

NHS Fife Finance, Performance & Resources Committee

Tue 09 May 2023, 09:30 - 12:00

MS Teams

Agenda

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

0 min

Verbal *Alistair Morris*

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


0 min

Verbal *Alistair Morris*

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

5 min

Enclosed *Alistair Morris*

 Item 03 - Finance Performance Resources Committee Minutes (Unconfirmed) 20230314.pdf (5 pages)

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

0 min

Enclosed *Alistair Morris*


 Item 04 - Finance, Performance & Resources Committee Action List.pdf (1 pages)

09:35 - 10:15 **5. GOVERNANCE MATTERS**

40 min

5.1. Finance, Performance & Resources Committee Annual Statement of Assurance 2022/23

Enclosed *Gillian MacIntosh*

 Item 5.1 - SBAR Finance, Performance & Resources Committee Annual Statement of Assurance 2022-23.pdf (3 pages)


 Item 5.1 - Finance, Performance & Resources Committee Annual Statement of Assurance 2022-23.pdf (26 pages)

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

Enclosed *Margo Mcgurk*

 Item 5.2 - SBAR Corporate Risks Aligned to Finance, Performance & Resources Committee.pdf (6 pages)

 Item 5.2 - Appendix 1 Corporate Risks Aligned to Finance, Performance & Resources Committee.pdf (6 pages)

 Item 5.2 - Appendix 2 Corporate Risks Aligned to Finance, Performance & Resources Committee.pdf (1 pages)

5.2.1. Deep Dive – Bank & Agency Work

Enclosed *David Miller*

 Item 5.2.1 - SBAR Deep Dive - Bank & Agency.pdf (4 pages)

 Item 5.2.1 - Appendix 1 Deep Dive - Bank & Agency.pdf (1 pages)

5.3. Review of General Policies & Procedures

Enclosed Gillian MacIntosh

📎 Item 5.3 - SBAR Review of General Policies & Procedures.pdf (5 pages)

5.4. Delivery of Annual Workplan 2023/24

Enclosed Margo McGurk

📎 Item 5.4 - Delivery of Annual Workplan 2023-24.pdf (4 pages)

10:15 - 11:00 6. STRATEGY / PLANNING

45 min

6.1. Corporate Objectives 2023/24

Enclosed Carol Potter / Margo McGurk

📎 Item 6.1 - SBAR Corporate Objectives 2023-24.pdf (4 pages)

6.2. Annual Budget Setting Process 2023/24

Enclosed Margo McGurk

📎 Item 6.2 - SBAR Annual Budget Setting Process 2023-24.pdf (8 pages)

6.3. Fife Capital Programme 2023/24

Enclosed Margo McGurk

📎 Item 6.3 - SBAR Fife Capital Programme 2023-24.pdf (4 pages)

6.4. National Treatment Centre - Fife Orthopaedics

Enclosed Janette Keenan

📎 Item 6.4 - SBAR National Treatment Centre - Fife Orthopaedics.pdf (3 pages)

📎 Item 6.4 - Appendix 1 National Treatment Centre - Fife Orthopaedics.pdf (22 pages)

11:00 - 11:15 7. QUALITY / PERFORMANCE

15 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. Procurement Key Performance Indicators

Enclosed Kevin Booth

📎 Item 7.2 - SBAR Procurement Key Performance Indicators.pdf (6 pages)

📎 Item 7.2 - Appendix 1 Procurement Key Performance Indicators.pdf (1 pages)

11:15 - 11:20 8. LINKED COMMITTEE MINUTES

5 min

8.1. Fife Capital Investment Group held on 18 January 2023 (confirmed) & 1 March 2023 (confirmed)

Enclosed

📎 Item 8.1 - Fife Capital Investment Group Minutes 18 January 2023 (Confirmed).pdf (11 pages)

📎 Item 8.1 - Fife Capital Investment Group Minutes 1 March 2023 (Confirmed).pdf (5 pages)

8.2. Procurement Governance Board held on 22 February 2023 (unconfirmed)

Enclosed

📎 Item 8.2 - Procurement Governance Board Minutes 22 February 2023 (Confirmed).pdf (4 pages)

8.3. Primary Medical Services Committee held on 7 March 2023 (unconfirmed)

Enclosed

📎 Item 8.3 - Primary Medical Services Committee Minutes 7 March 2023 (Unconfirmed).pdf (6 pages)

8.4. IJB Finance, Performance & Scrutiny Committee held on 20 January 2023 (confirmed)

Enclosed

📎 Item 8.4 - IJB Finance, Performance & Scrutiny Committee Minutes 20 January 2023 (confirmed).pdf (7 pages)

11:20 - 11:25 **9. ESCALATION OF ISSUES TO NHS FIFE BOARD** 5 min

9.1. To the Board in the IPQR Summary

Verbal *Alistair Morris*

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

Verbal *Alistair Morris*

11:25 - 11:30 **10. ANY OTHER BUSINESS** 5 min

11:30 - 11:30 **11. Date of Next Meeting: Tuesday 11 July 2023 at 10am via MS Teams** 0 min

Unconfirmed

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

Alistair Morris
Chair

Present:

A Morris, Non-Executive Director (Chair)
W Brown, Employee Director
A Grant, Non-Executive Director
Cllr D Graham, Non-Executive Director
J Kemp, Non-Executive Director

J Keenan, Director of Nursing
M McGurk, Director of Finance & Strategy
J Tomlinson, Director of Public Health
M Mahmood, Non-Executive Director
C McKenna, Medical Director

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
S McCormack, Associate Medical Director, Emergency & Planned Care (*observing*)
S Fraser, Associate Director of Planning & Performance (*for item 6.1 only*)
K Donald, Interim PA to the Director of Finance & Strategy (*minutes*)

Chair's Opening Remarks

The Chair welcomed everyone to meeting. Dr Sally McCormack, Associate Medical Director for Emergency Care & Planned Care, who is participating in the Developing Senior Systems Leadership course, was also welcomed as an observer to this 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

Apologies were noted from C Potter, Chief Executive, and A Lawrie, Area Clinical Forum Representative.

2. Declaration of Members' Interests

There were no members' interests to declare.

3. **Minute of the last Meeting held on 17 January 2023**

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

4. **Action List / Matters Arising**

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

5. **GOVERNANCE MATTERS**

5.1 **Committee Self-Assessment Report 2022/23**

The Head of Corporate Governance and Board Secretary introduced the report, summarising its findings and noting a Committee induction pack will be created and issued to new Committee members going forward. The Chair advised a meeting with the Director of Finance & Strategy would be arranged for him to discuss how to implement the suggestion points noted in the report.

A Grant, Non-Executive Director, encouraged the creation of an induction pack to new Committee members, however noted an interactive session for new members with the Chair and Lead Executive would still be valuable and beneficial for new members. It was confirmed the induction pack would be in addition to this existing meeting.

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

5.2 **Annual Review of Committee's Terms of Reference**

The Head of Corporate Governance and Board Secretary discussed the report, noting two changes (in relation to the description of the Annual Delivery Plan and risk management processes) are being made to the Terms of Reference, which, once approved by the Committee, will be taken forward to the Audit and Risk Committee and the Board for approval as part of the annual year-end processes.

The Committee **approved** the updated Terms of Reference.

5.3 **Corporate Risks Aligned to Finance, Performance & Resources Committee**

The Director of Finance & Strategy presented the corporate risk paper. It was highlighted that the wording on Risk 13 was to be updated, as agreed in the January committee meeting to read: "There is a risk that the Board will not achieve its statutory financial revenue budget target in 2022/23 without additional in-year support from Scottish Government". This change should have been reflected in the paper and will be corrected for the next version.

Action: Director of Finance & Strategy

The Director of Finance & Strategy further noted the Risk and Opportunities Group will be reviewing whether we can establish the application of a range of assurance levels; Substantial, Adequate, Limited, to further enhance the report. The Chair agreed this would be a helpful development.

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

5.3.1 Deep Dive – Access to Outpatient, Diagnostic & Treatment Services

The Director of Acute Services discussed the report, highlighting a range of actions including the ongoing work to convert the reception area within the Queen Margaret Hospital theatre suite to create additional theatre space.

Following a question from J Kemp, Non-Executive Director, the Committee agreed a draft short statement should be included at the end of a deep dive to illustrate the overall impact of the risk mitigations.

After discussion, it was agreed a future deep dive should be brought to the Committee examining the usage of bank and agency staff utilisation. The Director of Finance & Strategy highlighted that an interim position report may be possible reflecting the work of the new group looking at this area.

The Committee discussed the report and took **assurance** from range of mitigating actions underway to improve the risk level.

6. STRATEGY / PLANNING

6.1 Draft Population Health & Wellbeing Strategy

The Associate Director of Planning & Performance joined the meeting and highlighted a number of changes made since the Board Development Session.

Following a question from M Mahmood, Non-Executive Director, it was agreed additional focus on the contribution of the voluntary sector should be included within the strategy.

The Committee **endorsed** the strategy, recognising that a number of final changes are being drafted following discussion at the Board Development Session.

6.2 National Treatment Centre – Fife Orthopaedics

The Director of Nursing introduced the report, noting the National Treatment Centre for Orthopaedics is due to open on Monday 20 March 2023. The Director of Property & Asset Management highlighted that the project team are working through the NHS Assure process. Any outstanding actions that are unable to be closed off before the opening date will have an action plan created to ensure all actions are completed in a timely manner. The Committee agreed the outstanding actions and associated action plans should be brought to the next Committee meeting as a report for assurance.

Action: Director of Property & Asset Management

Following a question from the Chair, the Director of Property & Asset Management advised that NHS Assure have now completed detailed checks on the building and emphasised that the outstanding actions have no health and safety related impact on the operation of the building and its ability to deliver clinical services.

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

7. QUALITY / PERFORMANCE

7.1 Integrated Performance and Quality Report

The Director of Acute Services provided an overview of the report, highlighting an improvement in the four-hour access target compared to the performance in December 2022. However, bed waits continue to contribute to the majority of breaches. NHS Fife continue to be among the top performing boards in Scotland for Patient TTG (waiting), however diagnostic performance has dropped due to staffing challenges and reduction in funding.

The Director of Health & Social Care provided an overview of the Partnership section of the report, highlighting the percentage of bed days lost to standard delay is at the lowest it has been in two years and close to the national target. Code 9 delays are higher than expected, however engagement with the legal team to identify further actions and multi-agency reviews for each patient take place on a weekly basis.

The Director of Finance & Strategy provided an overview of the report, highlighting NHS Fife are reporting a significant overspend of £22.6m, with forecasts indicating NHS Fife will have a brokerage requirement of £16m at the end of the financial year.

There was a discussion regarding whether NHS Fife could set additional local targets linked to the trajectories within the IPQR. It was concluded that the mitigation and actions within the IPQR effectively describe the achievable local response to current challenges with performance.

The Chair asked for an update on the response to a recent letter received from Scottish Government requesting information on delayed discharge and local actions to reduce this. The Director of Health & Social Care advised NHS Fife has responded to this letter confirming our local actions and plans to address this.

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

7.2 Fife Capital Investment Group Report 2022/23

The Deputy Director of Finance provided an overview, noting that at January 2023 a total of £22m had been allocated, with plans in place to spend the remaining £10m by the end of the financial year.

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

7.3 Tender Process For 2C GP Practices

The Director of Health & Social Care provided an overview of the report, noting the formal tender process has now closed with notes of interest received, which will be assessed by the tender oversight group. Interviews will be held in April 2023 with recommendations going forward through the relevant committees for decision by the Board in May 2023.

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

8. FOR ASSURANCE

8.1 Delivery of Annual Workplan 2022/23

The Committee **approved** the tracked workplan.

8.2 Annual Finance, Performance & Resources Committee Workplan 2023/24

The Committee **approved** the proposed workplan.

9. LINKED COMMITTEE / GROUP MINUTES

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

9.1 Fife Capital Investment Group held on 18 January 2023 (unconfirmed)

9.2 Primary Medical Services Subcommittee held on 6 December 2022 (unconfirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

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

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

There were no issues to escalate to the Board.

11. ANY OTHER BUSINESS

There was no other business.

12. DATE OF NEXT MEETING

The next meeting will be held on Tuesday 9 May 2023 at 9.30am via MS Teams.

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

FINANCE, PERFORMANCE & RESOURCES COMMITTEE – ACTION LIST
Meeting Date: Tuesday 9 May 2023



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	12/07/22	IPQR Review Update	To include further detail on complaints and the level of workforce vacancies within the next iteration of the IPQR.	SF	13/09/22 15/11/22	03/03/23 – Changes have been made to the complaints section. Updates from the Workforce Directorate on the workforce vacancy data is still awaited. 25/04/23 – Reporting of workforce vacancies is still being investigated with workforce but has not been concluded	In progress / on hold
2.	14/03/2023	Corporate Risks Aligned to Finance, Performance & Resource Committee	Wording in Risk 13 to reflect financial targets not being achieved without support from Scottish Government	MM	09/05/2023	02/05/23 – Wording in Corporate Risk Aligned to FP&R paper updated to reflect.	Closed
3.	14/03/2023	National Treatment Centre – Fife Orthopaedics	Action plans for outstanding actions not closed off before the opening of the National Treatment Centre are to be presented to the Committee as a report for assurance.	NM	09/05/2023	24/03/23 – Final sign off by NSS Assure was received on 16 March 2023. An Action plan will be developed in due course once NHS Assure have identified any outstanding issues remaining from their Key Stage Review. 28/04/23 – Update provided under item 6.5 in the May 2023 agenda.	Closed

Meeting:	Finance, Performance & Resources Committee
Meeting date:	9 May 2023
Title:	Draft Finance, Performance & Resources Committee Annual Statement of Assurance 2022-23
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Gillian MacIntosh, Board Secretary

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to a:

- Legal requirement
- Local policy

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

- Effective

2 Report summary

2.1 Situation

All formal Committees of the NHS Board are required to provide an Annual Statement of Assurance for the NHS Board, which is considered initially by the Audit & Risk Committee. The requirement for these statements is set out in the Code of Corporate Governance. The Finance, Performance & Resources Committee is invited to review the draft of the enclosed report for 2022-23 and comment on its content, with a view to approving a final paper for onward submission.

2.2 Background

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

2.3 Assessment

In addition to recording practical details such as membership and rates of attendance, the format of the report includes a more reflective and detailed section (Section 4) on agenda business covered in the course of 2022-23, with a view to improving the level of assurance given to the NHS Board.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

N/A.

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

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

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

This paper does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people. Consequently, an EQIA is not required. Details on the Committee's review of business concerning health inequalities and Anchor Institution related work is captured within the report.

2.3.6 Climate Emergency & Sustainability Impact

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

2.3.7 Communication, involvement, engagement and consultation

N/A.

2.3.8 Route to the Meeting

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

2.4 Recommendation

The paper is provided for:

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

Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

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ANNUAL STATEMENT OF ASSURANCE FOR THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE 2022/23

1. Purpose of Committee

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

2. Membership of Committee

- 2.1 During the financial year to 31 March 2023, membership of the Finance, Performance & Resources Committee comprised:

Rona Laing	Chair / Non-Executive Member (to May 2022)
Alistair Morris	Chair / Non-Executive Member (Chair, from May 2022)
Wilma Brown	Non-Executive Stakeholder Member
Cllr David Graham	Non-Executive Stakeholder Member (from November 2022)
Alastair Grant	Non-Executive Member
Aileen Lawrie	Non-Executive Stakeholder Member
John Kemp	Non-Executive Member (from November 2022)
Mansoor Mahmood	Non-Executive Member
Margo McGurk	Director of Finance & Strategy
Dr Chris McKenna	Medical Director
Janette Keenan	Director of Nursing
Carol Potter	Chief Executive
Dr Joy Tomlinson	Director of Public Health

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

3. Meetings

- 3.1 The Committee met on nine occasions during the financial year to 31 March 2023, on the undernoted dates:

- 10 May 2022
- 12 July 2022
- 13 September 2022
- 20 September 2022 (Development Session)
- 17 October 2022 (Extraordinary Meeting)
- 15 November 2022
- 17 January 2023
- 14 March 2023
- 30 March 2023 (Development Session)

- 3.2 The attendance schedule is attached at Appendix 1.

4. Business

- 4.1 At each meeting the Finance, Performance & Resources Committee considers the most up-to-date financial position for the year, for both revenue and capital expenditure. This function is of central importance, as the Committee provides detailed scrutiny of the ongoing financial position and on aspects of operational performance across NHS Fife activities, including those delegated to the Integration Joint Board. Considerable time was spent in meetings discussing and reviewing the financial pressures facing the Board (during financial years 2021-22 and 2022-23), the delivery of in-year savings against plan, and consideration of the enduring financial consequences of the Covid pandemic, which continue to impact on achieving financial sustainability over the medium term. The risk score for financial sustainability has remained high throughout the year, with the matter under regular review at an operational level by the Financial Improvement & Sustainability Programme Board. Updates on the predicted year-end position (where a financial gap of c.£10.4m is expected) were presented and discussed by members.
- 4.2 In September 2022, members considered a detailed update from the Financial Improvement & Sustainability Programme Board, outlining the delivery progress of cost improvement plans and the challenges experienced in these achieving the predicted targets. Key areas of pressure at that mid-year point included spend on supplementary staffing and the vacancy factor, further details on which have also been considered in-year by the Staff Governance Committee. The cost of living crisis affecting the whole economy, plus the removal of Covid-related financial support to Health Boards, have created additional challenges, particularly in the area of procurement. The situation has generally been reflective of the activity pressures experienced throughout the year and the resultant workload on staff. The Committee, however, have been clear that the 2022/23 savings target must be achieved, to ensure that following year targets are attainable. Further updates on the trajectory of performance were received at the Committee's meeting in November 2022, with the target to reduce spend on supplementary staffing showing some slippage. An additional update in January 2023 reported that whilst £6m of savings had been delivered by November 2022, with £2.4m on a recurring basis, this remained short of the £11.7m target set at the beginning of the financial year. These reports indicated the challenge of meeting saving targets against a backdrop of relentless demand and challenging economic conditions. The Financial Improvement & Sustainability Programme Board is not solely focussed on saving opportunities, but is also working closely with colleagues to increase productivity and capacity, reviewing on a frequent basis the ability to deliver the financial grip and control targets.
- 4.3 The creation of a medium-term financial plan, covering the period 2022/23 to 2024/25, has been the subject of detailed scrutiny at Committee meetings. The March 2022 Board-approved position of a year-end deficit of no more than £10.4m for 2022/23 has been captured within the plan, though this has been pressured by general inflation within the wider economy. A mid-year review report was considered by members in November 2022, noting that unrelenting pressures in patient demand, staffing shortages and an increase in non-pay costs as a result of inflation were key drivers behind a larger-than-expected overspend. A two-stage action plan was developed to mitigate increased costs, as detailed within the report to members. It was recognised that brokerage would be required for 2022/23, and the Committee considered the impact of the repayment profile across both three- and five-year plans. In March 2023, the next iteration of the medium-term plan was considered, covering 2023/24 to 2027/28, and scrutiny was undertaken of the high-level assumptions within. Further updates have been given to the Board directly, both at formal meetings and at Board Development Sessions, as financial plans have been considered and then formally approved.
- 4.4 In October 2021, the Board established a new Public Health & Wellbeing Committee, which has taken under its remit some public health-related areas previously covered by the Finance, Performance & Resources Committee (chiefly scrutiny over mental health performance

delivery in Child & Adolescent Mental Health Services (CAMHS) and Psychological Therapies (PT)). A comprehensive review of workplans and terms of reference of each committee has taken place, to limit the potential for any unnecessary duplication of effort and help clarify each committee's responsibilities over agenda items that might be tabled to more than one standing committee, as part of reporting through the governance structure. After completing its first full annual cycle of business during 2022/23, the Public Health & Wellbeing Committee has settled on a comprehensive workplan to ensure appropriate coverage of business throughout the year. This, in turn, has given the Finance, Performance & Resources Committee an opportunity for more focused agendas and enhanced scrutiny on the key aspects of performance and business aligned to its specific remit.

- 4.5 Updates have been given to the Committee on the Strategic Planning & Resource Allocation process, now in its third year of operation, which has generated key content to support the Annual Delivery Plan, financial and workforce plans and the Corporate Objectives for the year. It is considered that this focus will improve the overall lines of reporting and assurance to the Committee over the forthcoming year. Ongoing reports have been provided on the Population Health & Wellbeing Strategy development work, including details on the engagement approach and the development of the Population Health Needs Assessment, which has created the baseline for the new strategy. Development of the individual workstreams are being taken forward through a Portfolio approach involving all members of the Executive Directors' Group. Overall, the workstreams are linked to the five national care programmes that have been initiated by the Scottish Government. Engagement has taken place with staff, key stakeholders and members of the public, and updates have been given to the Committee thereon. At its March 2023 meeting, the Committee were pleased to endorse the content of the new strategy, following detailed full Board discussion. The Public Health & Wellbeing Committee is the lead Committee for the development of the new Strategy, though the Finance, Performance & Resources Committee will continue to have a specific role in the scrutiny and assurance of the financial plan aspects as these move towards the delivery phase.
- 4.6 The draft Corporate Objectives 2022/23 were presented to the Committee in May 2022. The report described what NHS Fife aims to achieve in-year, in tandem with a looking-back review of Directors' Objectives for 2021/22. Each objective has been carefully refined, with details on what Directors are leading on or supporting more generally. Assurance was provided that there was appropriate linkage to the Health & Social Care Partnership's strategic priorities and that those objectives for Acute will require strong collaborative working to be achievable. The objectives are framed under the four key strategic priorities of the Board, as aligned to national programmes, and reference the ongoing strategy development work undertaken in this reporting year. Each Board Committee has had a role in reviewing the objectives from their own specific perspective and, for the Finance, Performance & Resources Committee, linkage between these and the Strategic Planning & Resource Allocation process is explicit. Following review, the Committee were pleased to endorse the Corporate Objectives for onward submission to the Board for formal approval.
- 4.7 The Committee scrutinised operational performance at each meeting through review of the Integrated Performance & Quality Report (IPQR), specifically those measures that fall within its own remit (performance updates related to CAMHS and Psychological Therapies have now fully transitioned to come under the responsibility of the new Public Health & Wellbeing Committee). The Committee considered a report on the outcome of the IPQR review process at its July 2022 meeting and supported its recommendations on the enhancement of metrics and targets to be scrutinised by the Finance, Performance & Resources Committee. The impact of Covid on traditional key performance measures monitored by the Committee remains significant, particularly in relation to Treatment Times Guarantee measures, long waits within the Emergency Department, numbers of new referrals and diagnostic performance. In general, the plans to tackle the resultant backlog from the pause of services

during the height of the pandemic remains a significant focus of the Committee going forward. In September 2022, the Committee considered a specific briefing on the delivery of long wait targets for outpatients, elective surgery and diagnostics. Noting the challenges of meeting these targets whilst experiencing extreme unscheduled care and staffing pressures, the Committee took assurance from the Board's request made to Scottish Government for the required waiting times funding, noting the implications for the level of planned activity should this not be received in full. An update was given in November 2022, as part of the discussion of the IPQR report, noting that reduced funding had been granted by Scottish Government, which has meant that the full scope of the plan had been difficult to implement. Changes to the allocation model for orthopaedic surgery in the new National Treatment Centre will also impact on local waiting times performance, with the third theatre in the new build to be assigned largely to regional work. Members were assured that senior and clinical teams continue to have open and frank dialogue with Scottish Government colleagues, to indicate what financial support is required to deliver the full aspirations around waiting list targets.

