report that had been submitted to the Fife Integration Joint Board which outlined there had been a delay in progressing with the key focus due to responding to and recovering from the pandemic.</p> <p>Audrey Valente advised that the report outlines 5 recommendations, 3 of which have been carried forward from previous year with 2 additional recommendations added.</p> <p>Arlene Wood confirmed with the Committee that they were content with the recommendations outlined on page 407 and with the paper being submitted to the Integration Joint Board.</p>  |  |
| <p><b>14.</b></p> | <p><b>RESPITE SERVICES</b></p> <p>Audrey Valente advised that Rona Laskowski would be talking to the report as the report was more service orientated. Rona advised that the report had been requested some time ago by this committee to provide an understanding of respite within Fife HSCP and to provide a benchmarking against other Partnerships.</p>  |  |

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|                   | <p>Rona advised that the benchmarking exercise has proved very challenging to provide but outlined what had been taking place in Fife during the pandemic and remobilisation of services.</p> <p>Martin Black queried the comment on page 415 where it outlined a gap in facilities for adults with complex care needs who still require a building-based resource and asked what sort of building based resource this was. Rona confirmed that this was for those with intensive and very complex levels of disability. She advised that the service although it has lost some capacity the service was able to call on support from Broad Street Service which helped.</p> <p>David Alexander queried whether the service was aware of Homelands Trust. Fiona McKay advised that they were, but noted that service users at Homelands Trust needed to bring their carers with them which is perfect for short breaks but unless the service user had family or a personal assistant to support them there would be no care provided. Fiona agreed to pick up discussion out with meeting. Martin Black queried why taking a care assistant would cause issues with service users going to Homelands Trust. Fiona McKay advised the only issue was if the carer provided support for several service users.</p> <p>Alastair Morris noted he could understand the difficulty getting a comparison but asked if there was any intelligence on what other Partnerships are doing that we can learn from. Rona Laskowski advised that she linked with colleagues from other Partnership via an established network.</p> <p>Arlene Wood requested that an EQIA is completed for the next report to provide assurance to the committee that equity and equality has been addressed for any disadvantaged group. Carol Notman to add request to the work plan to remind Rona Laskowski that assessment is required for next report.</p> <p>Arlene confirmed with the committee that the recommendations outlined on page 416 should read for assurance rather than for awareness and noted that going forward the report would be tabled at the committee on an annual basis.</p> | <p style="text-align: center;">CN</p> |
| <p><b>15.</b></p> | <p><b>FUNDED ESTABLISHMENT AND VACANCIES</b></p> <p>Audrey Valente advised that the attached initial report was continuing to evolve and was a work in progress. She noted that it had been very difficult to get the information required out of the Partner Systems, hence the time it has taken to bring the report requested by the committee.</p> <p>Audrey advised that there are inconsistencies between the two budgeting systems and with the turnover allowance approach that the Council have, and the use of bank staff masks the true level of vacancies.</p> <p>Alastair Morris advised that he was pushing NHS Fife to simplify their processes as he found it surprising that it is not possible to easily identify all current vacancies. He noted that NHS Fife does not report vacancies as their IT systems does not accommodate this. Audrey thanked Alastair for his support.</p> <p>Arlene Wood confirmed with the committee that in line with the recommendations outlined on page 422 that discussion around the disparity in reporting vacancies between the 2 partner organisations had taken place and it was agreed that the report would be tabled at the committee on a quarterly basis going forward. Carol Notman to add to the workplan.</p>  | <p style="text-align: center;">CN</p> |
| <p><b>16.</b></p> | <p><b>ITEMS FOR HIGHLIGHTING</b></p>  |                                       |



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|     | Arlene Wood confirmed with the committee that there were no issues requiring to be highlighted at the Integration Joint Board on 25 November 2022. |  |
| 17. | <b>AOCB</b><br>No issues were raised under AOCB.   |  |
| 18. | <b>DATE OF NEXT MEETING:</b><br>20 January 2023 at 10.00am via MS Teams  |  |