- 4.8 Demand for unscheduled care services has continued to exceed expectation for much of the year, leading to significant pressures particularly at the front-door of the Emergency Department. Spikes in Covid-related and respiratory infections have continued to negatively impact upon the delay position and discharge / flow, with the Committee receiving regular updates via IPQR reporting, particularly over the winter period. Significant pressures on the workforce have also been reported. Scrutiny of the actions underway to improve the situation was undertaken, with members noting the negative impact on whole-system care, quality and workforce in consequence of the delay position. This year's Annual Delivery Plan (considered in private session in July 2022) has also detailed the measures aimed at recovering performance.
- 4.9 The Committee discussed planning for the Winter Period (as part of the Board's Annual Delivery Plan return) and reflected on Winter performance via a report on the 2021/22 period considered by members at the Committee's May 2022 meeting. It was recognised that, particularly with Covid activity ongoing, planning for pressures and surges was, in essence, a year-round activity, which goes beyond the actual Winter season. Services have been recovering as well as remobilising, and close working relationships (particularly with colleagues in the Health & Social Care Partnership) have been critical to managing delay and flow, with varying results across the year. It has been important for the Board to continuously review proposals to mitigate capacity issues, to ensure that pressures 365 days per year are accounted for in overall planning. Activity levels have at some periods been unrelenting, and the Committee were fully apprised of the impact this had on the variability of performance overall, particularly around key targets such as A&E attendances. Clinical prioritisation, however, ensures that the most urgent cases continue to receive timely treatment. The introduction of a new Operational Pressures Escalation Levels (OPEL) process, which became fully embedded over the reporting year, is helping manage day-to-day pressures, with clear triggers for action and escalation.
- 4.10 A briefing paper on the development of Assistant Practitioner roles was considered in detail by the Committee at its September 2022 meeting, focusing on the financial impacts on budgetary planning for the nursing workforce, as well as the processes for accountability and the career development pathways that could be best supported by this initiative. The Committee took broad assurance from the development of the roles and the training to be put in place to support staff, welcoming the proposal as an effort to make further enhancements to the workforce. The particular importance of utilising the full nursing budget appropriately to support staff, whilst the Board continues to experience a vacancy gap in Band 5 nursing posts, was recognised by members, noting the importance of creating career pathways for our staff to help mitigate the usage of agency and bank spend.

- 4.11 The Committee has considered a bi-annual update (in May and November) around the status of General Policies & Procedures, noting that the introduction of a new post-holder in the Corporate Governance support team has led to considerable work being undertaken during the reporting year to improve the follow-up processes, develop a prioritised workplan and to enhance the guidance available to staff, which is now readily accessible on StaffLink. A new escalation process to the Executive Directors' Group has also been established in-year. The format and content of the policy status report to the Committee has also been enhanced, to provide clearer detail and assurance around areas that require further follow-up work and to highlight risks of key policies remaining overdue for review. Members have previously been supportive of efforts to move to a more streamlined review process, utilising electronic software solutions where appropriate, though a decision remains to be made on the best way to take forward procurement of any software solution. However, dedicated staff resource secured to assist with the general administration and review of General Policies has helped to improve compliance and this is expected to help in the long term to reduce the backlog of overdue reviews. The Committee will receive ongoing updates on this, for assurance, whilst the backlog continues to be worked through
- 4.12 The Committee has held a series of dedicated Development Sessions throughout the year, allowing members to gain a greater understanding and to receive detailed briefings on a number of topics. In September 2022, members were pleased to welcome Alan Morrison from Scottish Government to provide a briefing on the National Capital Programme and funding assumptions from a Scottish Government perspective. This was complemented by a detailed presentation from the Director of Finance & Strategy on the development of the Board's medium-term financial strategy. In March 2023, the Committee took part in a presentation on the outcome of the Primary Care Premises Strategy and the findings of that review, recognising its importance to the wider issue of GP sustainability in particular.
- 4.13 The Committee considered progress in relation to the following capital schemes:
- National Treatment Centre Fife Orthopaedics
 - Hospital Electronic Prescribing & Medicines Administration (HEPMA)
 - Kincardine & Lochgelly Health Centres
 - Laboratory Information Management System (LIMS)
- 4.14 Ongoing quarterly updates were provided to members on the progress with the National Treatment Centre for Fife Orthopaedics construction project, which continued during 2022/23. In May 2022, members took assurance from an update detailing build progress and the mitigation actions underway to address materials shortages due to turbulence in global markets. The means by which quality and safety were being assured during construction was also detailed, as were the service models being developed and the workforce / recruitment programme to help support these. In September 2022, the update covered the initial work on site from the NHS Assure team during their construction key stage review. Updates were also given on the strategic plan and service model being developed by the Orthopaedic team and related musculoskeletal services, which outlined their plans to develop the National Treatment Centre into a centre of excellence for orthopaedic care. The Committee also welcomed the detail on the various enhancements being made to the build from funding received via Fife Health Charity, particularly those that enhance the patient and staff experience within the new building. In March 2023, members were delighted to receive a report confirming the official opening date of the new facility (23 March), following NHS Assure sign-off of the safety of the building, confirming its ability to deliver clinical and surgical services. The new National Treatment Centre in Fife is the first to open across Scotland and its specialty-leading facilities are already making an immediate impact on patients and staff.
- 4.15 At the Committee's March 2022 meeting, members received a report detailing significant contractual issues with the HEPMA contract award and the eventual ceasing of negotiation

with the preferred supplier in January 2022. A full re-procurement exercise was subsequently carried out. In July 2022, the Committee considered a revised Full Business Case, endorsing the proposed contractor and supplier-managed service proposed. The Board subsequently gave formal approval to proceed with the terms outlined in the Full Business Case.

- 4.16 Updates on the business cases being developed for the new Kincardine & Lochgelly Health & Wellbeing Centres were delivered to the Committee at its 2022/23 meetings. Consultation with local stakeholders and design of the replacement Health Centres progressed throughout the year and, in May 2022, the Committee were pleased to receive the Outline Business Cases for full scrutiny. The linkages with the wider Primary Care Premises Strategy and workforce challenges were noted. Members were pleased to endorse the Outline Business Case for formal Board approval, this being granted at the end of May 2022.
- 4.17 The Committee held an Extraordinary Meeting in October 2022 to discuss the full business case created for the replacement of the current Laboratory Information Management System (LIMS). In order to meet tight deadlines linked to the commissioning of a new system, this detailed review of the business case and resulting supplier decision was delegated to the Committee by the Board in September 2023. Members received presentations from the Associate Director of Digital & Information and from senior managers in Acute, detailing the work underway to mitigate the risks of implementing a new system, which is critical to day-to-day clinical services. Following discussion on the preferred supplier's costs over the ten-year contractual period, with assurance that this can be supported from existing investment plans, the Committee were pleased to approve the business case, a decision which was homologated by the Board at its October 2022 meeting. A further update was given to members in March 2023, outlining additional mitigations available to NHS Fife to ensure continuity of service, including extending the implementation period beyond March 2023 for an additional six months, with continued use of the current software during that time. No additional financial costs have been borne by the Board, with these being met by the National Consortium Group.
- 4.18 In January 2023, members reviewed a report outlining the performance of the Fife Health & Social Care Partnership against meeting the targets detailed in the Ministerial Strategic Group report on Integration, published in 2019. It also benchmarked Fife against other Partnerships across Scotland. Fife Health & Social Care Partnership were the first to be assessed and the report highlighted several examples of good practice, with work required across six further areas to fully support integration principles. The Fife Integration Joint Board will continue to monitor progress and provide assurance on this through established assurance routes to the Health Board.
- 4.19 Regular reports on the work of the Fife Capital Investment Group (FCIG) have been considered at Committee meetings, with the paper reviewed in May 2022 detailing the outturn position for 2021/22, prioritisation of core capital funding, planned expenditure, and the proposed five-year plan for capital investment. In July 2022, members reviewed the proposed utilisation of the 2022/23 capital allocation, with members taking assurance from FCIG's detailed work around prioritisation of individual workstreams. In September 2022, detail was given on additional capital monies received by the Board, following successful bids to the National Infrastructure & Equipping Board. Costs related to the National Treatment Centre build were reported as largely being in line with budgeted levels, with some minor increases due to the impact of the Covid pandemic. At its November 2022 meeting, detail was also provided on the securing of an additional £2.7m in capital grants, to be applied to backlog maintenance projects, and £0.917m for digital and information projects and initiatives. Over the year, some £31m of capital spend has been allocated by the Group, a large percentage of which has been in support of the National Treatment Centre build.

- 4.20 In January 2023, a proposal for the re-financing of the PFI Phase 3 Victoria Hospital project was considered in private session, with the Committee noting the options under consideration by the Board. The annual Public Private Partnership (PPP) Monitoring Report for 2021/22, covering the sites of St Andrews Community Hospital and Phase 3 of the Victoria Hospital in Kirkcaldy, was considered by the Committee in March 2023, with members gaining assurance from the positive content detailed therein.
- 4.21 Members reviewed an update on the Property & Asset Management Strategy (PAMS) for 2021/22 at its July 2022 meeting, to address the annual requirement to provide a data response for the State of the NHS Scotland Assets & Facilities Report. Submission of the data allows NHS Scotland Assure to establish a position regarding the NHS estate across Scotland. The data also allows individual Boards to understand the position regarding their own estate, which in turn allows a plan to be developed in the form of a PAMS. It was reported that the Board's submission, made in June 2022, would be captured in the introductory session of the PAMS for 2022/23. The creation of a new PAMS would allow this to be fully aligned and embedded as an integral part of the organisational Population Health & Wellbeing Strategy.
- 4.22 At its meeting in September 2022, the 2022 Interim PAMS was considered in detail by members. It is recognised that the PAMS document is an important supporting enabling framework to the delivery of the organisational strategy, describing how the NHS Fife estate will help deliver and support its strategic ambitions. The current update gave a local focus to the work underway in NHS Fife related to Anchor Institution ambitions, plus further detail on our plans to improve Environmental Sustainability through our work on zero carbon initiatives, enhancing green spaces and embracing biodiversity. Members noted that NHS Fife has a large estate footprint and diverse asset base, with considerable potential for this to be better exploited in the future. The updated document also addresses a number of recent Internal Audit recommendations, particularly in relation to alignment with the developing Population Health & Wellbeing Strategy and development of an action plan where delivery progress can be effectively monitored. Members greatly welcomed the report's enhancements and streamlining, noting its strategic focus across the wider organisation has direct relevance to the work underway in delivering a new organisational strategy to help serve our local communities. It also provides a context for the review of future infrastructure investment proposals / business cases, to ensure strategic intent in the development of estates-related initiatives.
- 4.23 The Committee has in previous years considered a number of reports around the Primary Care estate, including the Transfer of Third-Party Leases from GP practices and an ongoing Primary Care Premises Review, the purpose of which are to help support GP sustainability and are an important cornerstone of the work being undertaken to review the NHS Fife property / asset needs and requirements over the longer term. In March 2023, an update report on the ongoing tender process for three 2C Board-managed GP practices in Fife was considered by members. An external procurement process has recently concluded, with notes of interest currently being assessed before the formal decision-making process is undertaken in May 2023.
- 4.24 The Committee has received a briefing on the designation of Phase 1 and Phase 2 of Victoria Hospital, Kirkcaldy with listed building status from Historic Environment Scotland. Phase 1 has been listed as Category C, it being a representative example of the new type of centralised hospital building established from the 1950s. Phase 2 has been listed as Category B, reflecting its status as a major example of a new type of high-rise hospital design from the 1960s in Scotland, of which few examples survive in such an unaltered state. Members noted the process that will be required to be undertaken to carry out future refurbishment work to either of the sites, after due liaison with the local authority.

- 4.25 The Committee received a number of updates on a Community Asset Transfer request, submitted under the Community Empowerment Act 2015, by a charity body seeking a long-term lease of mainly agricultural land adjacent to the Stratheden Hospital site. A short life working group with broad membership was established to formally evaluate the request and its supporting business case against the defined criteria described in the legislation. A scoring matrix was developed to enable the proposal to be appraised against key indicators. The working group's conclusions were considered at the Committee's May 2022 meeting, with the Board subsequently rejecting the request at its subsequent meeting. Since that decision, the charity body has formally appealed, Scottish Ministers appointed an independent reporter to assess the case (as detailed further in an update to the November 2022 meeting) and subsequently concluded in favour of the charity body, overruling the Board's previous decision. The formal negotiations for a lease of the requested land will accordingly feature in the 2023/24 workplan of the Committee.
- 4.26 A briefing on the provision of automated prescription locker boxes within Fife, and the possibility of legal challenge to the Board, was given to members at the November 2022 meeting, noting the possibly financial implications of a likely judicial review.
- 4.27 In November 2022, the Committee considered and endorsed the Annual Procurement Report, which sets out compliance with national standards in relation to procurement. At the same meeting, members considered a series of twelve Key Performance Indicators for the Procurement service, in order to assess the service's performance against its key strategic ambitions and aid oversight of financial controls. In year, the tender threshold limit for equipment and other goods and services within the Financial Operating Procedures and Standing Financial Instructions has been increased to £50k, to bring the Board in line with other territorial boards and the limits detailed in the Procurement Reform (Scotland) Act 2014.
- 4.28 The Committee considered internal audit reports relevant to its remit and the actions required thereunder, which are monitored for completion by the Audit & Risk Committee. In July 2022, the Committee received the internal audit reports on Procurement Governance and Financial Process Compliance, with the auditors' findings discussed and noted. The Annual Internal Audit report for 2021/22 was also considered at the same meeting, with members noting the comments from the auditors on the areas of financial planning and performance, delivery of efficiency savings, capital investment and asset management, and best value. The auditors' action point in relation to development of an implementation plan for the Property & Asset Management Strategy has been actioned in-year. In September 2022, members took assurance from the positive report tabled on post-transaction monitoring. In addition, in July 2022, the Committee received the annual report on the Laboratories Managed Service Contract, focused on the performance against contract.
- 4.29 Minutes of Committee meetings have been approved by the Committee and presented to Fife NHS Board. The Board also receives a verbal update at each meeting from the Chair, highlighting any key issues discussed by the Committee at its preceding meeting. The Committee maintains a rolling action log to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings. The format of the action log has been enhanced, to provide greater clarity on priority actions and their due dates.

5. Outcomes

- 5.1 The Committee has, through its scrutiny and monitoring of regular finance reports and other one-off reports, been able to assure the Board that NHS Fife:
- complied with statutory financial requirements and achieved its financial targets for the financial year 2022/23 subject to external audit;

- met specific reporting timetables to both the Board and the Scottish Government Health & Social Care Directorates;
- delivered £9.7m of the in-year efficiency saving target of £11.7m, and secured the required Scottish Government support for the historical underlying financial gap associated with a recurring overspend in Acute services; and
- has taken account of planned future policies and known or foreseeable future developments in the financial planning process.

6 Best Value

- 6.1 The introduction of both the SPRA process in 2020/21 and the Financial Improvement & Sustainability Programme in 2022/23 build on the aims of the previous organisational Best Value Framework (2018). Their combined impact facilitates a more effective triangulation of workforce, operational and financial planning, which supports the promotion and delivery of best value across all of our resource allocation. The Committee supported both these initiatives and throughout 2022/23 received progress reports and plans for consideration. The Committee were able to take ongoing assurance that the organisation had the plans and processes in place to promote and deliver best value.
- 6.2 Appendix 2 provides evidence of where and when the Committee considered the relevant best value characteristics during 2022/23.

7 Risk Management

- 7.1 In line with the Board's agreed risk management arrangements, the Committee has considered risk through a range of reports and scrutiny activity, including oversight on the detail of the Board Assurance Frameworks covering Financial Sustainability, Strategic Planning and Environmental Sustainability and, latterly within the reporting year, the specific risks aligned to the Committee under the revised Corporate Risk Register. Progress and appropriate actions were noted.
- 7.2 From July 2022, the Public Health & Wellbeing Committee took over lead scrutiny of the Strategic Planning Board Assurance Framework (BAF) from the Finance, Performance & Resources Committee, though this continued to be reported to the Committee for assurance purposes. Improvement to the risk level has been seen in-year, due to the detailed work undertaken to create the required structures, engagement activities and governance to support the development of the Board's new Population Health & Wellbeing Strategy and full resourcing of the Corporate Programme Management Office. As part of the move to a refreshed Corporate Risk Register during 2022/23, a new risk has been drafted around the effectiveness of strategy and its delivery, which will be monitored also by the Committee in the year ahead.
- 7.3 At its meeting in May 2022, the Committee received a progress update report on the risk management improvement programme being undertaken during the reporting year. As part of the process of developing a new Corporate Risk Register to replace the BAF, supporting work has also been undertaken to review the escalation process within the Board structure and to create a risk dashboard for regular reporting through the IPQR. The work has also provided an opportunity to undertake a meaningful assessment of strategic-level risks and to strengthen these, particularly in the areas linked to the delivery of the new organisational strategy, lack of resources (both workforce and capital) to deliver on its ambitions, equality and diversity-related measures, and to explicitly reference sustainability and climate change workstreams. Linkages to the Board's overall risk appetite have been discussed with members, noting that for those individual metrics currently facing a risk profile in excess of the Board's agreed appetite, a degree of tolerance has been agreed, given the scale of external challenges at this time.

- 7.4 The replacement of the BAF by the Corporate Risk Register has allowed for revision of the key strategic risks reported to the Board, along with presentation improvements to aid clarity of members' understanding. The Committee considered the full set of draft Corporate Strategic Risks at its meeting in September 2022, noting the proposed 18 risks, their mapping against the Board's strategic priorities, and the proposed visual presentation of these in report form. Six specific corporate risks are aligned to the Finance, Performance & Resources Committee. It is noted that refinement of these will continue over the coming year, as the new risk presentation beds in. The risks aligned specifically to the Finance, Performance & Resources Committee cover the areas of whole-system capacity; access to outpatient, diagnostic and treatment services; Cancer waiting times; delivery of a balanced in-year financial position and recurring financial balance over the medium term; and prioritisation and management of capital funding. In addition to the summary presentation of the aligned risks at all meetings since November 2022, members have received deep-dive information on the medium-term financial position (January 2023) and the access to outpatient, diagnostic and treatment services risk (March 2023), with in-depth review of bank and agency spend and utilisation scheduled for May 2023. Deep dives allow for greater scrutiny of the root causes of risks and discussion on the effectiveness of management actions in place to reduce risk levels. This area of the new risk management approach is expected to mature in the year ahead, to provide members with the necessary levels of assurance on the effectiveness of mitigating actions.
- 7.5 The Committee took assurance from and closely monitored progress in mitigating a range of environmental and estate sustainability risks, noting that two of the three residual operational risks in this area required the completion of the Elective Orthopaedic Centre build (achieved in March 2023) before these could be closed (both relate to activity being undertaken during part of the reporting year in the Phase 2 Tower Block at VHK and require the move of all non-ambulatory patients from this location). Enhancing fire safety training has reduced and mitigated this risk until the new orthopaedic wards are opened. The remaining risk, in relation to the replacement of flexible hoses by the PFI contractors for Victoria Hospital and St Andrews Community Hospital, is being addressed by an ongoing programme of work covered by a lifecycle contract.

8 Self-Assessment

- 8.1 The Committee has undertaken a self-assessment of its own effectiveness, utilising a questionnaire considered and approved by the Committee Chair. Attendees were also invited to participate in this exercise, which was carried out via an easily accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its March 2023 meeting, and action points are being taken forward at both Committee and Board level.

9. Conclusion

- 9.1 As Chair of the Finance, Performance and Resources Committee, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that adequate financial planning and monitoring and governance arrangements were in place throughout NHS Fife during the year, including scrutiny of all aspects of non-financial performance metrics, noting the continuing impact of the backlog from the Covid period upon the indicators generally.
- 9.2 I would pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee.

Signed:

Date: ** April 2023

Alistair Morris, Chair

On behalf of the Finance, Performance & Resources Committee

Appendix 1 – Attendance Schedule

Appendix 2 – Best Value

**FINANCE, PERFORMANCE & RESOURCES COMMITTEE
ATTENDANCE SCHEDULE 2022/23**

	10.05.22	12.07.22	13.09.22	17.10.22	15.11.22	17.01.23	14.03.23
Members							
R Laing , Non-Executive Member (Chair)	✓						
A Morris , Non-Executive Member (Chair)	✓	✓	✓	✓	✓	✓	✓
W Brown , Non-Executive Stakeholder Member	✓	✓	✓	x	✓	x	✓
Cllr D Graham , Non-Executive Stakeholder Member						✓	✓
A Grant , Non-Executive Member	✓	✓	✓	✓	✓	✓	✓
J Kemp , Non-Executive Member					✓	✓	✓
A Lawrie , Area Clinical Forum Representative	✓	x	x	x	✓	✓	x
M Mahmood , Non-Executive Director	✓	x	x	✓	✓	✓	✓
M McGurk , Director of Finance & Strategy (Exec Lead)	✓	✓	✓	✓	✓	✓	✓
C McKenna , Medical Director	x	x	x	✓	✓	✓	✓
J Keenan , Director of Nursing	✓	✓	x	✓	✓	x	✓
C Potter , Chief Executive	✓	✓	x	✓	✓	✓	x
J Tomlinson , Director of Public Health	x	✓	✓	✓	✓	✓	✓

In attendance

L Barker , Associate Director of Nursing			✓				
J Brown , Head of Pharmacy		✓					
N Connor , Director of H&SC	✓	✓	✓	x	✓	✓	✓
G Couser , Associate Director of Quality & Clinical Governance			✓ Items 1 – 7.1				
P Cumming , Risk Manager	✓ Item 5.5						
C Dobson , Director of Acute Services	✓	x	x	x	✓	✓	✓
F Forrest , Deputy Director of Pharmacy				✓			
S Fraser , Associate Director of Planning & Performance	✓	✓					✓
D Galloway , General Manager (WCCS)				✓			
A Graham , Associate Director of Digital & Information				✓			
B Hannan , Director of Pharmacy & Medicines	✓	x	✓	x	✓	✓	✓

APPENDIX 1

	10.05.22	12.07.22	13.09.22	17.10.22	15.11.22	17.01.23	14.03.23
B Johnston , Head of Capital Planning & Project Director	✓ Item 6.4		✓ Items 6.3 & 6.4				
F MacKay , Head of Strategic Planning, Performance & Commissioning				✓		✓ Item 6.1	
G MacIntosh , Head of Corporate Governance & Board Secretary	✓	✓	✓	✓	✓	✓	✓
S McCormack , Associate Medical Director, Emergency & Planned Care							✓
N McCormick , Director of Property & Asset Management	✓	✓	✓	x	✓	✓	✓
S McGlashan , Microbiology Service Manager				✓			
M Michie , Deputy Director of Finance	✓	✓	✓	x	✓	✓	✓
N Robertson , Associate Director of Nursing						✓	
H Thomson , Board Committee Support Officer					✓ Item 6.2		
M Watters , ST4 (Obstetrics & Gynaecology)					✓ Observing		
A Wilson , Waiting Times General Manager			✓ Item 6.7				

BEST VALUE FRAMEWORK

Vision and Leadership

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

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

GOVERNANCE AND ACCOUNTABILITY

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

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

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

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

USE OF RESOURCES

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

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

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

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

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

PERFORMANCE MANAGEMENT

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

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

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

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

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

CROSS-CUTTING THEME – SUSTAINABILITY

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

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

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

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

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

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

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

APPENDIX 2

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

CROSS-CUTTING THEME – EQUALITY

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

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

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

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

APPENDIX 2

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

Meeting:	Finance, Performance and Resources Committee
Meeting date:	9 May 2023
Title:	Corporate Risks Aligned to the Finance, Performance & Resources Committee
Responsible Executive:	Margo McGurk, Director of Finance & Strategy, NHS Fife
Report Author:	Pauline Cumming, Risk Manager, NHS Fife

1 Purpose

This report is presented for:

- Assurance

This report relates to:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper is brought as part of the fourth cycle of reporting on the corporate risks to the governance committees. It provides an update on the risks aligned to this Committee since the last report on 14 March 2023.

The Committee is invited to:

- Note the Corporate Risk detail as at 25 April 2023 at Appendix 1;
- Review all information provided against the Assurance Principles at Appendix 2;
- Consider and be assured of the mitigating actions to improve the risk levels;
- Conclude and comment on the assurance derived from the report; and
- Confirm the risk deep dive review to be provided for the next Committee

2.2 Background

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

- relevance
- proportionality
- reliability
- sufficiency

2.3 Assessment

NHS Fife Strategic Risk Profile

As previously reported, the overall Strategic Risk Profile contains 18 risks.

- No risks have been closed.
- No new risks have been identified.
- Increased risk - 1 high level risk aligned to the Committee - *Access to outpatient, diagnostic & treatment services* - increased rating. Likelihood (L) x Consequence (C) from 16 {likely (4) x major (4)} to 20 {almost certain (5) x major (4)}
- 1 moderate level risk aligned to the Public Health & Wellbeing Committee has increased its risk target rating - *Population Health & Wellbeing Strategy* from Moderate 8 to Moderate 12.

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

The Committee is asked to note, that as previously reported, the majority of the risks remain outwith risk appetite; this reflects the current organisational context and the ongoing challenges across all areas of service delivery.

Strategic Risk Profile



Table 1

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	2	3	-	-	◀▶	High
To improve the quality of health and care services	5	5	-	-	-	▼	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	18	13	5	0	0		
Summary Statement on Risk Profile							
The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.							
Mitigations are in place to support management of risk over time with some risks requiring daily assessment.							
Assessment of corporate risk performance and improvement trajectory remains in place.							
Risk Key				Movement Key			
High Risk	15 - 25			▲	Improved - Risk Decreased		
Moderate Risk	8 - 12			◀▶	No Change		
Low Risk	4 - 6			▼	Deteriorated - Risk Increased		
Very Low Risk	1 - 3						

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

Risks aligned to the Finance, Performance & Resources Committee

Table 2

Strategic Priority	Overview of Risk Level	Risk Movement	Corporate Risks	Assessment Summary of Key Changes
 To improve the quality of health and care services	3 - - -	◀▶	<ul style="list-style-type: none"> 6 - Whole System Capacity 7 - Access to outpatient, diagnostic and treatment services 8 - Cancer Waiting Times 	Risk 7 - Propose increase in current risk rating from High 16 to High 20
 To deliver value and sustainability	2 - 1 - -	◀▶	<ul style="list-style-type: none"> 13 - Delivery of a balanced in-year financial position 14 - Delivery of recurring financial balance over the medium term 15 - Prioritisation and Management of Capital Funding 	Mitigations updated for Risks 7,8,13,14 and 15

Key Updates

Risk Descriptions

The Committee is asked to note the following changes:

Risk 7 - Access to outpatient, diagnostic and treatment services amended from:

“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” *to:*

“There is a risk that due to demand exceeding capacity, compounded **by unscheduled care pressures**, NHS Fife will see deterioration in achieving waiting time standards. This time delay could impact clinical outcomes for the population of Fife.

Risk 13 - Delivery of a balanced in-year financial position - at the request of the Committee Chair on 17 January 2023, amended from:

“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” *to:*

“There is a risk that due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally, the Board will not achieve its statutory financial revenue budget target in 2022/23 and 2023/24 without brokerage from Scottish Government.”

Risk Rating and / or Level

The Committee is asked to note the following change:

- Increased risk - High level risk - *Access to outpatient, diagnostic and treatment services*. has increased its current rating. Likelihood (L) x Consequence (C) from 16 {likely (4) x major (4)} to 20 {almost certain (5) x major (4)}

Risk Target

The Committee is asked to note that the Risk Target component of the Register has been amended. Following a review by the Director of Finance and Strategy, the Associate Director of Digital and Information, and the Risk Manager, it was agreed that to be more meaningful, this should be modified to allow the target timescale to be set at the most appropriate and realistic date rather than fixed at year end.

Risk owners were asked to consider the current and target risk scores to ensure these realistically reflect the risks, and the extent to which these can be mitigated towards target in the current and foreseeable challenging climate. Details are reflected in Appendix 1.

Deep Dive Reviews

Deep dives will continue to be commissioned for specific risks via the following routes:

- Governance Committees
- Executive Directors' Group (EDG)
- Risks & Opportunities Group (ROG) with recommendations into EDG

Next Steps

Risk Assurance Levels

At the inception of reporting on the corporate risks to the governance committees, it was recognised that the Register and the associated 'assurance framework' would evolve and be subject to further refinement and development. It was agreed that it would be appropriate to take stock after three to four reporting cycles, allowing time for the new approach to gain traction, and to elicit and consider Committee feedback to inform further developments.

The feedback to date has been generally positive. There is consensus on the need to improve the mechanism for providing more specific information on which to base an assurance opinion i.e. supporting assurance evidence on the effectiveness of the controls and mitigating actions in place for risks.

As we enter the fourth cycle of reporting, the ROG has been asked to develop the assurance component around the corporate risks and to explore a model that allows provision of appropriate levels of assurance. This to include a mechanism for clearly defining specific levels of assurance, linked to the impact of risk mitigation, to be used in conjunction with the existing Assurance Principles (Appendix 3). This should enable an explicit conclusion to be reached on the overarching level of assurance provided by the risk owner and received by a committee.

Details of a proposed approach will be recommended to EDG in a Risks & Opportunities Group Progress Report on 4 May 2023.

The Corporate Risk Register will continue to be updated between each committee cycle, including through review at the ROG and recommendations to EDG. This process will take note of each Committee's feedback and use this to enhance future reports.

Connecting to Key Strategic Workstreams

The ROG will continue to develop its role in considering emergent risks and opportunities arising in particular, from the Population Health and Wellbeing Strategy, the Strategic Planning and Resource Allocation process and the Annual Delivery Plan, in order to recommend changes or additions to the corporate risks.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

Effective management of workforce risks will support delivery of our strategic priorities, to 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.

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 with key stakeholders.

2.3.8 Route to the Meeting

- Claire Dobson, Director of Acute Services on 20 April 2023
- Margo McGurk, Director of Finance & Strategy on 20 April 2023
- Neil McCormick, Director of Property & Asset Management on 20 April 2023
- Maxine Michie, Deputy Director of Finance on 20 April 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 25 April 2023
- Appendix No. 2, Assurance Principles



Report Contact

Pauline Cumming


Risk Manager, NHS Fife

Email pauline.cumming@nhs.scot

Summary of Corporate Risks Aligned to the Finance, Performance & Resources Committee
as at 25 April 2023

 To improve the quality of health and care services									
Risk	Mitigation	Current Risk Level	Target Risk Level by 31/03/23	Target Risk Level & Rating by dd/mm/yy	Current Risk Level Trend	Risk Appetite Moderate	Risk Owner	Primary Committee	
6 Whole System Capacity 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	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 20	Mod 9	Mod 9 by 30/04/24	◀▶	Above	Director of Acute Services	Finance, Performance & Resources	
									

	capacity and flow will be severely compromised.								
7	<p>Access to outpatient, diagnostic and treatment services</p> <p>There is a risk that due to demand exceeding capacity, compounded by unscheduled care pressures, NHS Fife will see deterioration in achieving waiting time standards. This time delay could impact clinical outcomes for the population of Fife.</p>	<p>Confirmed funding less than anticipated.</p> <p>Additional funding until the end of March 2023 has been implemented to reduce numbers of long waiting patients.</p> <p>Planning for 2023/24 has been completed in line with planning guidance letter received on 06/02/23.</p> <p>Confirmed funding 20% less than committed staff costs.</p> <p>Revised plan prepared outlining the significant impact of 20% reduction in capacity on waiting times and decision awaited on what action to be taken. Ultimately for SG but currently with EDG for decision.</p> <p>Speciality level plans in place outlining local actions to mitigate the most significant areas of risk. Focus remains on urgent and urgent suspicious of cancer patients however routine long waiting times will increase.</p> <p>The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and mitigate the level of risk over time.</p>	High 20	Mod 12	Unable to provide currently given the uncertainty around the funding	▼	Above	Director of Acute Services	Finance, Performance & Resources

8	<p>Cancer Waiting Times</p> <p>There is a risk that due to increasing patient referrals and complex cancer pathways, NHS Fife will see further deterioration of Cancer Waiting Times 62-day performance, and 31 day performance resulting in poor patient experience, impact on clinical outcomes and failure to achieve the Cancer Waiting Times Standards.</p>	<p>The prostate project group continues with actions identified to improve steps in the pathway. The nurse-led model is being explored with an expected go live date of August 23.</p> <p>Actions to improve steps in the lung pathway have been agreed; funding has been supported for implementation of the lung optimal pathway for 2023-24.</p> <p>The Effective Cancer Management Framework has been updated and actions have been identified for 2023-24.</p> <p>Steps are being taken to introduce the Effective Breach Analysis Standard Operating Procedure in to NHS Fife.</p> <p>Work has commenced to take forward the Re-grading Framework which is due to be published.</p> <p>Weekly meetings with Scottish Government (SG) and monthly monitoring of the Effective Cancer Management Framework continue.</p> <p>SG will attend the Acute Cancer Services Delivery Group in May 2023.</p> <p>A 6 month review of the Single Point of Contact Hub will determine if there has been a reduction in DNAs; this will be carried out at end of April 2023.</p> <p>Patient and staff evaluation questionnaire exercise will be done along with an exercise to assess reduction in patient calls to CNS</p>	High 15	Mod 12	Mod 12 by 30/04/24		Above	Director of Acute Services	Finance, Performance & Resources
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	<p>and feedback from staff users of the service.</p> <p>The Cancer Framework and delivery plan has been signed off by the Clinical Governance Committee and submitted to NHS Fife Board for assurance. The Framework will be launched and priorities agreed for 2023-24 thereafter.</p> <p>A deep dive into urology performance challenges is being undertaken.</p> <p>The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time.</p>								
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To deliver value and sustainability

	Risk	Mitigation	Risk Level	Target Risk Level by 31/03/23	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Risk Appetite Moderate	Risk Owner	Primary Committee
13	<p>Delivery of a balanced in-year financial position</p> <p>There is a risk that due to the ongoing impact of the pandemic, combined with the</p>	<p>Agreed focus on 3 main areas of cost improvement as part of the medium-term financial plan. FIS Programme focus will be on these areas with regular reporting to the EDG& NHS Fife Board.</p>	<p>High 16</p>	<p>Mod 12</p>	<p>Mod 12 by 31/03/24</p>	<p>◀▶</p>	<p>Above</p>	<p>Director of Finance & Strategy</p>	<p>Finance, Performance & Resources</p>

	very challenging financial context both locally and nationally, the Board will not achieve its statutory financial revenue budget target in 2023/24 without brokerage from Scottish Government.								
14	<p>Delivery of recurring financial balance over the medium-term</p> <p>There is a risk that NHS Fife will not deliver the financial improvement and sustainability programme actions required to ensure sustainable financial balance over the medium-term.</p>	<p>Strategic Planning and Resource Allocation process will continue to operate and support financial planning.</p> <p>The FIS Programme will focus on medium-term productive opportunities and cash releasing savings.</p> <p>The Board will maintain its focus on reaching the full National Resource Allocation (NRAC) allocation over the medium-term.</p>	High 16	Mod 12	Mod 12 by 31/03/24	◀▶	Above	Director of Finance & Strategy	Finance, Performance & Resources
15	<p>Prioritisation & Management of Capital funding</p> <p>There is a risk that lack of</p>	<p>Infrastructure developments prioritised and funded through the NHS Board capital plan. Regular Property and Asset Management Strategy (PAMS) report submitted to FP&R, NHS Board and Government.</p>	Mod 12	Low 8	TBC	◀▶	Within	Director of Property & Asset Management	Finance, Performance & Resources

	<p>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>Fife Capital Investment Group (FCIG) reviewed 2022/23 position which showed full utilisation of significant capital allocation and agreed initial allocations for 2023/24 with agreement of all stakeholders.</p>							
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Risk Movement Key

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

Assurance Principles

Risk Assurance Principles:

Board

- Ensuring efficient, effective and accountable governance

Standing Committees of the Board

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

Committee Agenda

- Agenda items should relate to risk (where relevant)

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

Meeting:	Finance Performance & Resources Committee
Meeting Date:	Tuesday 09 May 2023
Title:	Deep Dive: Bank and Agency Work
Responsible Executive:	David Miller, Director of Workforce
Report Author:	David Miller, Director of Workforce

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

The Executive Directors Group (EDG) agreed to initiate a programme of work to oversee changes to the management of supplementary staffing and a Bank & Agency Programme Board has been established with the aim of prioritising a robust, efficient and cost-effective bank and agency management model. This paper introduces a 'deep dive' into the organisational risk associated with the Bank & Agency Work.

2.2 Background

The Bank & Agency Programme Board will oversee a review of Bank & Agency Staffing arrangements, work with the services to help develop an improved model of operation and reduce the bank and agency spend within the financial year 2023/24.

The programme will also ensure delivery of the actions arising from DL (2023) 05 Supplementary Staffing – Agency Controls and the work of the national Supplementary Staffing Task and Finish Group being led by the Chief Nursing Officer to agree proposals to reduce spend on all off-framework agencies.

The Corporate Risk Register aligns to the four strategic priorities with the risk associated with Bank & Agency work aligned to:

- To Improve the Quality of Health and Care Services; and
- To Deliver Value and Sustainability

2.3 Assessment

The aim of this work is to deliver an external review of the current bank set up to establish if the current model is fit for purpose and to identify what actions are required to ensure it operates efficiently and effectively. An implementation plan will be developed to deliver a reduction in supplementary staffing spend in 2023/24. The Scottish Government's Supplementary Staffing – Agency Controls will be implemented which removes the off framework agencies from 1st June 2023. A priority is to provide safe and effective services ensuring there are no negative impacts on the quality of patient care and patient safety.

As detailed in the presentation which will accompany this paper, three workstreams have been identified; Finance, Workforce and Communication & Engagement. The Programme Board membership includes Executive Team members and Chairs and leads from three workgroups who will present updates to the Board for approval.

The Programme Board is initially meeting twice weekly to consider the progress of the three work groups. Support will be directed to the areas that with most requirement to ensure the first phase of work is achieved in relation to exit from the use of off contract agencies. Thereafter the focus will be to deliver a sustainable model of delivery which can achieve our financial savings targets.

2.3.1 Quality / Patient Care

The effective management of all supplementary staff requirements will support the maximisation of staffing cover to ensure that patient care is delivered effectively. This work will require difficult decisions to be taken and these will be made ensuring there are no negative impacts on the quality of patient care and patient safety.

2.3.2 Workforce

Appropriate staffing cover will support our ambition to support staff wellbeing, ensuring the effective planning and delivery of workforce resourcing. The reliance on supplementary staffing has been noted as a risk to sustainable staffing and this programme of work needs to be complemented by our overall recruitment and retention strategy to ensure the re-balancing of our workforce profile.

The consistent application of standard operating procedures will be an important element of safe staffing delivery to support the requirements placed on the organisation by Health and Care (Staffing) (Scotland) Act 2019.

2.3.3 Financial

Effective management of financial risks will support delivery of our strategic priorities including delivering value and sustainability. This work will aim to reduce the bank and agency spend by £10 million pounds in 2023/24.

2.3.4 Risk Assessment / Management

Without delivery of the proposed programme of work there is a risk that our supplementary staffing costs will continue to increase, and we would fail to meet our financial planning targets. Our ability to deliver cost effective supplementary staffing arrangements and reduction of reliance on agency staff will continue to undermine the stability of our workforce model.

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

The work of the programme will include the completion of Equality Impact Assessment as required. However, as part of a broad suite of workforce sustainability activities, this work will support our aspirations to support Fair Work and offer opportunities for Fife residents to access employment as part of our Anchor Institution commitments.

2.3.6 Climate Emergency & Sustainability Impact

No direct impact on climate emergency and sustainability

2.3.7 Communication, involvement, engagement and consultation

Proposals for the establishment of the programme were agreed with the Executive Director Group in February 2023 and there has been further engagement with Executive, Senior Leadership and staff side colleagues in developing the scope of the activity.

2.3.8 Route to the Meeting

The development of proposals within this paper have been considered by the members of the Bank & Agency Programme Board before presentation to Executive Directors Group on 4 May 2023. An update will also be presented to the Staff Governance on 11 May 2023.

2.4 Recommendation

This report is presented to the Committee for **Assurance** and members are invited to:

- Consider the Deep Dive Review set out within Appendices.

3. List of Appendices



The following appendix is included with this report:

- Appendix 1 – Deep Dive Review Template

Report Contact:

David Miller
Director of Workforce
Email: david.miller12@nhs.scot

Appendix 1 DEEP DIVE REVIEW for Fife Performance & Resources Committee on 09/05/2023

Corporate Risk Title	Bank & Agency Programme		
Strategic Priority	 To improve the quality of health and care services  To deliver value and sustainability		
Risk Appetite	High		
Risk Description	There is a risk that failure to address the current use and expenditure on bank and agency staffing will have an adverse impact on financial expenditure. There is also a potential impact on the quality of patient care and patient safety arising from an over reliance on bank and agency staff.		
Root Cause (s)	Increased use of and reliance on bank and agency staff driven by service pressures, system demands and absence / vacancy levels.		
Current Risk Rating ([LxC] & Level (e.g. High Moderate, Low)	Likelihood - 4	Consequence - 5	Level - 20
Target Risk Rating([LxC] & Level (e.g. High, Moderate, Low)	Likelihood - 3	Consequence – 4	Level - 12
Management Actions (current)			
Action	Status		
Establishment of Bank & Agency Programme Board established with the aim of prioritising a robust, efficient and effective bank and agency management model.	Completed		
Oversee review of Bank & Agency staffing arrangements.	On Track		
Develop improved model of operation.	On Track		
Establishment of work streams: Finance, Workforce and Communication & Engagement.	On Track		
Implement SG Supplementary Staffing – Agency Controls from 1 June 2023.	On Track		
Reduce Bank & Agency spend in 2023/2024.	Significant Level of Delivery Challenge		
Management Actions (future)			
Action	Status		
Regular workstream reporting to weekly Programme Board for assurance and approval, with agreed assistance directed to areas which most require support, from May 2023.	On Track		
Compliance and sustainability of progress in all areas.	Not Started		
Further reduction in Bank & Agency spend in 2024/2025.	Not Started		

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

Meeting:	Finance, Performance & Resources Committee
Meeting date:	9 May 2023
Title:	Review of General Policies & Procedures
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Hazel Thomson, Board Committee Support Officer

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Local policy

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

- Safe
- Effective

2 Report summary

2.1 Situation

In March 2013, an internal audit report - B12/13, Policies and Procedures - identified that 108 (81%) out of 133 policies then listed on the NHS Fife intranet were beyond their review date. Members of the Audit & Risk Committee questioned the level of risk to the Board from any delay in reviewing such policies in line with target dates. Management agreed that a more robust approach to enforcing reviews was required and that a new risk should be added until such time as the new processes were fully implemented. FP&R receives a bi-annual update on the status of 'general' (i.e., non-clinical or HR related) policies, for assurance purposes.

2.2 Background

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

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

- Human Resources – Staff Governance Committee

2.3 Assessment

An update on General Policies was last provided to the Committee in November 2022 and positive progress has since been made, although work continues to tackle the historic backlog of General Policies & Procedures reviews that are overdue. The Board Committee Support Officer is in close contact with respective colleagues to get these documents reviewed and through the approval process. General Policies which are overdue have also been escalated to the Executive Director/Responsible Officer.

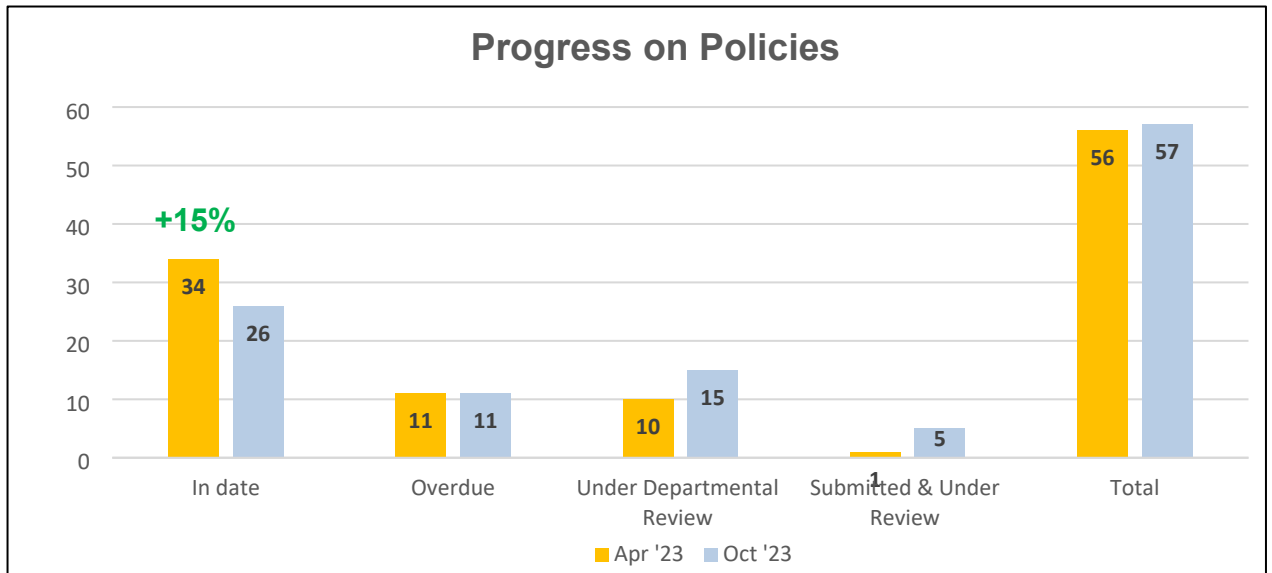
In order to address the potential risk management implications of overdue policies, a new escalation process has been introduced, whereby a report to the Executive Directors' Group (EDG) flags out-of-date policies by service and seeks individual Executive Director support to progress these within their respective portfolios. The most recent report to EDG was for their meeting on 2 February 2023, with detailed discussion around areas where improvement needed to take place. It was noted that the two largest services with policy review backlogs were Digital & Information and Estates, though the risk exposure remained relatively low, since the majority of out-of-date policies only require general updating of a minor nature rather than substantive revision. Assurance was also provided by the respective Directors that work is underway in both services to achieve an improved position, with many of the outstanding policies currently going through the approval process at the date of writing.

A programme led by the Webteam is currently underway to remove General Policies from StaffLink, replacing these with a link to the relevant documentation hosted on the NHS Fife website. This will avoid any unnecessary duplication of versions across more than one site and ensure that any out-of-date versions are removed promptly once superseded. The programme work will be completed by the end of June 2023.

General Policies

In April 2023, of the 56 General Policies, 11 (19%) remain beyond their due date, and are presently being followed up. Review work is underway within departments for 10 (18%) of General Policies, 1 (2%) has been submitted to go through the formal approval process and 34 (61%) of General Policies are up to date. This is an improved position since the last report to the Committee.

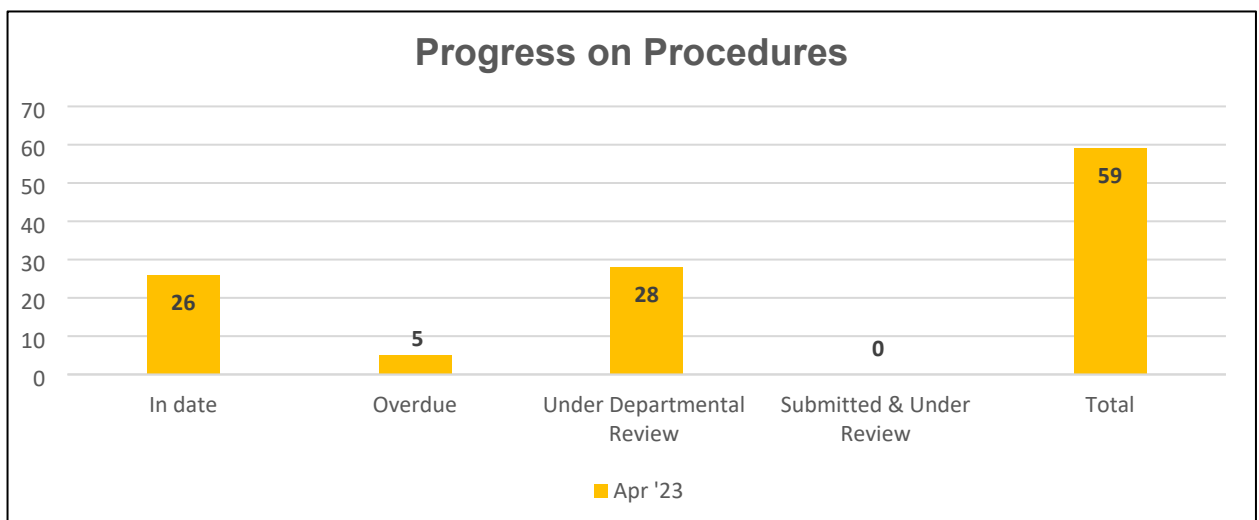
For General Policies which are 'under departmental review', it is expected that these policies will go through the approval process in the coming months, and a number of them are presently in the final stages of review.



**One policy has been deleted since the last report*

General Procedures

In April 2023, of the 59 General Procedures known, 5 (9%) remain beyond their due date, and are presently being followed up. Work is underway within departments for 28 (47%) of General Procedures, and 26 (44%) of General Procedures are up to date. This is an improved position since the last report to the Committee.



**Due to a number of newly identified procedures, the data is not comparable to the previous report to the Committee.*

Work continues to identify General Procedures which have previously not been recorded.

General Policies & Procedures Workplan

The workplan is available [here](#), and provides detail on General Policies & Procedures that are overdue, under departmental review, formally submitted & under review, and in date. The workplan will support the relevant departments to meet deadlines for reviews going

forward and ensure a more proactive approach in ensuring policies are reviewed well before their due date.

Electronic Solution

Exploratory discussions continue to be ongoing on the benefits of introducing an electronic solution for policy management. Further detail will be provided when available.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

As previously reported, the estimated financial costs of introducing potential policy management software have proved to be significant and likely beyond the budget of an individual service to meet. An organisational solution is therefore required.

2.3.4 Risk Assessment / Management

Ensuring policies and procedures are reviewed and revised as necessary, on a regular cycle, is an important mitigation of risk, thereby ensuring that staff are operating to most up-to-date processes and guidance.

General Policies & Procedures that are past their review date have been escalated to Executive Leads/Responsible Officers to identify potential risks and have been subject to a risk assessment by the Executive Directors' Group.

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

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

2.3.6 Climate Emergency & Sustainability Impact

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

2.3.7 Communication, involvement, engagement and consultation

The report provides evidence of the recent activities of the General Policies & Procedures Group, which is the internal body responsible for review and assessment of policy content.

Membership of the Group has recently been revised, in order to capture more expertise from across the organisation.

2.3.8 Route to the Meeting

The Committee is the first formal group that has considered this report.

2.4 Recommendation

- **Assurance.**

3 List of appendices

None.

Report Author

Hazel Thomson

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Report Presenter

Gillian MacIntosh

Board Secretary & Head of Corporate Governance

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FINANCE, PERFORMANCE AND RESOURCES COMMITTEE

PROPOSED 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 - Deep Dives	Director of Finance & Strategy	✓ Bank & Agency Work	✓ Cancer Waiting Times	✓ Prioritisation & Management of Capital funding	✓	✓	✓
Internal Audit Review of Property Transaction Report 2022/23	Internal Audit	As required					
PPP Performance Monitoring Report	Director of Property & Asset Management				Private Session		Private Session
Review of Annual Workplan 2024/25	Board Secretary					✓ Draft	✓ Approval
Review of General Policies & Procedures	Board Secretary	✓			✓		
Review of Terms of Reference	Board Secretary						✓ 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		✓	✓	✓	✓	✓
Annual Budget Setting Process 2023/24	Director of Finance & Strategy	✓					
Corporate Objectives	Director of Finance & Strategy / Associate Director of Planning & Performance	✓					
Fife Capital Investment Group Reports 2023/24	Director of Finance & Strategy / Director of Property & Asset Management	✓	✓	✓	✓	✓	✓
Financial Improvement and Sustainability Programme Progress Report	Director of Finance & Strategy		✓	✓	✓	✓	✓
Medium Term Financial Plan	Director of Finance & Strategy						✓
Orthopaedic Elective Project	Director of Nursing	✓		✓		✓	✓
Property & Asset Management Strategy (PAMS)	Director of Property & Asset Management		✓				
Strategic Planning & Resource Allocation Process 2024/25	Director of Finance & Strategy				✓		✓
Quality / Performance							
	Lead	09/05/23	11/07/23	12/09/23	14/11/23	16/01/24	12/03/24
Financial Position – Mid-Year Review 2023/24	Director of Finance & Strategy				✓		
Integrated Performance & Quality Report	Exec. Leads	✓	✓	✓	✓	✓	✓
Labs Managed Service Contract (MSC) Performance Report	Director of Acute Services		✓				
Procurement Key Performance Indicators	Head of Financial Services & Procurement	✓		✓	✓		✓
Quality / Performance (cont.)							

	Lead	09/05/23	11/07/23	12/09/23	14/11/23	16/01/24	12/03/24
Tender Process for 2C GP Practices (<i>also goes to PHWC</i>)	Director of Health & Social Care	✓					
Annual Reports							
	Lead	09/05/23	11/07/23	12/09/23	14/11/23	16/01/24	12/03/24
Annual Procurement Report 2022/23	Head of Financial Services & Procurement				✓		
For Assurance							
	Lead	09/05/23	11/07/23	12/09/23	14/11/23	16/01/24	12/03/24
Delivery of Annual Workplan 2023/24	Board Secretary	✓	✓	✓	✓	✓	✓
Linked Committee Minutes							
	Lead	09/05/23	11/07/23	12/09/23	14/11/23	16/01/24	12/03/24
Fife Capital Investment Group	Chair	✓ 18/01 & 01/03	✓ 12/04 & 24/05	✓ 05/07	✓ 16/08 & 27/09	✓ 08/11	✓ 13/12 & 24/01
Procurement Governance Board	Chair	✓ 22/02	✓ 26/04	✓ 30/08		✓ 25/10	✓ 28/02
IJB Finance, Performance & Scrutiny Committee	Chair	✓ 20/01	✓ 17/03 & 12/05	✓ 06/07	✓ 15/09	✓ 10/11	TBC
Primary Medical Services Committee	Chair	✓ 07/03	✓ 06/06		✓ 05/09	✓ 05/12	
Pharmacy Practice Committee	Chair	Ad-hoc Meetings					
Other / Adhoc							
	Lead	09/05/23	11/07/23	12/09/23	14/11/23	16/01/24	12/03/24
Receipt of Business Cases		As required					
Consideration of awards of tenders		As required					
Asset Disposals							
Other / Adhoc (cont.)							

	Lead	09/05/23	11/07/23	12/09/23	14/11/23	16/01/24	12/03/24
Procurement Governance Board Report No. B18-22	Internal Audit		✓				
Financial Process Compliance Report No. B20-22	Internal Audit		✓				
Audit Report – Post Transaction Monitoring	Internal Audit			✓			
Additional Agenda Items (Not on the Workplan e.g. Actions from Committee)							
	Lead	09/05/23	11/07/23	12/09/23	14/11/23	16/01/24	12/03/24
Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme	Director of Pharmacy & Medicine	Private Session					
Lucky Ewe Appeal	Director of Property & Asset Management	Private Session					
Development Sessions							
	Lead						
FPR Development Session <ul style="list-style-type: none"> Primary Care Premises Strategy and the findings of this review 	Director of Finance & Strategy	c/f 30/03/23					

Meeting:	Finance, Performance & Resources Committee
Meeting date:	9 May 2023
Title:	Corporate Objectives 2023/24
Responsible Executive:	Carol Potter, Chief Executive
Report Authors:	Margo McGurk, Director of Finance & Strategy

1 Purpose

This paper sets out the proposed corporate objectives for 2023/24.

This is presented for:

- Assurance

This report relates to:

- NHS Fife Population Health and Wellbeing Strategy
- Annual Delivery Plan
- Government policy/directive

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The committee requires to consider and propose the key corporate objectives for 2023/24, these objectives align the recently approved NHS Fife Population Health and Wellbeing Strategy and SPRA process.

2.3 Assessment

The corporate objectives of any organisation normally reflect the in-year, highest level actions which will create the objectives of the Chief Executive. In that context, this paper proposes a refinement of the SPRA generated objectives to reflect those at that corporate level. The corporate objectives proposed have been mapped to one of the 4 NHS Fife agreed strategic priorities or to the new “Cross Cutting Actions” category and are set out in Annex 1.

2.3.1 Quality/ Patient Care

NHS Fife corporate objectives underpin the delivery of high Quality of Health and Care Services.

2.3.2 Workforce

NHS Fife corporate objectives link directly to the strategic priority to “Improve Staff Experience and Wellbeing”.

2.3.3 Financial

NHS Fife corporate objectives link directly to the strategic priority to “Deliver Value and Sustainability”.

2.3.4 Risk Assessment/Management

Each corporate objective has an appropriate risk and opportunities assessment as detailed through the SPRA process.

2.3.5 Equality and Diversity, including health inequalities

Each corporate objective either has a completed Impact Assessment or is in the process of completing one.

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

Circulated to Executive Directors for comment by Chief Executive on 24 April 2023.

2.3.8 Route to the Meeting

EDG 4 May 2023

CGC 5 May 2023

2.4 Recommendation

The committee is asked to **take assurance** from the corporate objectives.

3 List of appendices

The following appendices are included with this report:

- Annex 1, Draft Corporate Objectives.

Report Contacts

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

Draft Corporate Objectives 2023/24



Our vision
Living well, working well and flourishing in Fife

Our values

- Care and compassion
- Dignity and respect
- Openness, honesty and responsibility
- Quality and teamwork

Our principles

- Listening and involving
- Supporting communities
- Empowering people
- Prevention and early intervention
- Creating wellbeing
- Being kind



Improve health and wellbeing

1. Progress the business case for the mental health services programme
2. Support the ADP in the delivery of MAT standards
3. Develop a prevention and early intervention strategy, and delivery plan, to support health improvement
4. Develop a primary care strategy and supporting delivery plan
5. Develop and deliver a system wide medicines safety programme



Improve quality of health and care services

1. Implement redesign and quality improvement to support mental health services
2. Review and redesign the Front Door model of care to support improvements in performance
3. Deliver an ambulatory care model supporting admission avoidance and early appropriate discharge
4. Further develop Queen Margaret Hospital as centre of excellence for ambulatory care and day surgery as part of a wider plan to deliver improvements in elective performance
5. Develop and deliver an improved patient experience response process to support a culture of person centred care



Improve staff health and wellbeing

1. Collaborate with University of St Andrews to develop the ScotCOM medical school
2. Develop and deliver an action plan to support safe staffing legislation
3. Develop and deliver a sustainability plan for the nursing and midwifery workforce
4. Deliver specific actions from the workforce strategy to support both patient care and staff wellbeing
5. Develop and deliver a leadership framework to increase team performance



Deliver value & sustainability

1. Deliver year one actions of the financial improvement and sustainability programme
2. Implement actions to support climate emergency
3. Develop the digital medicines programme



Cross-cutting actions

1. Develop a corporate communications and engagement plan
2. Develop the strategic plan to secure teaching health board status
3. Deliver Anchors ambitions working collaboratively with partners

Meeting:	Finance, Performance and Resources Committee
Meeting date:	9 May 2023
Title:	Annual Budget Setting Process 2023/2024
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Maxine Michie, Deputy Director of Finance

1 Purpose

This is presented for:

- Assurance

This report relates to:

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

This paper outlines the approach taken to confirm the opening 2023/24 revenue budgets to budget holders.

2.2 Background

Each year a detailed financial planning process is undertaken which informs our revenue budget and resulting cost improvement challenge. The overall financial planning process and corporate position for 2023/24 was approved by the NHS Fife Board at its meeting on 28 March 2023.

2.3 Assessment

A letter setting out the NHS Fife 2023/2024 core opening budget, Appendix 1, will be sent to all Budget Holders before the end of April. The letter will clearly identify the key principles and underpinning assumptions in arriving at the 2023/24 financial plan.

- Summary financial plan for NHS Fife (showing financial gap of £25.9m and a cost improvement target for Health Board retained of £15m)
- Directorate/HSCP opening budget position
- Approved Cost Improvement Plans
- Financial Grip and Control checklist

Budget holders have been asked to sign their respective opening budget position schedules for submission by 26 May 2023 as formal agreement and acceptance of the delegated budget.

In addition, budget holders are required to complete the annual financial “grip and control” checklist. This self-assessment tool is due for submission by 30 June 2023.

2.4 Recommendation

This paper is presented for:

- Assurance

Report Contact

Maxine Michie

Deputy Director of Finance
maxine.michie @nhs

Appendices:

Appendix 1: Notification of 2023/24 opening budget letter

Appendix 2: Summary Financial plan

Appendix 3: Cost Improvement Focus areas

Appendix 4: Financial grip and Control checklist

Appendix 1

NHS Fife
Hayfield House
Hayfield Road
Kirkcaldy
Fife KY2 5AH
Telephone: 01592
www.nhsfife.org



Date	30 April 2023
Your Ref	
Our Ref	MM/MMi
Enquiries to	Maxine Michie
Extension	29645
Direct Line	01592 729645
Email	Maxine.michie@nhs.scot

Dear

Financial Plan 2023/24: Financial improvement and Sustainability

- **Budget Setting 2023/24**
- **Grip and Control Checklist**

Annual Budget Setting 2023/24

At its meeting on 28 March 2023, NHS Fife Board approved its financial plan for 2023/24 following several months of detailed and robust review of the board financial position. This letter sets out an initial and indicative opening budget position for your Directorate/HSCP.

The opening core budgets are based on a roll forward position from the previous year and will reflect the full year impact of recurring funding added to your budget in 2022/23. As we move through the financial year, budgets will be revised to reflect a range of amendments across the expenditure headings as they are agreed nationally and locally, for example, pay budgets will be updated to reflect the impact of pay awards when they are agreed at a national level.

The Strategic Planning and Resource Allocation (SPRA) process completed in December 2022, endorsed by the Executive Director Group and the NHS Fife Board, captured the key cost pressures for the board and in the main identified existing cost pressure from the 2022/23 financial plan gap, ongoing Covid expenditure, the impact of 2022/23 cost improvement plans delivered on a non-recurring basis and other local/national cost pressures. The SPRA process and the Financial Improvement and Sustainability (FIS) programme have identified three focused areas of cost improvement plans (CIPs) with the directorates to reduce costs during financial year 2023/24.

Our financial plan shows a cost improvement requirement for 2023/24 of £25.9m (circa 3% of Health retained baseline budget). This requirement reflects in the main locally and national agreed cost pressures. Cost improvement plans of £15m, Schedule 3, have been agreed by EDG and their respective Senior Responsible Officers (SROs) identified leaving a financial gap of £10.9m. We have highlighted to Scottish Government (SG) our current financial gap of £10.9m through the medium-term financial planning process along with the requirement for financial support in 2023/24 from Scottish Government in order to break even. We have been advised it remains the expectation of the Scottish Government that NHS Boards deliver a

balanced financial outturn. Any financial assistance received by Boards to support achievement of a breakeven position will be provided on a repayable brokerage basis and should be minimised as far as possible.

The financial plan does not assume any Scottish Government funding for Covid 19 costs which has been made available to boards since the beginning of the pandemic in financial year 2019/20. Scottish Government have written to advise NHS Directors of Finance and IJB Chief Financial Officers that whilst there are specific legacy costs that will require additional funding support in the new financial year, namely Vaccinations staffing and delivery; Test & Protect activities including Regional Testing facilities; Additional PPE requirements; and some specific Public Health measures, for costs beyond those mentioned in this letter, NHS Boards and Integration Authorities should expect to meet remaining costs from baseline funding and should continue to drive these costs down as far as possible.

This letter sets out the indicative budgets across your portfolio based on the financial baseline plan. The financial plan estimates for 2023/24 and the analysis between the Health Board retained services, and the health components of the Health & Social Care Partnership are attached at Schedule 1, with detail of your own recurring budget for 2023/24 at Schedule 2.

In order to ensure the detailed budgets for 2023/24 are set appropriately, work will continue within the Finance Directorate, in conjunction with you, to refine your budgets within the financial system comprising:

- The 'roll forward' of budgets from 2022/23 to 2023/24 (including further updates to reflect other budget movements in your respective areas)
- The allocation of appropriate amendments to your budget taking cognisance of mutually agreed areas where amendments may be held centrally by you within your directorate/HSCP initially to allow you to make an assessment on the allocation of amendments as the year unfolds.

I would ask that you sign the attached Schedule 2 as formal agreement and acceptance of this delegated budget by 26 May 2023. In signing this schedule you are acknowledging your responsibility to manage the budget and that you have read and understood the Health Board's Standing Orders, Standing Financial Instructions, and relevant financial control procedures, along with the Board Code of Corporate Governance.

Financial 'Grip and Control' Checklist

Our financial grip and control approach will continue into this year. Given the significantly challenging financial environment the board will operate within in 2023/24 it is essential that there continues to be a strong focus on identifying cost improvement and productive opportunities. The strategic approach to sustainability and the use of a self-assessment checklist (attached at Schedule 4) in support of effective financial 'grip and control' is essential to maintain effective run rate performance, and to facilitate the management of existing pressures at a local level.

This checklist helps identify and inform budget holder responsibilities; and will be used to assist our budget setting process and, as per last year, there is a requirement for all budget holders to complete and sign this checklist alongside budget sign off. By completing this tool you should develop an understanding of any areas for improvement within your existing systems and an action plan to address these as quickly as possible. Your Finance Business Partner or Management Accountant is a key support available to you; and completion of the checklist is

mandatory for all managers with budgetary responsibility. The deadline for completion and submission of the self-assessment tool is 30 June 2023. Responses should be coordinated via your Finance Business Partner or Management Accountant.

Please contact me directly with any queries.

Yours sincerely

Margo McGurk
Director of Finance & Strategy/Deputy Chief Executive

Attachments

Schedule 1 – Summary Financial Plan

Schedule 2 – Indicative Budget

Schedule 3 – Approved Cost Improvement Plans

Schedule 4 – Financial Grip and Control Checklist

Appendix 2

Schedule 1

NHS Fife 2023/24 Opening Budgets			
	Total £'000	IJB £'000	HB retained £'000
Expenditure FY budget roll forward	949,745	431,817	517,928 **
Allocation Uplifts 23/24 per SG announcement	22,600	6,100	16,500
HSCP Savings	-4,575	-4,575	
NIC Policy Change	-1,761	-1,761	
Available budget	966,009	431,581	534,428
FP Uplift Assumptions 23/24			
Balance of uplifts	-241		-241
23/24 pressure	8,000	*	8,000
Exisiting Cost pressures	9,406		9,406
Prior Year Cips Delivered Non-recurring	8,700		8,700
Budget requirement	991,874	431,581	560,293
Initial gap	-25,865	0	-25,865
Approved CIPs	15,000	*	15,000
Opening budget 23/24	981,009	431,581	549,428
Agreed remaining gap for 23/24	-10,865	0	-10,865
*to be considered through IJB financial planning process			
** includes Acute set aside of £44.799m			

Appendix 3**Schedule 2**

	2023/24
Cost Improvement Plans	£m
Reduction in Bank and Agency Spend	10
Reduction in Surge Capacity expenditure	5
Corporate Overheads	TBC
Total per Financial Plan	15.0
Medicines Optimisation	1.0
Major Contract negotiation	TBC
Other Opportunities identified	TBC
Total Pipeline Opportunities	1.0

Cost Improvement target of £4.575 allocated to HSCP

Appendix 4



FINANCIAL GRIP & CONTROL - SELF ASSESSMENT TOOL			
Ref	Area	RAG Rating	Comments
1.0 Financial Planning, Forecasting & Budgeting			
1.01	Review and agree your budget on a regular (e.g. annual) basis.		
1.02	Undertake a Quarterly Financial Review with your Finance support for your services.		
1.03	Understand the quantum and magnitude of the cost improvement plans target assigned to your area of responsibility.		
1.04	Ensure a recognised process is in place for identifying and delivering savings - eg expenditure controls.		
1.05	Understand the financial planning process (including completion of service review templates) and your rôle in it.		
2.0 Financial Management			
2.01	Understand your delegated budget and your role and responsibility in managing it .		
2.02	Ensure budget holders reporting to you have clearly delegated lines of budgetary management for their services.		
2.03	Review your service's financial performance monthly.		
2.04	Identify corrective action to manage any pressures and bring spend in line with budget.		
2.05	Identify and monitor financial risk in your area.		
2.06	Meet with finance support team on a regular basis to discuss your service's financial performance.		
2.07	Understand the signage change in variance reporting (underspend positions are shown as positive figures; and overspend figures are shown as negative figures or in brackets ("brackets are bad"))		
3.0 Cost Improvement			
3.01	Understand your role in identifying and delivering savings .		
3.02	Identify robust viable savings schemes to deliver budget savings in year and recurringly.		
3.03	Complete a Cost Improvement Plan template (CIP) for each scheme and discuss with your Finance support prior to submission.		
3.04	Ensure awareness of any interdependancies with existing and potential schemes within and outwith your area of responsibility .		
4.0 Workforce			
4.01	Know and understand your funded establishment.		
4.02	Check your staff lists every month and identify and address any anomalies.		
4.03	Complete annual sign off of May staff list.		
4.04	Authorise all VMFs for your service(s).		
4.05	Review and address the sickness / absence information for your service(s).		
4.06	Establish and follow a documented process for escalating and engaging temporary staff (bank & agency) for your area ensuring authorisation by an appropriate responsible individual.		
4.07	Ensure a system of control is in place for managing excess hours and overtime worked by staff in your area.		
5.0 Procurement			
5.01	Know and understand your role in the PECOS process.		
5.02	Implement a clear process of delegation for raising and authorising orders.		
5.03	Ensure all goods & services used in your area are obtained via an agreed process (i.e. purchase order or top up).		
5.04	Ensure a documented process for stock control and management of purchases is in place.		
5.05	Understand the range of products from which you are expected to select your requirements.		
5.06	Ensure there is a segregation of duties between the preparation and approval of orders.		
5.07	Ensure that you are familiar with the relevant legislative and policy requirements for the procurement of services, and the scope and limits of your own role within these processes.		
5.08	Identify all external contracts held by your service and ensure a signed agreement is in place for each one and that copies are retained within the department.		
5.09	Undertake regular (annual) review of each contract you hold including benchmarking with other organisations / providers, where appropriate.		
6.0 Expenses			
6.01	Review and approve delegated authorisation levels within your area where appropriate.		
6.02	Know and understand the scope of your own delegated authorisation limit.		
6.03	Ensure there is understanding of and compliance with organisaional policies in relation to training and related study leave/expenses.		
6.04	Ensure there is a process in place for the review and approval of staff expenses.		
7.0 Income			
7.01	Ensure there is a system in place to charge for any services provided and that the level of service and scale of charges are agreed in advance of provision.		
7.02	Ensure staff are aware of/able to provide the information required for invoices to be raised.		
7.03	Ensure that you have systems in place for compliance with the board's own policies and procedures in relation to the treatment of out of area (including overseas) patients.		
8.0 Contracting with Other Organisations			
8.01	Ensure that you have electronic access to the Standing Financial Instructions (SFIs) and Financial Operating Procedures (FOPs), and that you have read, understood and will abide by them.		
8.02	Ensure only agency staff registered with an agency on the Scottish National procurement Framework are deployed across the organisation except in exceptional circumstances		

RAG Rating
Red Not achieved any aspect of the requirement
Amber Achieved some aspects of the requirement
Green Achieved all aspects of the requirement
N/A Not Applicable

Meeting: Finance, Performance and Resources Committee

Meeting date: 9 May 2023

Title: Fife Capital Programme 2023/24

Responsible Executive: Margo McGurk, Director of Finance & Strategy

Report Author: Maxine Michie, Deputy Director of Finance

1 Purpose

This is presented for:

- Assurance

This report relates to:

- Capital Expenditure Outturn 2022/23 and Proposal for 2023/24 Capital Plan

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

Subject to external audit, NHS Fife has achieved its Capital Resource Limit (CRL) financial target for 2022/23. The table below shows total gross capital expenditure incurred during the financial year of £30.709m across a wide range of capital building projects, equipment, and technology.

	CRL Funding £'000	Total Expenditure to March 2023 £'000	Variance £'000
Statutory Compliance/Backlog Maintenance	5,151	5,053	98
Clinical Prioritisation	541	748	(207)
Capital Equipment	5,244	4,983	261
Digital & Information	2,780	2,782	(1)
Elective Orthopaedic Centre	12,906	13,193	(287)
Kincardine Health Centre	543	540	3
Lochgelly Health Centre	408	406	2
Mental Health Review	53	55	(2)
QMH Upgrade	1,646	1,550	96
Capital to Revenue Transfer	-	-	
HEPMA	1,061	1,061	0
LIMS	325	338	(12)
Total Capital Expenditure 2022/23	30,658	30,709	(51)

The Annual Accounts presented for External Audit requires the Net Book Value (NBV) of equipment disposed of in year to be offset against the gross capital expenditure to arrive at net capital expenditure which equates to the Capital Resource Limit as agreed with Scottish Government, which is £30.658m for 2022/23. The variance of £0.051m in the table above is the net book value of equipment disposed in year and when netted off against the gross capital expenditure incurred in year secures achievement of the Board's Capital Resource limit in full for the financial year.

At the beginning of the financial year the Board's approved capital expenditure plan totalled £23.694m. Significant bundles of additional capital were secured across the financial year directly from Scottish Government and indirectly from bids submitted to the National Equipping and Infrastructure Board totalling £7m. Additionally, we also made a capital to Revenue transfer of £2.6m (£2m per the approved financial plan plus £0.6m further opportunity).

2.2 Assessment

Despite the challenges associated with supply chain issues, high inflation and continued covid impacts, the board delivered on its capital resource limit financial target as detailed below.

National Treatment Centre – The largest project undertaken by NHS Fife since VHK Phase 3 was delivered in line with budget and was formally opened by the First Minister of Scotland on 27 March 2023.

Statutory Compliance/Backlog Maintenance – The single largest project included spend of £1.2m on steam works at the Victoria Hospital. The remaining spend was incurred over a number of projects including roof and lift repairs and replacement, window replacements and installation of LED lighting. The annual budget includes £2.7m of additional SG funding.

Capital Equipment – Annual budget includes additional funding of £3.7m secured during the financial year including circa £1m for replacement of endoscopy scopes.

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, because of challenging capital budgets at Scottish Government level and a phased approach to capital projects being undertaken it is unlikely that the funding required to complete Lochgelly and Kincardine projects within their initial timescales will be made available. Dialogue will continue with Scottish Government to clarify the project funding timeframes.

Digital & Information – The £2.8m spend to 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.

LIMs – Milestone payments not concluded in the financial year have been carried forward into the next financial year by the Scottish Government on behalf of NHS Fife.

Looking forward to 2023/24 SG have confirmed our capital funding allocation will be in line with our formula capital allocation received in 2022/23, namely £7.764m. However due to extremely long supply chain lead times requiring commitment in 2022/23 for capital

equipment to be delivered in 2023/24 and other commitments to finalise projects commenced in 2022/23, £5.7m remains to support prioritised spend against a range of capital building projects, equipment, and technology. The table below identifies how capital funding will be allocated in 2023/24 and for the 2 years thereafter.

NHS Fife

Capital Plan 2023/24 - 25/26

2023-25 Capital Plan	2023/24 £000s	2024/25 £000s	2025/26 £000s
Capital Allocation 23-25	7,764	7,764	7,764
Capital Repayment	200	200	200
Balance to be allocated to Schemes	7,564	7,564	7,564
Commitments agreed in 2022/23			
QMH Theatres	1,113		
Dental Chairs	175		
Ward 24 Beds	6		
Asceptic Isolater	44		
Commitments agreed in 2022/23	1,338	0	0
HEPMA	547	597	
LIMS	344	563	189
Mental Health Estate Maintenance	900	1,000	1,000
Mental Health Review	100		
Capital Staffing Costs	271	271	271
Digital	500	500	500
General Equipment	500	500	500
Backlog Maint	1,500	1,500	1,500
Clinical Prioritisation	750	500	500
Acute Works Projects	700		
Proposed Schemes to be Funded	6,112	5,431	4,460
Formula Capital Balance unallocated	114	2,133	3,104
Anticipated Additional Funding From SG			
HEPMA - Carry forward	388		
HEPMA - Balance of SG Funding	772		
LIMS - Balance of Milestone Pyts (2-4)	172		
Pharamcy Robot	100	200	300
Total Anticipated	1,732	200	300
Total Capital Requirement	9,496	7,964	8,064

The National Infrastructure and Equipping Board have requested boards submit their equipping requirements for 5 years for 2023/24 through to 2028/29 by mid June. The purpose of this request is to enable boards to take a co-ordinated approach nationally with procurement to gain best value. A national procurement approach may secure greater purchasing power for existing capital allocations and additionally to make any additional funding that may become available to be made available to boards as early as possible in the financial year because of the increase in supply chain issues.

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

Maxine Michie

Deputy Director of Finance

maxine.michie@nhs.scot

Meeting:	Finance, Performance and Resources Committee
Meeting date:	9 May 2023
Title:	National Treatment Centre – Fife Orthopaedics Status Update
Responsible Executive:	Janette Keenan – Director of Nursing
Report Author:	Ben Johnston – Head of Capital Planning / Project Director

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board
- Government policy / directive

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The National Treatment Centre - Fife Orthopaedics centre was contractually completed on 10 March 2023 and was put into operational use on 20 March 2023. This paper provides a brief update on the status of the project and residual actions to be closed out.

2.2 Background

The project involves providing a new National Treatment Centre for Orthopaedics at the Victoria Hospital in Kirkcaldy. The accommodation generally comprises of 3 theatres together with in-patient and outpatient accommodation. The Gross Internal Floor Area is currently 6,142m² and the forecast project cost is currently £33.44m.

The Full Business Case was approved by the Board in November 2020 and then by the Scottish Capital Investment Group on 11 March 2021, allowing the construction phase of

the project to commence. Following the completion of car par enabling works, the project started on site on 1 March 2021 and was contractually completed on 10 March 2023. The project was put into operational use on 20 March 2023.

2.3 Assessment

The points outlined below, summarise key elements for awareness and assurance.

- Opening ceremony – the building was officially opened by the First Minister on 24 March 2023.
- Following completion of the project the SRO and Project Board have been stood down with matters arising now being dealt with operationally.
- A defects process has been implemented allowing construction related defects to be considered and resolved expediently. The defects period will expire on 7 March 2024.
- Residual NHS Assure, Key Stage Assessment Review “administrative actions” are continuing to be closed out with NHS Assure. It is considered that this area of work should be progressed and closed by the end of May 2023.
- Regional pathway work and financial enabling is continuing to be progressed with the Scottish Government and NHS Lothian.
- The project will be obliged to complete a Post Project Evaluation report to measure benefit realisation and learn lessons for future capital Projects. The Head of Capital Planning will oversee the production of this report with input from key stakeholders.

2.3.1 Quality / Patient Care

With the opening of the new facility and injection of charity funding to augment the level of patient experience, we expect that the quality of patient care will have Improved considerably. This will of course be measured as part to the benefits realisation work referenced at section 2.3.

2.3.2 Workforce

The facilities and work environment for the workforce has improved significantly. Recruitment for the NTC has progressed well with all posts now filled.

2.3.3 Financial

Whilst the final account for the project has yet to be settled including VAT arrangements, it is considered that the project will be reporting a final position of having been delivered marginally below budget. The final position will be reported in the Post Project Evaluation report referenced at Section 2.3.

2.3.4 Risk Assessment / Management

Risk Assessment and Management from a project perspective has not been stood down. All risk reporting will not be reported through conventional channels (DATIX).

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

The project contributes towards tackling health inequality through enhanced orthopaedic provision allowing people to live independently for longer within their local communities.

Over and beyond the project has made a significant contribution locally with work, training, and educational opportunities. This aligns will with the Board's Anchor Institution ambitions. Refer to Appendix A for more detail relating to the project's community benefits.

2.3.6 Climate Emergency & Sustainability Impact

The project has achieved all of the BREEAM targets established at the project briefing stage and will contribute towards the Board's wider climate emergency and sustainability targets.

2.3.7 Communication, involvement, engagement and consultation

The opening ceremony on 24 March 2023 went very well together with post event communications.

2.3.8 Route to the Meeting

- Executive Director's Group, 20 April 2023
- Clinical Governance Committee, 3 March 2023

2.4 Recommendation

This paper is being provided to member for:

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

3 List of appendices

- Appendix 1: NTC Fife Orthopaedic Community Benefits Booklet

Report Contact

Ben Johnston

Head of Capital Planning / Project Director

Email: ben.johnston2@nhs.scot

National Treatment Centre

Fife Orthopaedic

Community Benefits Booklet



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- 1 Introduction
- 2 Employment
 - 2.1 Apprentices
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 - 2.3 New Jobs
- 3 Skills & Training
 - 3.1 Work Experience
 - 3.2 Site Visits
 - 3.3 Curriculum Engagement
 - 3.4 Auchmuty High School
- 4 SME & 3rd Sector
 - 4.1 Upskilling the Workforce
- 5 Additional Benefits
 - 5.1 Your Health, Your Choices
 - 5.2 Community Engagement
 - 5.3 Considerate Contractors Scheme



1 Introduction

National Treatment Centre Fife Orthopaedics

The new **£33 million** National Treatment Centre – Fife Orthopaedics, will support NHS Fife in managing elective (planned) orthopaedic activity. The centre will provide outpatient areas, inpatient and short stay ward areas, and a 3-theatre surgical complex.

Elective orthopaedics refers to the management of degenerative conditions involving the joints of the body and associated soft tissues. Typically, these are conditions that patients have had for some time and generate a referral from the GP or associated healthcare professionals, after non operative management has failed.

“ Delivering lasting impact ”

is our guiding principle and it is central to how we operate. This vision is centred around four core themes comprising of **Environment, Communities, Ambition and People** which underpin all our activities.



At GRAHAM we strive to make a difference, our impact is measured not just in the quality of projects we deliver, but the longer-term impact on the communities, people and environment in which we operate. Our work connects communities, builds a better future and transforms and maintains places where we live, work and relax.

We are proud of the positive impact that we make to the communities in which we work through the delivery of community benefits and wider social value outcomes. We acknowledge that it is in our best interest, both now and in the long term, to build the skills capacity and resourcefulness of our staff and supply chain through investing in our communities, leaving a lasting legacy and adding value to our project delivery.



We must always:

- ✓ Respect local people and places, by involving and engaging local communities in our works
- ✓ Collaborate with project stakeholders, customers and impacted communities to help improve and optimise our social impact
- ✓ Keep the communities affected by our projects regularly updated and informed
- ✓ Contribute to social and economic regeneration by employing and nurturing a local committed skilled and adaptable workforce
- ✓ Engage with schools, colleges and universities, as well as charities, to support STEM (science, technology, engineering and mathematics) learning enterprise skills and employability
- ✓ Adopt sustainable procurement practices and where possible purchase local products and services with low embodied impact
- ✓ Support SME and BAME business markets to encourage a diverse supply base, ensuring fair payment conditions are applied
- ✓ Promote and procure materials with a preference for recognised responsible sourcing schemes e.g. Fairtrade & ?? certified products

We must never:

- ✓ Adopt the attitude that "It's not our problem"
- ✓ Refuse to listen to, or not take seriously the concerns of local stakeholders
- ✓ Disregard the implications of our actions in the community for commercial gain

OVER THE DURATION OF THIS PROJECT WE HAVE DELIVERED

£1,687

Work Placement Investment

1m

Employment Investments

9

Graduates Supported

414

Apprenticeship Weeks

£10m

Socio Economic ROI

£12.87m

Supply Chain Spend

29

Employment Opportunities

13

Education Support Events

£8m

GVA Uplift via Supply Chain

£451

Education Support Investments

138

Volunteer Hours

£4,208

Social, Charity and Volunteering

37

Apprentices Supported

10

Work Placements

70%

Local Supply Chain Spent

£92k

Apprenticeship Investments

183

Students Engaged

GRAHAM



EMPLOYMENT

Work experience for apprentices are supplied from the following subcontractors:



GRADUS



J Jones Plasteres



ERN DEC LTD

Apprentices

The project has supported and provided valuable work experience for 37 apprentices from various subcontractors, who even managed to interview and recruit 2 local young people during the Covid-19 pandemic.

37 Apprentices Supported 

24 Local to the Project 



Subcontractor Arthur McKay offered employment during the Covid-19 Pandemic

Graeme Sutherland (Contracts Director at Arthur McKay) conducted on site apprentice interviews on the 19th August 2021.

6 local school leavers were interviewed for the Electrical Apprenticeship and from that 2 people received employment.

Graduates

The project has supported **9 Graduates** through working on the project.

“Since joining Rybka I have been able to work on a wide range of different projects and it is very rewarding when they contribute to organisation like the NHS better serving the surrounding communities. Having the opportunity to contribute by assisting in the dynamic simulation modelling for the National Treatment Centre gave me good experience with real-world application of a campus wide district heating system and the impacts it has on a building’s carbon emissions.”

Osariemen Erhahon
Graduate Building Physics Engineer
Rybka Ltd



New Jobs

The project has created **8 new roles** for GRAHAM and **employed 19 GRAHAM people full time**, living within 30 miles of the project. GRAHAM are also GOLD members of the exclusive 5% Club, the 5% Club is a dynamic movement of employers committed to earn & learn as part of building and developing the workforce needed as part of a socially mobile, prosperous, and cohesive nation. Members aspire to achieve at least 5% of their workforce in earn and learn positions (including apprentices, sponsored students and graduates on formalised training schemes) within 5 years of joining the company.



As well as our commitment to attract and maintain apprentices and graduates our **Social Impact Advisor** gave a presentation to clients from DWP to encourage people to think of construction as a career.

Gold

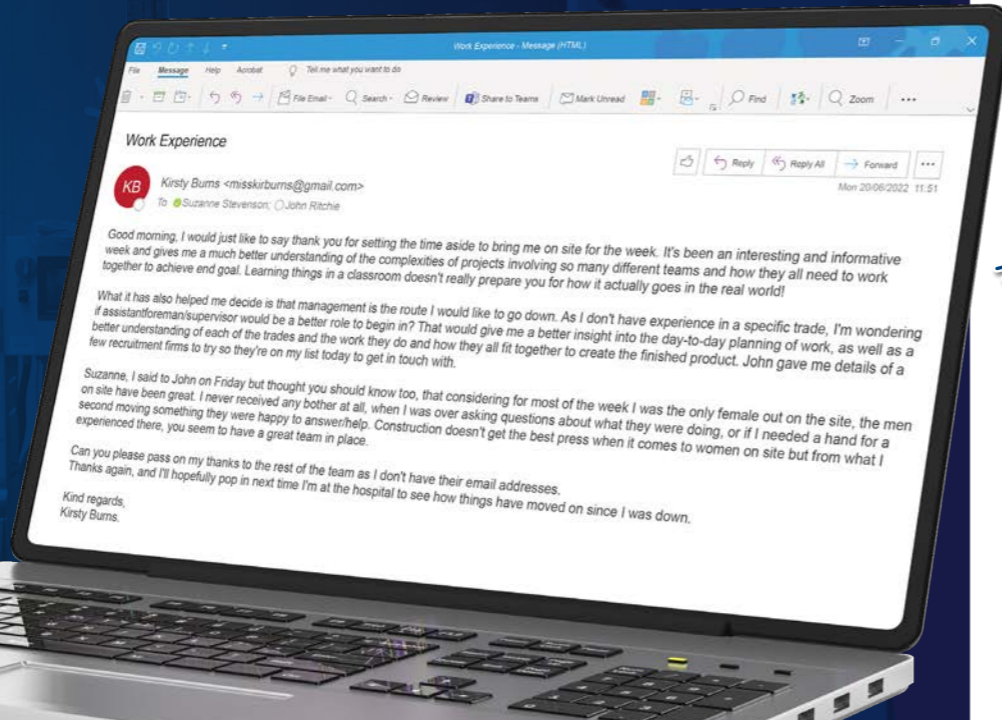


2021/22

SKILLS & TRAINING

Work Experience

The project has supported **10 work experience** placements and encouraged a few to think about a career in construction. Indeed, one of our work experience placements led to an offer of employment for **Kirsty Burns** as a **Site Administrator**.



I am writing to thank you for the recent work placement opportunity that Graham provided for 3 of our Civil Engineering Foundation Apprentices who are in the second year of their programme.

The work placements were undertaken from the 7th-18th October during the pupils October break. Having spoken to the pupils on their return to college, feedback has been extremely positive with all 3 having different experiences, tasks and scenarios to work on. All of the pupils commented on how friendly the staff were on each site and how they were made to feel part of the team from the moment they arrived. This in itself allowed the pupils to settle quickly and concentrate on the work they were assigned to. With being in a learning environment for the first year of their programme they also commented on being able to relate the theory they have learned and put this into practice in a real work environment.

Our initial meeting to the pupils going out onto work every area of the pupil's development, experience and learning also thought of. Susan Fleming our assessor for the placement and the evidence that each pupil submitted to collect and we look forward to the portfolios submitted.

Working with you in the future and thank you again for this happen.

Denise Yates
Foundation Apprenticeship Coordinator



Site Visits

The project has welcomed **over 90 pupils, NHS staff** and **Scottish MSP's** on site tours to see the progress and the vision for the National Treatment Centre.



Fife College School College Partnership Team

Many thanks to Suzanne and John for taking the time to show our Civil Engineering pupils around the hospital. The pupils thoroughly enjoyed it and allowed them to see what happens on a construction site.



Queen Anne High School Depute Headteacher

I wanted to say a massive thank you for a great trip yesterday. It really was fantastic and the pupils came home really positive about their experience and hopefully further inspired for a future career in construction.

Curriculum Engagement with local schools



The site team sponsored Kirkaldy High School £1,200, for the Nationwide EDT Challenge and supported 6 young girls to complete the project.

i.e. Project Manager, Researcher, Creator, Designer. The programme is designed to ensure that the pupils work as a team to write and submit a report to a panel of judges.

The girls decided that they were going to do a project on the Healthy World topic and came up with an app that could track and advise the user's health. The Industrial Cadets project involved the girls, selecting a project to work on, they then had to decide which role each of them would take on,

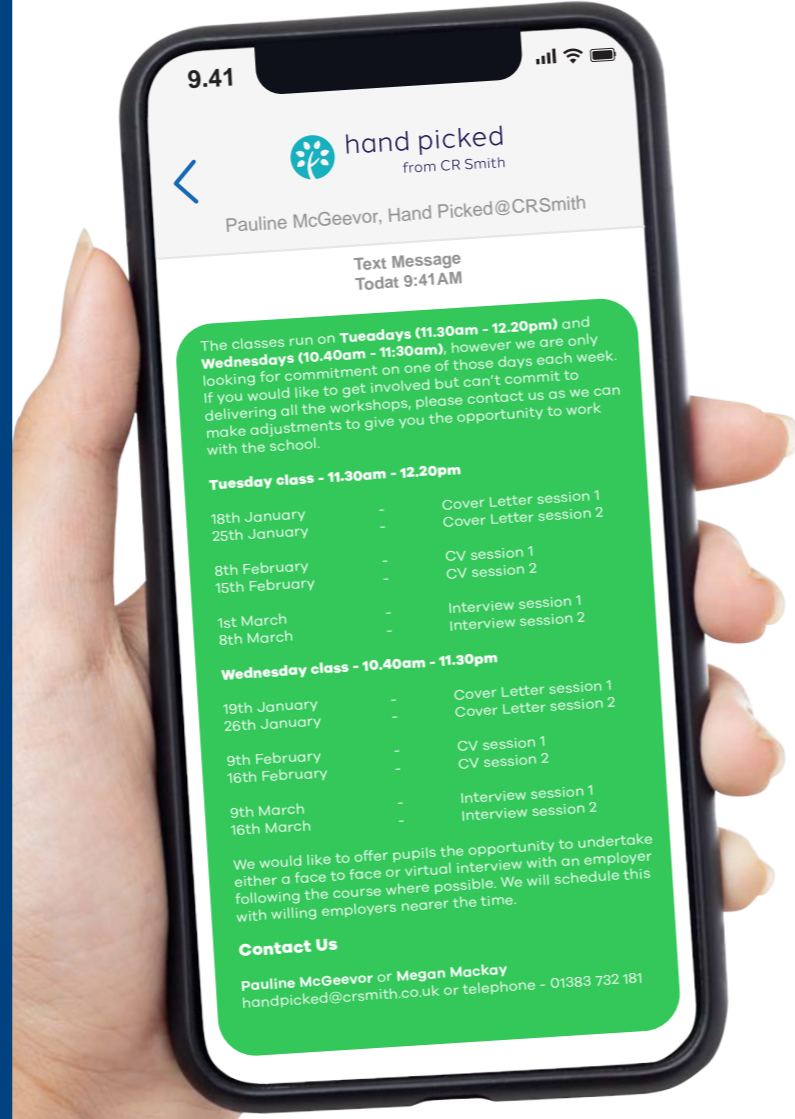


The girls based their app design on the tamagotchi game



Auchmuty High School

Encouraging the Next Generation



Our Social Impact Advisor partnered up with CR Smith and Auchmuty High School to deliver the Hand Picked Programme at Auchmuty High School.

Hand Picked for Schools is an employability course delivered by employers to school pupils. It is designed to inspire and educate pupils about the world of work and give them a better understanding of what employers look for when they recruit.

The programme offered a structured and consistent approach to employability and was delivered to a group for 20 minutes, this approach ensures all pupils have the same opportunity to meet and learn from employers.

Suzanne Stevenson delivered a series of 50-minute workshops to the class. Each workshop had a lesson plan that is pre-written and employer training is available. There are six employer led workshops covering the following topics - **Cover Letters, CV's and Interviews**. Each employer was allocated a class for the duration of the programme.

GRAHAM



hand picked
from CR Smith

SME & 3rd SECTOR

We exceeded our **Advanced H&S Training** target.



Upskilling the Workforce

Advanced Health & Safety Training

At GRAHAM, we take the Health & Safety of our workforce seriously and advanced training is aimed at providing our workforce with the knowledge and skills to perform their duties safely and effectively.

Our workforce must be able to identify, report and deal with any risks, the advanced training covers all aspects of working in construction: during the recent pandemic, all our workforce has had training in Covid-19 measures.

- ✓ SMSTS
- ✓ COSHH
- ✓ SSSTS
- ✓ Appointed Persons
- ✓ Fall arrest systems
- ✓ Covid-19 Awareness



Supply Chain Employee Training

GRAHAM has a strong commitment to developing new & existing staff. Through training and development, we create a workforce who are valued and want to achieve the best they can in the roles they perform.

All new employees are provided with training appropriate to their job role, health and safety and technical competence in line with legislation and the Construction Skills Certification Scheme. Additionally, training will include achievement of appropriate **qualifications** (NVQs, HNC/Ds, degrees and professional qualifications such as CIOB, RICS and ICE) and other **accredited training** (e.g. leadership and management and advanced health and safety). Each employee's training plan includes a SHE training matrix, with professional development opportunities discussed and agreed with line managers and at bi-annual one-to-one "Connect" meetings. To date F K Lowry have enrolled 2 of their employees onto a SVQ Level 9 Construction Management course with AVQ Management.



- ✓ Temporary Works Coordinator
- ✓ Emergency First Aid at Work
- ✓ Level 3 Installer (curtain wall)
- ✓ BIM365
- ✓ Technical Apprenticeships: Construction Management, Building & Civil Engineering
- ✓ HNC Civil Engineering
- ✓ Advanced Health & Safety
- ✓ Appointed Persons
- ✓ MAP
- ✓ Site Management Safety Training Course

Training the Existing Workforce

The promotion of industry skills is an important goal for GRAHAM, it benefits not only our own operation but the overall construction sector across Scotland. This presents many benefits for employees as well as employers, helping to develop a knowledgeable workforce which can deliver complex projects quickly and professionally.

Not only GRAHAM employees, but employees of companies within our supply chain have been supported with access to free SVQ training qualifications, which range from HNC to Master's level.

21 Training Events

have taken place on the project, ranging from SMSTS, First Aid at Work to SVQ's.



FULLY FUNDED SVQ's to our supply chain partners

At present, the SVQ's on offer are:

Level 3 Occupational Work Supervision (leads to Gold CSCS card)	▶ for working foremen
Level 3 Construction Site Supervision (leads to Gold CSCS card)	▶ for full time foremen/less experienced site managers
Level 4 Construction Site Management (leads to Black CSCS card)	▶ for experienced site managers/less experienced project managers
Level 5 Construction Senior Management (leads to Gold CSCS card)	▶ for experienced project managers and above

If you have anyone within your business who would benefit from any of the above, please contact suzanne.stevenson@graham.co.uk, as long as the employee can satisfy the following criteria:

Full name, Date of Birth, NI number, Confirmation that the candidate is PAYE & Confirmation that they work predominately in Scotland

ADDITIONAL BENEFITS



GOLD Winners

Fife Business Diversity Awards 2022

Employer of the Year Healthy Workplace Category

For our work with NHS Fife and our Wellbeing programme for GRAHAM staff and those of our subcontractors working on the project.



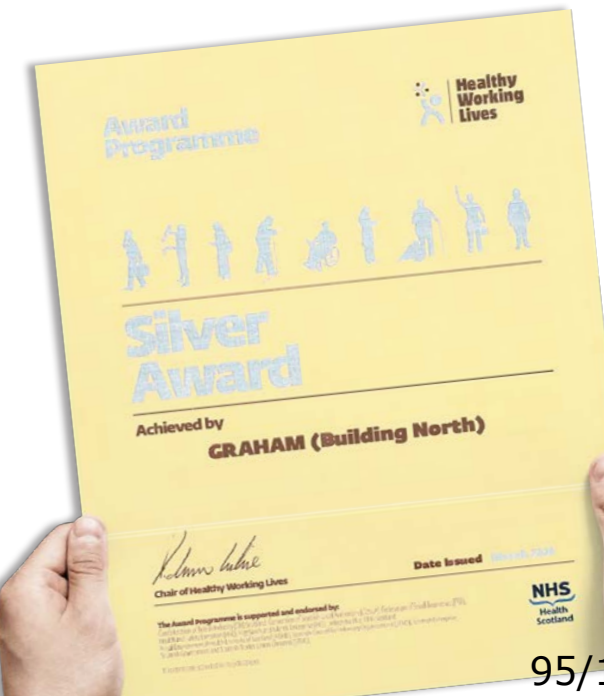
Healthy Working Lives



We have achieved the Silver Award with the National Healthy Working Lives initiative, where we aim to have:

- A healthier, more motivated, and productive workforce
- Reduced absence rates and support our employees in work and returning to work
- Reduced accidents, incidents and work-related ill health
- Enhanced reputation and increase our profile as a preferred employer
- A contribution to the health of the wider community.

We have a range of support mechanisms and programmes in place for all our employees. And we will be partnering with NHS Grampian Public Health Team to offer a range of initiatives during the construction phase following a health needs assessment being undertaken during spring 2022.



Your Health, Your Choices

As part of GRAHAM's health and wellbeing commitment to our employees and subcontractors, GRAHAM partnered with NHS Fife to roll out targeted health workshops and advice sessions to capture the areas of concern for the workforce on the project.



We designed placemats and posters with a QR code to take the person straight to the survey, which asked a series of questions to be completed. The team worked with the NHS Fife Workplace Team to create a survey which would then identify the top 5 priority areas the team and NHS Fife Workplace team could provide advice and assistance.

The results from the completed questionnaires identified the following top 5 areas of concern for the workforce, a series of workshops, toolbox talks and one to one advice sessions were then implemented on the project to address these concerns.

Top 5 Areas of Concern

Cancer Awareness



Heart Health



Back Care



Stroke



Dementia/Alzheimers





Case Study

Impact of Good Work - GRAHAM Partnership

Workplace Team have been supporting the GRAHAM team to help them assess staff needs and develop a programme of health & wellbeing for workers and subcontractors. Recently a few GRAHAM workers attended a 'Loneliness Awareness in the Workplace' session delivered virtually as part of Fife Health Promotion Service's campaign for Mental Health Awareness week.

One of the GRAHAM'S employees, **Robert Johnston**, contributed well to the session discussion - sharing his lived experience with us and other session participants.

Robert and the GRAHAM team both consented to providing his lived experience for this case study.

Robert had a number of life challenges to deal with:

- His self employed business ceased trading due to Covid-19 pandemic restrictions.
- Financial responsibilities became challenging due to a lack of income
- He found it difficult to pay his bills and often found himself not eating well
- Sadly his Grandmother passed away in a residential Care Home whilst restrictions meant he could not be with her

Robert felt trapped and struggled with consequential lack of purpose and confidence often feeling like his home was a prison instead of a sanctuary.



Robert tried to re-engage with work by taking on temporary contract work on two separate occasions but did not feel that his voice was heard or that he was valued. These feelings only magnified his low mental wellbeing. Robert joined GRAHAM in **November 2021** as a **Senior Quantity Surveyor**. He feels the company have allowed him to grow and thrive both personally and professionally.

- Felt welcomed from day one – GRAHAM Staff had shown an openness to discussing Covid-19 rules including exemptions
- Innovate approaches to support workforce mental health
- Working at GRAHAM provides reachable targets & room to progress
- 6 month induction period – was approved for full time work on the day the induction period ended. This felt very respectful
- GRAHAM encouraged Robert to appreciate himself and what he has been through
- Opportunities for interaction onsite

Robert says that GRAHAM has supported his health & wellbeing through Good Work approaches. The team wish Robert all the best in his role, and continues to work in partnership with GRAHAM to assist with their health and wellbeing programme and outcomes beneficial to their workers.

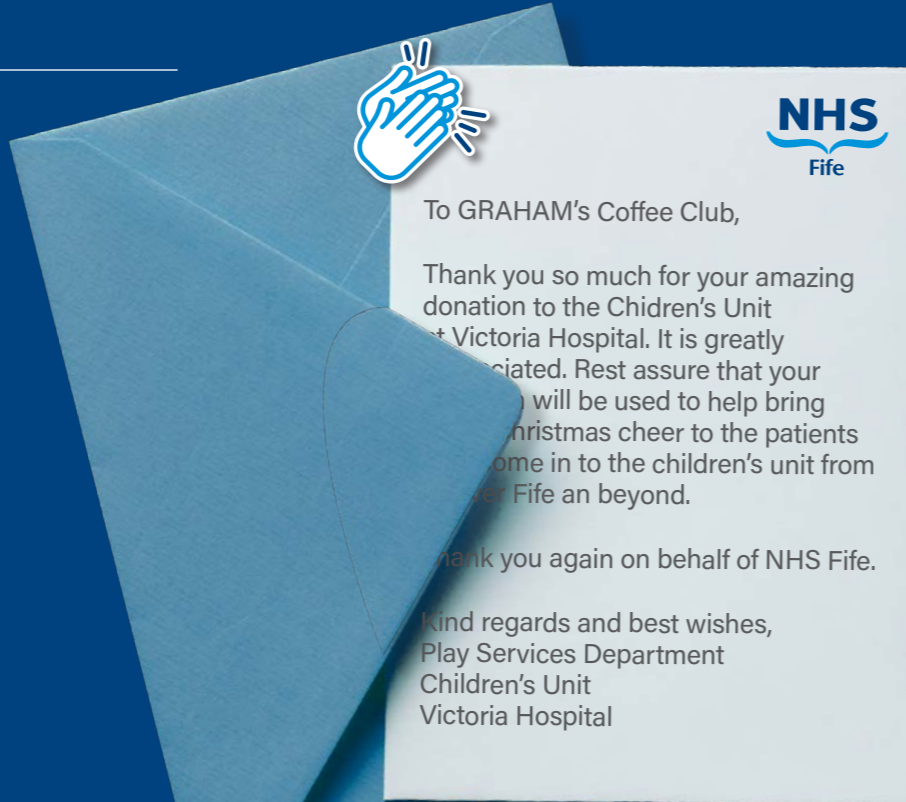


Community Engagement

The Site Team were engaged in the community with various events and activities, from foodbank donations to tidying up the break out garden within the hospital grounds and many more...

**Over £500
Raised**

Our Senior Project Manager, John Ritchie set up the Coffee Club in 2018 to raise money for charity. He was spending £2 per day on a Costa coffee and decided to buy a coffee machine for each of GRAHAM's new projects. For £10 + a bag of beans a month, members can join the Coffee Club and benefit from freshly ground coffee from the Bean to Cup Coffee Machine. So far they have raised over £500 which has been donated to Edinburgh Sick Kids and Hayfield Community Centre.



Children's Ward
NHS Fife Victoria Hospital

Clean Signage
NHS Fife Victoria Hospital

Celebrating Jubilee Years
NHS Fife Victoria Hospital

Biodiversity Day
NHS Fife Victoria Hospital Wellness Garden

Plant a Pencil
Local Primary Schools

Children's Hospital
Royal Hospital for Children & Young People

Food to Go Service
Hayfield Community Centre

New Benches
Break Out Garden - Fife Health Charity

Memorial Plant
Fife Health Charity



Children's Ward

NHS Fife Victoria Hospital



The Easter Bunny Arrives!

This is what 100 Easter Eggs look like – all destined for the grateful young recipients of the Children's Ward in Victoria Hospital!

These chocolate treats were kindly donated by GRAHAM, the main contractor appointed to build the new National Treatment Centre for orthopaedics in the grounds of the Victoria Hospital. John pointed out that the donation was made to the

Children's ward in not only as a timely spring treat for the children in the ward, but in recognition of the hard work and dedication of all the doctors, nurses and play assistants who work tirelessly to support the young patients in their care.



Santa and his Elves has been!

GRAHAM's Senior Project Manager John Ritchie, Social Impact Advisor Suzanne Stevenson, Arthur McKay's Operation Managers; Graeme Sutherland and Ewan Miller were highly delighted to present the staff at NHS Victoria Hospital, Children's Ward with toys and selection boxes.

Special thanks also to Frazer Hart, Allgas, Smith Brothers stores, Lagwell, MEF, for their kind donations.

John Ritchie from GRAHAM said that the donation was made to the Children's ward in a timely Christmas treat for children in the ward, from personal experience, gifts donated to all sick kids hospitals brings a huge smile to the

children and their parents at a worrying time for them all, especially as some of them are not able to be at home with the family at this time of year, a big thank you to all the nurses, doctors and support workers who work tirelessly through this holiday period to care for the children whilst they are in hospital.

Celebrating Jubilee Years

NHS Fife Victoria Hospital

GRAHAM Celebrates Queen Victoria and Queen Elizabeths 11 Jubilee Years!

As part of National Tree Planting Week, GRAHAM's Senior Project Manager, John Ritchie, gifted 3 special trees to NHS Fife Victoria Hospital.

One being a Jubilee Tree, one being a Jubilee Plum in honour of Queen Victoria and the Queen of the Realm tree in honour of Queen Elizabeth during her Jubilee Year 2022. NHS Estates Andrew Orr, planted the tree at the main entrance to the hospital.

The plaque Ashleigh Paterno, Capital Planning Support Officer, is holding commemorating the laying of the Foundation Stone for the opening of the Kirkcaldy Infection Diseases Hospital during Queen Victoria's Jubilee Year in 22nd June 1897.



John Ritchie, Senior Project Manager with GRAHAM, is holding the new plaque to commemorate Queen Elizabeth's 11 Jubilee year.



External signage cleaned by our Site Cleaner

NHS Fife Victoria Hospital

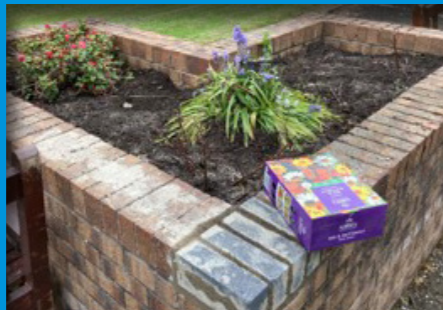
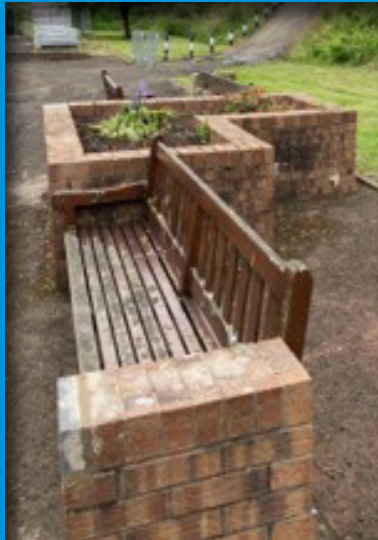
Biodiversity Day

NHS Fife Victoria Hospital

22nd May 2022

The project team bought and supplied wildlife flowers and fruit trees to go into the wellbeing garden in the hospital grounds.

2 staff members spent the weekend planting and tidying up the area for the hospital, along with our subcontractor Binn Group.



Plant a Pencil

NHS Fife Victoria Hospital

GRAHAM have handed out to local Primary Schools sprout pencils, so they can plant and grow wild flowers/herbs etc. after they have used their pencil.



Children's Hospital

Royal Hospital for Children and Young People



Thank you so much for your wonderful support of children and families in hospital. One year on, in our new home, your support is making life easier for children and families every day.

Yours faithfully,
Royal Hospital for Children and Young People



Food to Go Service

Hayfield Community Centre



" I am writing on behalf of the Committee and users of Hayfield Community Centre to thank you and your colleagues for your generous donation of foodstuffs towards the Food To Go Service we are running here.

We have been providing free meals to the community since lockdown began, with volunteers doing the cooking and all the distribution. Eventually we hope to open up as a Community Café.

We offer donated items of food & toiletries to those who come for a bit of help and a friendly face to talk to. Your contribution is much appreciated and helps to keep us running. It is also encouraging us to know that folk like you are interested and supportive of our service here."

C. Rosemary Potter - Secretary, Hayfield Community Centre

Fife Health Charity

Together with Fife Health Charity we donated slabs and our staff donated their time to create bench areas in the break out garden at Hayfield Community Centre.



Slabbed areas for benches

We also arranged the Memorial Concrete Slab & Plant Pot for Member of Estates late Wife in Southern Garden.



Memorial slabbed area



Considerate Constructors Scheme

GRAHAM are a Partner company of the Considerate Constructors Scheme, where we have made a commitment to conform to the Code of Considerate Practice.

Through consideration to community engagement, the environment and workforce wellbeing we strive to improve the impact of the construction industry and leave a positive legacy through the implementation of best practice.

The Code of Considerate Practice defines the fundamental expectations for registration with the scheme.



CCS Score

The Project Team scored an impressive 49/50 at one of their audits, with each of the three sections scoring the maximum 15/15 and were also awarded 2 points for an innovation and a further 2 points for 2 best practice submissions.

Altogether the project was awarded 4 best practice submissions and an innovation submission.

CODE SECTION	SCORE
Care for the Environment	15/15
Respect the Community	15/15
Value Their Workforce	15/15
Innovation Credits	1/1
Best Practice Submissions	3/3
TOTAL SCORE	49/50
OVERALL SUMMARY	OUTSTANDING

Best Practice Guidelines



Care for the Environment



Respect the Community



Value Their Workforce





1 Seaward Place, Centurion Business Park, Glasgow G41 1HH



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graham.co.uk

Meeting:	Finance, Performance & Resources Committee
Meeting date:	09 May 2023
Title:	Integrated Performance & Quality Report – Finance, Performance & Resources
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Bryan Archibald, Head of Performance

1 Purpose

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

- Assurance

This report relates to:

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

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

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 Actions Closure Rate, in the Clinical Governance section. A further addition relating to Establishment Gap (Staff Governance) is being considered.

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

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

2.3 Assessment

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

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

WT = Waiting Times

RTT = Referral-to-Treatment

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

DTT = Decision-to-Treat-to-Treatment

Operational Performance – Acute Services / Corporate Services

Measure	Update	Target	Current Status
IVF WT	Monthly	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%	Not achieving
Cancer 62-Day RTT	Monthly	95%	Not achieving
Detect Cancer Early	Quarterly	29%	Not achieving
FOI Requests	Monthly	85%	Not achieving
DD (Bed Days Lost)	Monthly	5%	Achieving

Finance

Measure	Update	Forecast	Current Status
Revenue Resource Limit	Monthly	£16.0m Overspend Projected	High level of risk in relation to the delivery of our full savings target programme for the year.
Capital Resource Limit	Monthly	£30.7m	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 February IPQR will be available for discussion at the meeting on 09 May.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 20 April and approved for release by the Director of Finance & Strategy.

2.4 Recommendation

The report is being presented to the FPR Committee for:

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

3 List of appendices

None

Report Contact

Bryan Archibald

Head of Performance

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Fife Integrated Performance & Quality Report

FINANCE, PERFORMANCE & RESOURCES

Produced in April 2023

Introduction

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

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

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

The IPQR comprises the following sections:

- a. Corporate Risk Summary**
Summarising key Corporate Risks and status.
- b. Indicatory Summary**
Summarising performance against National Standards and local KPI's. These are listed showing current, 'previous' and 'previous year' performance, and a benchmarking indication against other mainland NHS Boards, where appropriate. There is also a column indicating performance 'special cause variation' based on SPC methodology.
- c. Projected & Actual Activity**
Comparing projected Scheduled Care activity to actuals 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.

MARGO MCGURK
Director of Finance & Strategy
20 April 2023

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

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
Total	18	14	4	0	0		




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	Feb-23	45	○	▲	▼	●
	Major/Extreme Adverse Events - % Actions Closed on Time	70%	Month	Feb-23	55.6%	●	▲	▲	●
	HSMR	N/A	Year Ending	Sep-22	0.98	●	—	—	●
	Inpatient Falls	6.91	Month	Feb-23	8.54	○	▼	▼	●
	Inpatient Falls with Harm	1.65	Month	Feb-23	2.15	○	▼	▼	●
	Pressure Ulcers	0.89	Month	Feb-23	1.17	○	▲	▲	●
	SAB - HAI/HCAI	18.8	Month	Feb-23	14.4	○	▲	▲	● QE Sep-22
	C Diff - HAI/HCAI	6.5	Month	Feb-23	14.4	○	▲	▼	● QE Sep-22
	ECB - HAI/HCAI	33.0	Month	Feb-23	36.0	○	▼	▼	● QE Sep-22
	S1 Complaints Closed in Month on Time	80%	Month	Feb-23	48.8%	●	▼	▼	● 2021/22
	S2 Complaints Closed in Month on Time	50%	Month	Feb-23	8.6%	○	▲	▼	● 2021/22
S2 Complaints Due in Month and Closed On Time	N/A	Month	Feb-23	12.9%	●	▲	▲	●	
Operational Performance	IVF Treatment Waiting Times	90%	Month	Dec-22	100.0%	●	◀▶	◀▶	● Feb-23
	4-Hour Emergency Access	95%	Month	Mar-23	69.7%	○	▼	▼	● Dec-22
	Patient TTG % <= 12 Weeks	100%	Month	Feb-23	44.9%	●	▼	▼	● Dec-22
	New Outpatients % <= 12 Weeks	95%	Month	Feb-23	46.6%	●	▲	▼	● Dec-22
	Diagnostics % <= 6 Weeks	100%	Month	Feb-23	59.9%	●	▲	▼	● Dec-22
	Cancer 31-Day DTT	95%	Month	Feb-23	90.1%	○	▼	▼	● QE Dec-22
	Cancer 62-Day RTT	95%	Month	Feb-23	67.5%	○	◀▶	▼	● QE Dec-22
	Detect Cancer Early	29%	Year Ending	Jun-22	25.7%	●	▲	▲	● 2020, 2021
	Freedom of Information Requests	85%	Month	Mar-23	77.1%	●	▼	▼	●
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Mar-23	9.0%	●	▲	▲	● QE Sep-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Mar-23	4.6%	○	▲	▲	● QE Sep-22
Antenatal Access	80%	Month	Dec-22	86.1%	●	▼	▲	● CY 2022	
Finance	Revenue Resource Limit Performance	(£16.0m)	Month	Feb-23	(£20.0m)	●	—	—	●
	Capital Resource Limit Performance	£30.7m	Month	Feb-23	£24.7m	●	—	—	●
Staff Governance	Sickness Absence	4.00%	Month	Feb-23	6.95%	○	▲	▼	● YE Mar-22
	Personal Development Plan & Review (PDPR)	80%	Month	Mar-23	37.9%	●	▲	—	●
Public Health & Wellbeing	Smoking Cessation (FY 2022/23)	473	YTD	Nov-22	218	●	—	—	● YT Jun-22
	CAMHS Waiting Times	90%	Month	Feb-23	83.2%	○	▲	▲	● QE Dec-22
	Psychological Therapies Waiting Times	90%	Month	Feb-23	69.6%	○	▼	▼	● QE Dec-22
	Drugs & Alcohol Waiting Times	90%	Month	Jan-23	96.7%	●	▼	▲	● QE Dec-22
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Dec-22	95.1%	○	▲	▲	● QE Dec-22
	Immunisation: MMR2 at 5 Years	92%	Quarter	Dec-22	86.3%	○	▼	▼	● QE Dec-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	Quarter End	Month End			Quarter End
		Jun-22	Sep-22	Dec-22	Jan-23	Feb-23	Mar-23	Mar-23
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	3,036	3,053	3,087	1,029	1,029	1,029	3,087
	Actual	2,880	2,994	3,145	1,029	1,091	1,189	3,309
	Variance	-156	-59	58	0	62	160	222
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	18,567	18,806	19,156	6,376	6,395	6,395	19,166
	Actual	20,962	21,455	21,810	7,415	7,736	8,667	23,818
	Variance	2,395	2,649	2,654	1,039	1,341	2,272	4,652
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,491	1,491	1,491	497	497	497	1,491
	Actual	1,550	1,609	1,678	560	498	555	1,613
	Variance	59	118	187	63	1	58	122
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	11,988	11,988	11,988	3,996	3,996	3,996	11,988
	Actual	13,471	12,936	11,875	4,238	3,930		8,168
	Variance	1,483	948	-113	242	-66		

d. Assessment

OPERATIONAL PERFORMANCE



To improve the quality of health and care services

5



Moderate

		Target	Current
4-Hour Emergency Access	<i>95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>	95%	69.7%
<p>March performance has fallen below 70% to 69.7% from 72.6% month prior. On average there was 230 unplanned attendances per day in March compared to 200 in January and 216 in February. The number of 8-hour breaches had increased to 740 with 12-hour breaches 220, over twice the number in month previous.</p> <p>Performance in Victoria Hospital decreased to 60.7% with recovery trajectory not being achieved in all but one week in March.</p> <p>The 'push' model continues to be used based on OPEL triggers and further review of OPEL scoring undertaken in March. Work continues on used of electronic bed requesting to improve efficiency with flow from front door. Capacity and Flow workshops continue to support change and improvement plans with an MDT approach with a view to reducing bed waits within ED.</p>			
Patient TTG (Waiting)	<i>All patients should be treated (inpatient or daycase setting) within 12 weeks of decision to treat</i>	100%	44.9%
<p>Monthly performance fell again in February and is almost 8% lower than a year ago. NHS Fife continues to be top quartile of Mainland Health Boards, as at the most recent publication in February (for the period up to the end of December 2022), where performance was 50.6% against the Scottish average of 31.0%.</p> <p>Actual activity in the first 11 months of the FY is slightly less than forecast, and the Waiting List continues to rise, now being over 50% higher than a year ago.</p> <p>There has been limited ability in the first 3 quarters of this year to undertake additional activity to reduce the backlog and deliver the long waiting targets given the reduced level of funding received. The continued pressures in unscheduled care, staff absence and vacancies has also impacted on the ability to deliver core capacity leading to a greater gap in capacity to meet demand with a resultant increase in waiting list size. As waiting times increase, there continues to be proportionally more patients being assessed as urgent in some specialities which is leading to increasing waits for routine patients. The focus remains on urgent and cancer inpatients and long waiting day cases which can be performed at QMH. Unscheduled care pressures.</p> <p>Non-recurring funding made available from SG in Q4 has enabled additional activity in some specialities and this has been prioritised for urgent and long waiting routine patients enabling some specialities to reduce their backlog. It is projected that performance against projections for the long waiting targets will improve by the end of March. However, the target of no one waiting over 2 years will not be sustained for General Surgery, Orthopaedics and Gynaecology, that progress against the 18 months target will deteriorate and concerningly that there will be increasing numbers of patients waiting over a year for Orthopaedics, Urology and General Surgery. Efforts continue to maximise the use of capacity, particularly for day case activity at QMH, and to validate the waiting lists.</p>			
New Outpatients	<i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i>	95%	46.6%
<p>Monthly performance improved slightly in February but is 2.2% 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 February (for the period up to the end of December 2022), where performance was 45.8% against the Scottish average of 44.1%.</p> <p>Actual activity in the first 11 months of the FY (including DNAs) is 15% higher than forecast but the Waiting List is 20% higher than it was a year ago although at its lowest level since August at the end of February.</p> <p>There has been limited ability in the first 3 quarters of this year to undertake additional activity to reduce the backlog and deliver the long waiting targets given the reduced level of funding received and the continued pressures in unscheduled care, staff absence and vacancies. As waiting times increase, there continues to be proportionally more patients being referred and assessed as urgent in some specialities which is leading to increasing waits for routine patients. Whilst activity delivered has been greater than projected this is not enough to meet the demand and therefore the waiting list size continues to rise.</p> <p>Non-recurring funding made available from SG in Q4 has enabled additional activity in some specialities and this has been prioritised for urgent and long waiting routine patients enabling some specialities to reduce their backlog.</p>			

		Target	Current
<p>It is projected that the target of no one waiting over 2 years will be sustained by March for all specialities and that the numbers waiting over 18-months and 1-year will be reduced. The 18-month target will be met by most specialities apart from Cardiology, Gastroenterology, Neurology, General Surgery and Vascular Surgery. The 1-year target will not be met in 11 specialities with Cardiology, Endocrinology, Gastroenterology, Neurology, Vascular, General Surgery and Gynaecology having the most challenges. Efforts continue to maximise the use of capacity and to validate the waiting lists.</p>			
Diagnostics	<i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>	100%	59.9%
<p>Monthly performance improved by almost 5% in February. In comparison to other Mainland Health Boards, NHS Fife remains in the mid-section as at the most recent publication in February (for the period up to the end of December 2022), where performance was 53.5% against the Scottish average of 45.8%.</p> <p>Despite achieving 6% greater activity than planned in the first 11 months of FY 2022/23 (this figure including DNAs), the combined Waiting List for Endoscopy and Radiology continues to grow and is 20% higher than it was a year ago. Endoscopy has reduced by 8% but this has been more than offset by a 25% increase in Radiology.</p> <p>In endoscopy there has been a steady reduction in patients waiting over 26 weeks since July 2022. There continue to be challenges in maintaining core activity due to vacancies and unscheduled care pressures, however, the number waiting over 6 weeks remains stable.</p> <p>In Radiology due to the reduced level of funding received in Q3 and Q4, the increase in the proportion of urgent referrals and the continued increase in demand for inpatient scans the numbers waiting over 6 weeks and the waiting list size continues to rise for all modalities. There are no patients waiting over 26 weeks for imaging. The majority of patients waiting over 6 weeks continue to be in ultrasound where there are particular challenges in capacity due to vacancies and staff absence however numbers are now rising in all modalities.</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>			
Cancer 31-Day DTT	<i>95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment</i>	95%	90.1%
<p>Monthly performance has decreased to 90.1%, out with control limits, has not been as low since April 2019. Of the 13 breaches in February 11 are for Prostate, with 85% of all breaches in QE February 2023 attributed to Urology. The average number of patients starting treatment in QE February 2023 was 116 per month compared to 87 QE February 2022 but performance has decreased to 92.6% when 100% year earlier.</p> <p>Prostate remains our most challenged pathway with delays to both surgery and Oncology. All breaches related to capacity issues within theatres or the chemotherapy unit. The range of breaches were 5 to 138 days (average 46 days, previous month average 8 days). Focused efforts on reducing the urology surgical backlog have impacted on the standard for this month.</p>			
Cancer 62-Day RTT	<i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i>	95%	67.5%
<p>Monthly performance has remained below 70% for the third consecutive month, 17 of the 27 breaches were for Prostate with the rest covering 7 different sites. In the last quarter, 47 (60%) of all breaches related to Prostate. The average number of patients starting treatment in QE February 2023 was 79 per month compared to 63 QE February 2022 but performance is 10% lower.</p> <p>Referrals continue to exceed pre-pandemic numbers; however, we aim to appoint within 14 days of referral. Prostate remains our most challenged pathway with delays across all steps except for MRI. Breaches for Breast, H&N, HPB and OG were attributed to delays with additional testing, staging and investigations. Breaches for Lung, Ovarian, Prostate and Cervical were due to theatre capacity issues and lack of resources. The range of breaches were 4 to 253days (average 47 days, previous month average 19 days). Increasing complexity of pathways to ensure optimum targeted treatments is resulting in breaches and this is expected to be seen across most tumour groups.</p>			
Delayed Discharges	<i>The % of Bed Days 'lost' due to Patients in Delay (excluding those marked as Code 9) is to reduce</i>	5.0%	4.6%
<p>The % of bed lost to 'standard' delays in March has decreased to 4.6% from 5.8% month prior, achieving target for first time since January 2021. March 2023 is 2% lower than corresponding month year prior which equates to over 500 bed days less in delay.</p> <p>The number in delay at census point was 35 patients with the average across the month 45.6.</p> <p>The number of bed days lost to 'Code 9' delays is 147 more than month prior but daily average only slightly higher at 43.2 compared to 42.6. There were 41 'Code 9' delays at census point, 25 within Community setting and 16 within Mental Health.</p>			

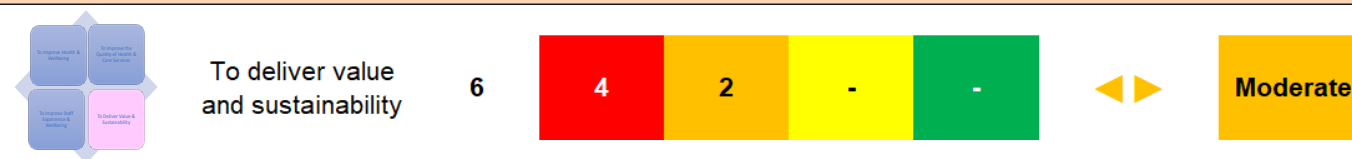
Target Current

Aligning named patient flow coordinators to acute wards was implemented December 2022. This is now fully embedded and having a positive impact the data below highlights the improvement in Hub performance from December 2022 to March 2023 when this initiative was commenced. Planned day of Discharge (PDD) is now completely rolled in all community hospitals, standard delays across community and acute hospitals have significantly improved in meeting target of standard delay at 48 during these months. A robust verification process remains in place to effectively manage timely discharges, with the highest number of weekly discharges (107) occurring during week ending 18th of March 2023.

The Front Door model remains aligned with AU1, AU2 and ward 9, despite in its infancy there has been significant improvement in average length of stay within ward 9 where it has fallen from 12 days to 4 from January to March 2023.

Ongoing challenges with Care Home and Acute hospital ward closures due to Covid outbreaks continue to have an impact on flow between hospital to community and community to Care Home.

FINANCE



Forecast Current

Revenue Expenditure *Work within the revenue resource limits set by the SG Health & Social Care Directorates* **(£16.0m)** **(£20.0m)**

The Health Board retained position at the end of February is an overspend of £20m. This overspend comprises:

- £5.652m core overspend (includes £4.212m overspend relating to acute set aside services)
- £9.541m of the financial gap identified in the board's approved financial plan
- £4.843m unfunded Covid surge and associated costs

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 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.

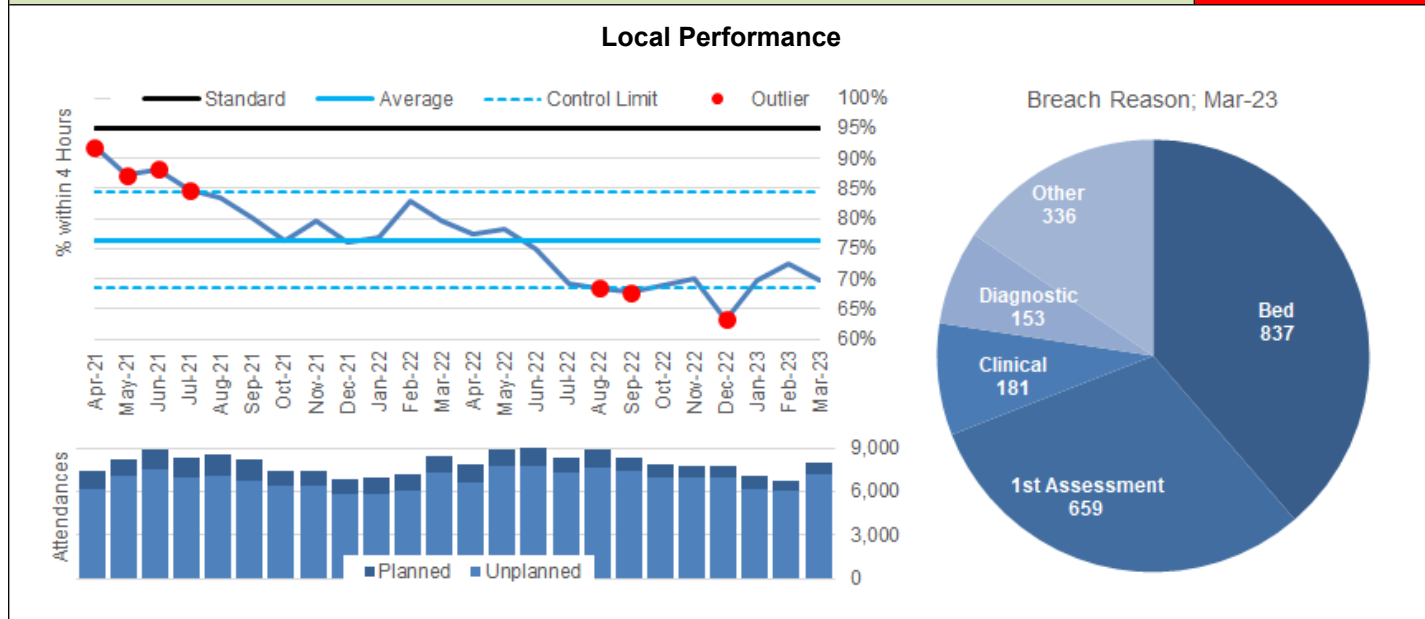
Health Delegated Services report an underspend at the end of February of £6.944m including fully funded Covid costs of £9.997m.

Capital Expenditure *Work within the capital resource limits set by the SG Health & Social Care Directorate* **£30.7m** **£24.7m**

The overall anticipated capital budget for 2022/23 is £30.677m, which is net of a capital to revenue transfer of £2.600m. The capital position for the period to February records spend of £24.734m. Therefore, 81% of the anticipated total capital allocation has been spent to month 11.

e. Performance Exception Reports

<p style="text-align: center;">4-Hour Emergency Access</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 & Emergency treatment</i></p>	<p>Performance 69.7%</p>
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National Benchmarking

	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
NHS Fife	79.6%	77.5%	78.2%	74.9%	69.3%	68.4%	67.7%	68.9%	70.1%	63.2%	69.6%	72.6%	69.7%
Scotland	71.6%	72.1%	73.0%	71.3%	70.0%	69.6%	69.0%	67.6%	67.5%	62.1%	68.7%	69.7%	

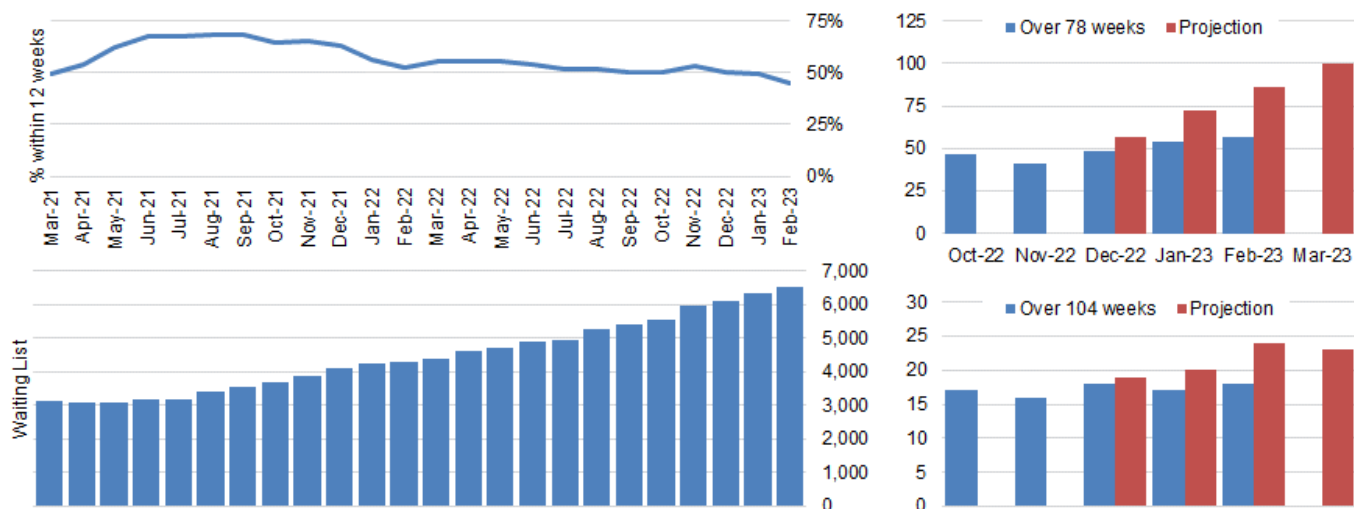
Key Deliverable		End Date
Enhance and optimise our ECAS/AU1 assessment		Apr-23 At risk
Key Milestone	Review Au1 assessment area	May-23 On track
	Enhance pathways into ECAS	Apr-23 On track
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach		Sep-23 At risk
Key Milestones	Improve access to Integrated Assessment Team services for frailty positive patients. Develop an in-reach physio model to support earlier diagnosis/treatment.	Mar-23 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 Off track
	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 At risk
	Rapid Triage Unit - test GP triage unit to improve quality and efficiency of GP assessment process whilst improving admission avoidance rates	Apr-23 On track
	Call Before You Convey - support clinical decision making with SAS to increase redirections from VHK	Apr-23 On track
Implement an enhanced triage model within QMH to support scheduling of FNC/ED flow		Mar-23 Complete
Redesign of Urgent Care in close working with partners		Apr-23 On track

Patient TTG

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

Performance
44.9%

Local Performance



National Benchmarking

	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
NHS Fife	52.7%	55.2%	55.9%	55.6%	54.3%	51.6%	51.4%	50.5%	50.6%	53.3%	50.3%	49.4%	44.9%
Scotland	32.5%	34.0%	32.8%	32.5%	31.5%	30.9%	31.4%	31.2%	33.0%	33.5%	31.0%		

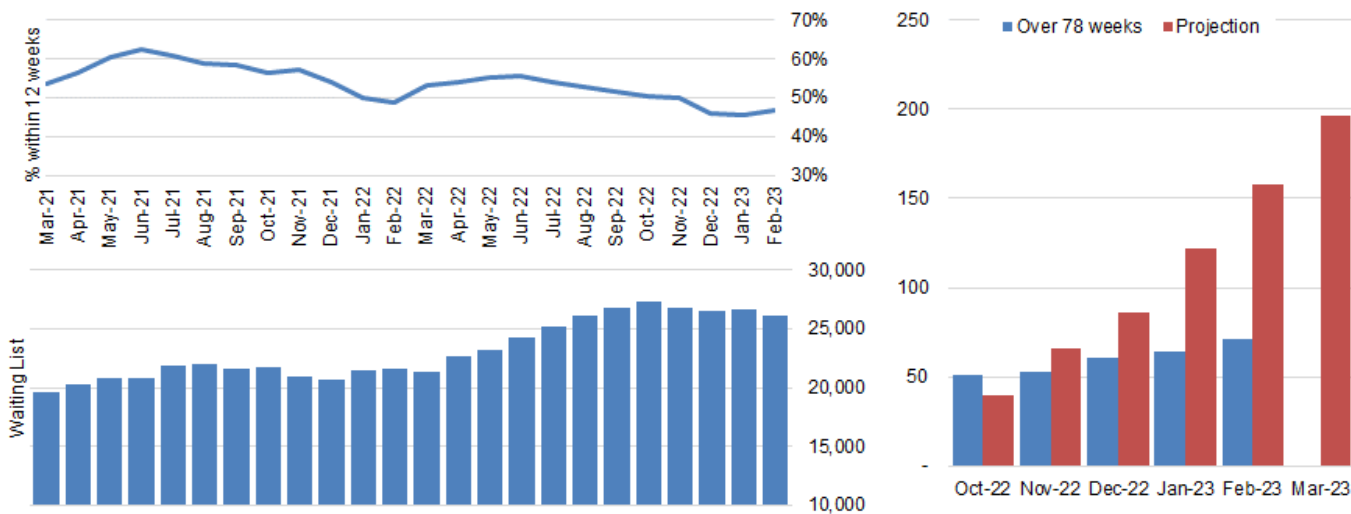
Key Deliverable	End Date
Reducing long waits; TTG	Mar-24 At risk
Preassessment	Mar-23 Complete
Elective Orthopaedic Centre	Mar-23 Complete
Maximise utilisation of QMH Theatres	Jul-23 On track
Optimising Theatres on VHK site - Clinical prioritisation of VHK Theatres	Mar-23 Complete

New Outpatients

Performance
46.6%

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

Local Performance



National Benchmarking

	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
NHS Fife	48.8%	53.4%	53.9%	55.3%	55.4%	53.9%	52.9%	51.5%	50.2%	49.9%	45.8%	45.6%	46.6%
Scotland	45.9%	49.6%	48.9%	49.6%	49.1%	49.1%	48.4%	46.3%	47.0%	47.0%	44.1%		

Key Deliverable

Reducing long waits; Outpatients

End Date

Mar-24
At risk

Key Milestones

ACRT and PIR - Continue rollout throughout 2021/22 to all appropriate services

Mar-24
At risk

Three step validation process of waiting lists will be implemented

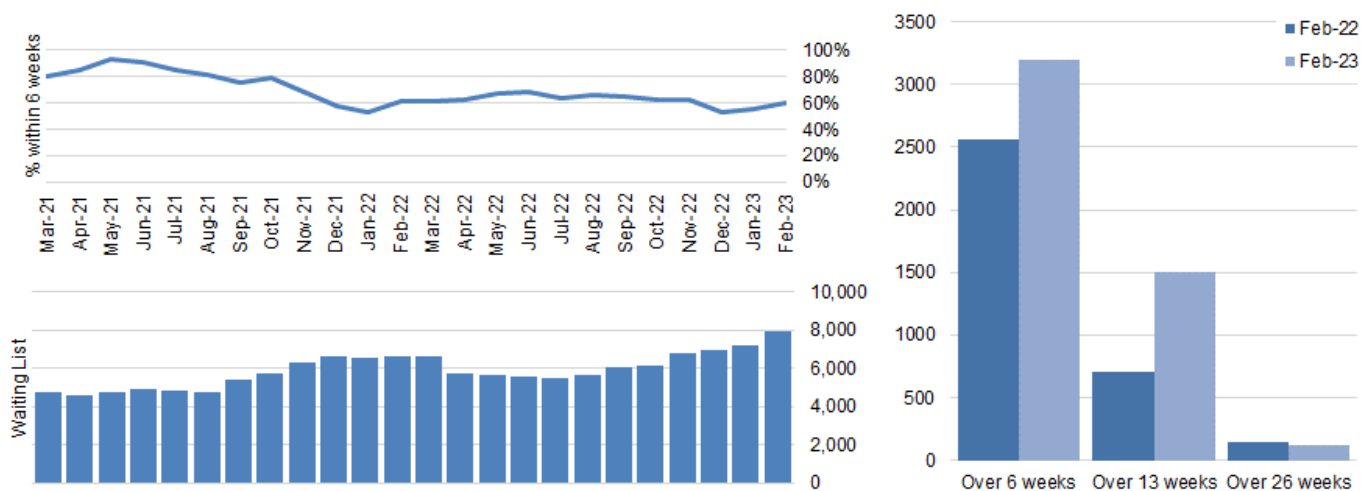
Mar-24
Off track

Diagnostics Waiting Times

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

Performance
59.9%

Local Performance



National Benchmarking

	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
NHS Fife	61.2%	61.6%	63.0%	67.8%	68.2%	63.5%	65.9%	64.6%	62.5%	62.8%	53.3%	55.3%	59.9%
Scotland	50.8%	49.6%	45.2%	47.0%	47.5%	44.7%	46.0%	47.9%	47.6%	50.6%	45.8%		

Key Deliverable

Reducing long waits; Diagnostics

End Date

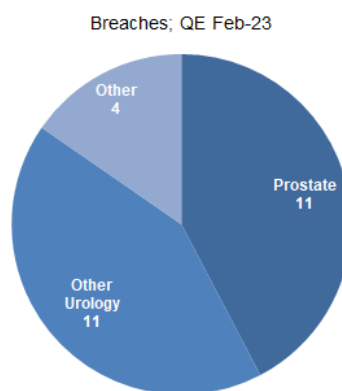
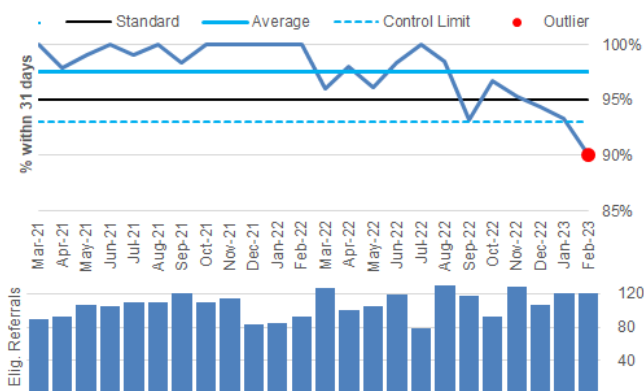
Mar-24
At risk

Radiology -7 day working

Mar-24
Off track

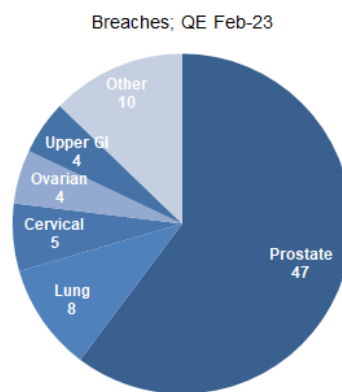
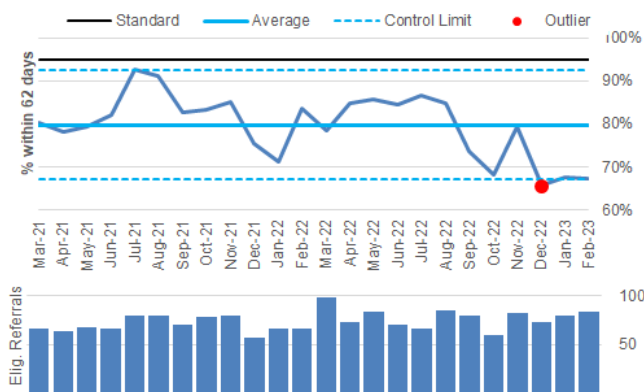
Cancer 31-Day Diagnosis to Treatment
 95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment

Performance 90.1%



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

Performance 67.5%



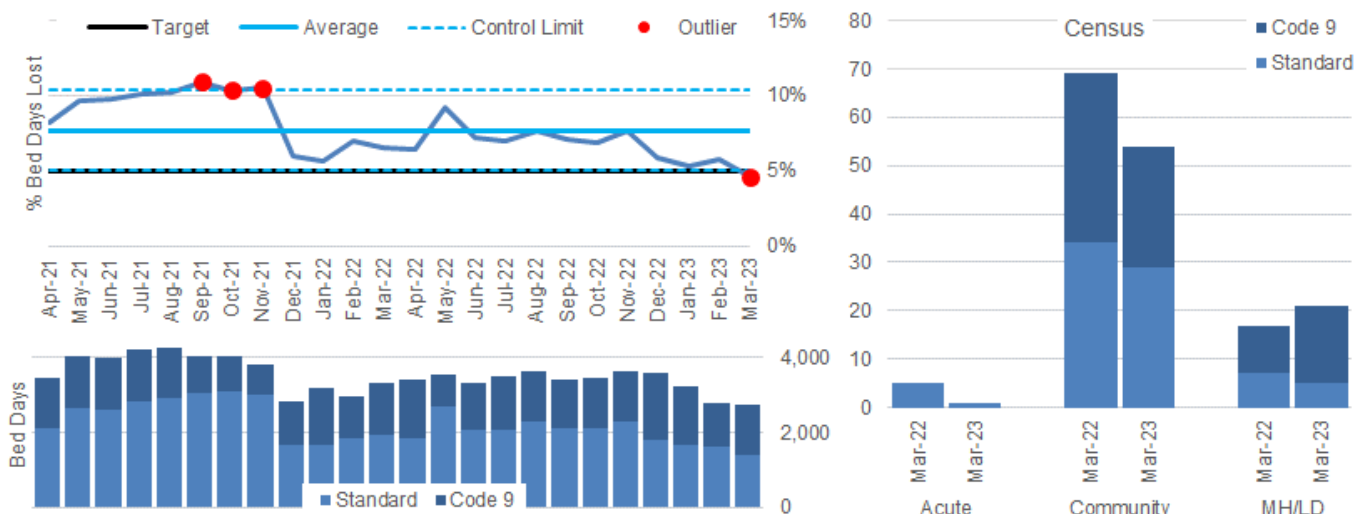
Key Deliverable		End Date
Implementation of Cancer Framework and delivery plan in NHS Fife to support delivery of Recovery and Redesign: An Action Plan for Cancer Services		Mar-24 On track
Key Milestones	ECDC development/expansion	Jun-23 Off track
	Development of single point of contact hub (SPOCH)	Sep-22 Complete
	Review of cancer workforce	Mar-23 Complete
	Environmental needs of cancer services	Mar-23 Complete
	Continued public and patient engagement	Mar-23 Complete
	Increased access to trials linking with R, I & K	Mar-23 Complete
	Optimal and timed patient pathways (including BSC), aligning to Effective Cancer Management Framework	Mar-24 Off track
Delivery of Cancer Waiting Times		Mar-24 Off track
Key Milestones	Deliver improved Digital solutions to support delivery of Cancer Waiting Times performance.	Mar-24 Proposal
	Implement refreshed Effective Cancer Management Framework to drive improvement of Cancer Waiting Times performance	Mar-23 Complete
	Targeted improvements designed to maintain the 31-day standard and improve the 62-day standard on a sustainable basis	Mar-24 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
4.6%

Local Performance



National Benchmarking

% Bed Days Lost		Quarter Ending								
		2020/21			2021/22			2022/23		
		SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP
NHS Fife	Standard	6.8%	5.4%	5.7%	9.2%	10.4%	9.0%	6.4%	7.6%	7.3%
	All	10.1%	9.6%	10.9%	14.4%	14.8%	12.4%	11.1%	11.8%	11.8%
Scotland	Standard	5.1%	4.8%	4.6%	5.0%	6.8%	7.2%	7.2%	7.3%	8.0%
	All	7.1%	7.3%	7.3%	7.4%	9.4%	9.7%	10.4%	10.3%	10.8%

Key Deliverable

Deliver Home First and enable Prevention and Early Intervention

End Date

Key Milestones	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.	Dec-23 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 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.	Jul-23 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 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	Mar-23 Complete
	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 At risk
	Housing & Social Determinants - review and develop pathways to minimise delays where Housing is the primary reason for a delayed discharge	Mar-23 Complete
	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 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 Complete

Continue to reduce delayed discharge		Dec-23 On track
Key Milestones	Reduce hand offs in discharge processes	Feb-23 Complete
	Reduce the number of patients delayed in hospital awaiting the appointment of a Welfare Guardian	Apr-23 Complete
	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 On track
	Promotional campaign to support the Moving on Policy to help with decision making of moving on patients	Dec-23 On track
	Planned Date of Discharge Project	Mar-23 Complete
	Front Door Model	Mar-23 Complete
	Electronic referrals	Dec-23 On track

POPULATION HEALTH AND WELLBEING

Finance

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

Revenue
(£20.0m)

Capital
£24.7m

1. Executive Summary

1.1 The Health Board retained position at the end of February 2023 is an overspend of £20.036m.

1.2 This overspend comprises:

- £5.652m core overspend (includes £4.212m overspend relating to acute set aside services).
- 9.541m of the financial gap identified in the board's approved financial plan.
- £4.843m unfunded Covid surge and associated costs.

Health Delegated Services report an underspend at the end of February 2023 of £6.944m along with fully funded Covid costs of £9.997m.

Revenue Financial Position as at February 2023

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
NHS Services (incl Set Aside)				
<u>Clinical Services</u>				
Acute Services	260,684	238,244	250,128	-11,884
IJB Non-Delegated	10,028	9,178	8,989	189
Non-Fife & Other Healthcare Providers	95,706	87,736	92,733	-4,997
<u>Non Clinical Services</u>				
Estates & Facilities	82,397	75,436	75,598	-162
Board Admin & Other Services	74,815	66,790	66,402	388
<u>Other</u>				
Financial Flexibility & Allocations	28,528	11,140		11,140
Income	-25,155	-20,808	-20,967	159
Grip and Control	-3,374	-3,093	-2,608	-485
Sub-total Core position	523,629	464,623	470,275	-5,652
Financial Gap	-10,408	-9,541		-9,541
HB Retained Surge Capacity			3,139	-3,139
HB retained Covid 19	10,560	9,934	11,638	-1,704
SUB TOTAL	523,781	465,016	485,052	-20,036
<u>Health & Social Care Partnership</u>				
Fife H & SCP	355,768	329,697	322,753	6,944
Health delegated Covid 19	9,997	9,997	9,997	0
SUB TOTAL	365,765	339,694	332,750	6,944
TOTAL	889,546	804,710	817,802	-13,092

POPULATION HEALTH AND WELLBEING

- 1.3 The financial plan approved in March identified cost improvement plans of £11.7m and a capital to revenue funding transfer of £2m, leaving a financial gap of £10.4m against an original £24.1m financial gap position. The financial plan assumptions included full funding of additional Covid 19 costs however a £7.5m funding cap was later confirmed by SG, with £1.704m overspend beyond the cap reported at the end of February.
- 1.4 Details of our funding allocations are attached at Appendix 1.
- 1.5 At the end of February, we are £2m short of the level of savings we planned to deliver, which is built into our forecast overspend position. Pipeline schemes continue to be identified and explored for presentation at the FIS Programme Board for approval however it is unlikely we will be able to deliver newly identified schemes this financial year.
- 1.6 It is clear as we approach the financial year end that we will not deliver our financial plan position of £10.4m overspend. The revised forecast overspend is projected to be c£16m, which includes the system wide approach to surge capacity costs agreed with the HSCP.
- 1.7 The overall anticipated capital budget for 2022/23 at February is £30.677m (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; allocations to support several ongoing projects; and additional funding received from successful bids submitted to SG over the year. The capital position for the period to February is spend of £24.734m, 80.63% of the net allocation and is anticipated to deliver in full at the end of the financial year.

2. Health Board Retained Services

Clinical Services financial performance at 28 February 2023 excluding Covid-19 costs

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Acute Services (HB Retained)	214,597	196,818	204,490	-7,672
Acute Services (Acute Set Aside)	46,087	41,426	45,638	-4,212
Subtotal Acute Services Division	260,684	238,244	250,128	-11,884
IJB Non Delegated	10,028	9,178	8,989	189
Non-Fife & Other Healthcare Providers	95,706	87,736	92,733	-4,997
Income	-25,155	-20,808	-20,967	159
SUB TOTAL	341,263	314,350	330,883	-16,533

- 2.1 Acute Services reports a core **overspend of £11.884m**. This position reflects The financial consequences of the significant and ongoing service pressure across unscheduled care with increased demand and higher acuity than pre-pandemic levels, together with increased lengths of stay, delayed discharges and high levels of staff vacancy, has driven the need for supplementary staffing for both nursing and medical workforces. Additionally the pressures on medical staffing has resulted in non-compliance of medical rotas across both EC and WCCS at a cost of £0.956m to date. Despite confirming our planned care allocation requirement early in the year and agreeing with the policy team the expected activity levels, the allocation received was lower than the expenditure incurred to deliver the activity agreed and has resulted in a £1m overspend included in the acute position.

There is significant cost pressure within non pay expenditure due to medicines cost increase, particularly within haematology services and Ophthalmology. Continued growth and replacement of diabetic pumps, increased cost of consumables and equipment for robotic procedures and theatres supplies are adding further cost pressure to the ASD available budget.

Included in the core Acute Services position is an overspend on core set aside services of £4.212m which is being funded on a **non-recurring** basis by the board.

2.2 The IJB Non-Delegated budget reports an **underspend of £0.189m**. This relates primarily 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 out with NHS Fife is **overspent by £4.997m** (detail per Appendix 2) - this is after a £3m budget increase as part of this year's financial planning process. The overspend is due to increased activity in patients requiring mental health, and substance misuse support, coupled with the costs of 2 high-cost patients who in-year no longer meet the criteria for NSD funding, but onward pathways are not yet in place. Discussions continue nationally on an additional inflationary uplift to SLAs re increased energy costs and the implications of the AfC pay award. In parallel, discussions continue with the HSCP in relation to the alignment of both budget and spend for SLAs relating to Mental Health services for which there is a forecast overspend of £2.7m at February.

2.4 Corporate Functions and Other Financial performance at 28 February 2023

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
<u>Non Clinical Services</u>				
Estates & Facilities	82,397	75,436	75,598	-162
Board Admin & Other Services	74,815	66,790	66,402	388
<u>Other</u>				
Financial Flexibility & Allocations	28,528	11,140	0	11,140
SUB TOTAL	185,740	153,366	142,000	11,366

2.5 The Estates and Facilities budgets report an **overspend of £0.162m**. Whilst pays are underspent this is being offset as previously reported by energy and clinical waste pressures.

2.6 Within the Board's corporate services there is an **underspend of £0.388m**. 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.

2.7 Financial Flexibility

Financial flexibility at the end of February includes allocations received and anticipated in the final month of the financial year. A summary of funding held in **financial flexibility** and the release of **£11.140m** to month 11 is shown at Appendix 3.

2.8 Financial Gap

The **financial plan gap** reflects the pro-rata share of the planned £10.4m deficit (**£9.541m** to month 11).

2.9 Approved Cost Improvement Plans

The year-to-date target at month 11 is £10.405m with £8.339m achieved, resulting in a current year shortfall of £2.066m. Recurring savings achieved are £3.108m, equivalent to 27% of the full year target. The non-recurring element of the in-year target has been factored into our financial planning for the coming year and is an additional pressure.

POPULATION HEALTH AND WELLBEING

Approved Cost Improvement Plans - Position at 28 February 2023

Budget Area	Current Year Target £'000	Year to Date Target £'000	Year to Date Achieved £'000	Year to Date Variance £'000
Acute Services	5,752	5,217	3,658	-1,559
Estates & Facilities	1,652	1,240	1,227	-13
Corporate	4,296	3,948	3,454	-494
Total	11,700	10,405	8,339	-2,066

By the end of month 11 Acute Services delivered £3.658m, a year-to-date shortfall of £1.559m. To date Acute Services has identified £1.819m on a recurring basis. Further detail is included in Appendix 4 to this report.

3. Health Board Covid-19 spend

- 3.1 Covid-19 spend to February is £14.777m reflected in the table below. This includes fully funded Test and Protect costs of £3.060m. The remaining additional Covid 19 costs total £11.717m against a budget of £6.874m (pro rata share of £7.5m funding envelope). The resulting overspend of £4.843m comprises: £3.139m unfunded Covid surge costs across the hospital; and £1.704m remaining overspend. Positive discussions have concluded with the HSCP where the Integration Joint Board has supported a system wide approach to support the cost of surge activity for the full financial year.

HB & Acute set aside Covid-19 spend	Year to Date Budget £'000	YTD Spend HB Retained £'000	YTD Spend Set Aside £'000	YTD Spend Total £'000	YTD Variance £'000
Acute Services	2,644	2,905	3,863	6,768	-4,124
HB Retained Surge Capacity			3,139	3,139	-3,139
Estate & Facilities	83	83	551	634	-551
Corporate	1,053	1,052	124	1,176	-123
Funding Envelope	3,094	0		0	3,094
Subtotal	6,874	4,040	7,677	11,717	-4,843
Test & Protect	3,060	3,060	0	3,060	0
Total	9,934	7,100	7,677	14,777	-4,843

4. Health & Social Care Partnership

- 4.1 Health services in scope for the Health and Social Care Partnership report a core **underspend of £6.944m**. This position is after the £2.4m budget realignment to Social Care in October 2022. The in-year underspend within the services 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.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Health & Social Care Partnership				
Fife H & SCP	355,768	329,697	322,753	6,944
SUB TOTAL	355,768	329,697	322,753	6,944

POPULATION HEALTH AND WELLBEING

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 £8.839m to month 10, including Covid vaccine costs, will be met from the Covid-19 earmarked reserve.

Health Delegated Covid-19 spend	Budget £'000	YTD Spend £'000	YTD Variance £'000
Community Care Services	3,850	3,850	0
Complex and Critical Services	116	116	0
Primary Care and Prevention Services	108	108	0
Professional/Business Enabling	113	113	0
Covid-19 Vaccination Costs	5,810	5,810	0
Total	9,997	9,997	0

5. Forecast Outturn

5.1 As the financial year end fast approaches, our forecast outturn for Health retained services at the end of March 2023 remains at an overspend of c£16m. This position assumes HSCP funding to support the cost of surge activity; and builds in additional new medicines funding announced nationally in the last quarter. Given discussions remain ongoing with HSCP on the non-Fife and other Healthcare providers it is now unlikely the overspend relating to Primary Care and Mental Health of £2.7m will materialise in-year, and therefore this assumption has been removed.

6. Capital

6.1 The overall anticipated capital budget for 2022/23 is £30.677m, which is net of a capital to revenue transfer of £2.600m. The capital position for the period to February records spend of £24.734m. Therefore, 80.63% of the anticipated total capital allocation has been spent to month 11.

6.2 The capital programme is detailed in the table below.

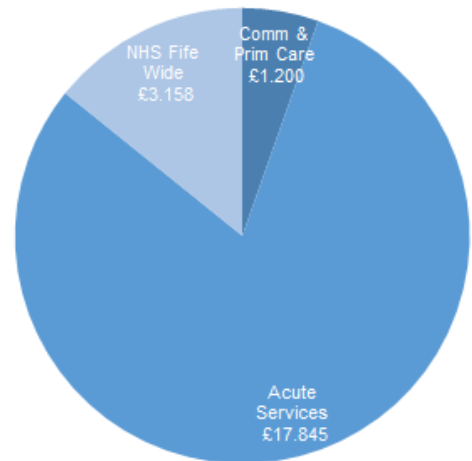
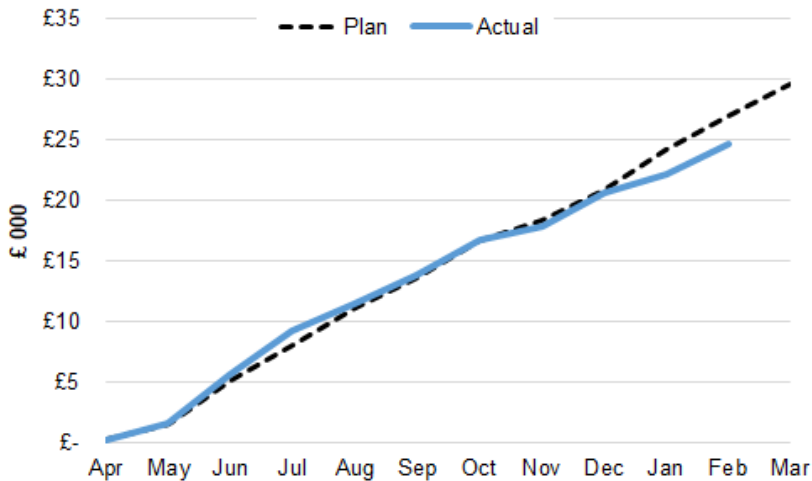
POPULATION HEALTH AND WELLBEING

Capital Plan	£'000
Initial Capital Allocation	7,764
Elective Orthopaedic Centre	13,629
Kincardine Health Centre	417
Lochgelly Health Centre	556
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
LIMS	20
Energy Pods	50
Phase 2 Endoscopy	973
Equipment Funding	250
Total Before Capital to Revenue Transfer	33,277
Capital to Revenue Transfer	- 2,600
Total	30,677

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.

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 £24.734m, this equates to 80.63% of the total anticipated capital allocation, as illustrated in the spend profile graph below



The main areas of spend to date include:

- Statutory Compliance £4.389m
- Equipment £2.785m
- Digital £3.656m
- Elective Orthopaedic Centre £12.779m
- Health Centres £0.901m

6.4 With weeks to go to the financial year end, the capital programme is expected to deliver in full, with significant activity in the final weeks 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 11 position reported and are asked to:

- **Discuss** the reported core YTD overspend of £20.036m
- **Note** the Health delegated core YTD underspend position of £5.652m
- **Discuss** the forecast outturn position of £16m
- **Note** the capital expenditure spend of £24.734m

POPULATION HEALTH AND WELLBEING

Appendix 1: Revenue Resource Limit

	Baseline Recurring £'000	Earmarked Recurring £'000	Non- Recurring £'000	Total £'000
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
November Letter		8,701	2,910	11,611
December Letter		61,772	149	61,921
January Letter		11,379	-19,871	-8,492
Neurodevelopment pathway pilots			150	150
Childhood- obesity			9	9
Staffing costs for REACH Transplant		2		2
Recruitment of NMAHPS			361	361
NSD Logistic service charge		-846		-846
Community Pharmacy Practitioner Champions			20	20
Hearing Aids			52	52
Various Dementia Programmes			12	12
National Boards Out of hours Tranche 2			103	103
Shortened Midwifery Course			10	10
Dementia Post Diagnostic Support funds to IJBs			181	181
ADP tranche 2			437	437
Cardiac Physiology			24	24
New Medicine Fund			3,429	3,429
Mental Health Outcomes Framework		201		201
Foundation Training Year funding for NES		-231		-231
CSO support for NRS Infrastructure			15	15
Pay Awards 22-23			27,400	27,400
Pre-Registration Pharmacy Technician Scheme			161	161
PCIF tranche 2		1,195		1,195
Total Core RRL Allocations	749,455	97,541	26,872	873,868
Mental Health Bundle		1,363		1,363
Community Pharmacy Pre-Reg Training		-165		-165
Golden Jubilee SLA		-25		-25
PCIF		0		0
ADP		550		550
Primary care development funding		30		30
CAMHS		704		704
Mental health & Wellbeing primary care services		105		105
Capital to Revenue			2,600	2,600
NSD etc		-1,535		-1,535
Depreciation			1,420	1,420
NTC			1,971	1,971
MND Nurse			19	19
	0	1,027	6,010	7,037
	749,455	98,568	32,882	880,905
IFRS			8,516	8,516
Donated Asset Depreciation			137	137
Impairment			749	749
AME Provisions			500	500
Donated Assets Additions			-1,261	-1,261
Total Anticipated Non-Core RRL Allocations	0	0	8,641	8,641
Grand Total	749,455	98,568	41,523	889,546

POPULATION HEALTH AND WELLBEING

Appendix 2: Service Agreements

	Annual Budget	YTD Budget	YTD Spend	YTD Variance
	£'000	£'000	£'000	£'000
Health Board				
Ayrshire & Arran	101	93	91	2
Borders	47	43	54	-11
Dumfries & Galloway	26	23	54	-31
Forth Valley	3,311	3,035	3,474	-439
Grampian	374	343	261	82
Greater Glasgow & Clyde	1,724	1,581	1,585	-4
Highland	141	129	193	-64
Lanarkshire	120	110	204	-94
Lothian	32,822	30,088	32,259	-2,171
Scottish Ambulance Service	105	97	44	53
Tayside	41,113	37,689	39,987	-2,298
	79,884	73,231	78,206	-4,975
UNPACS				
Health Boards	14,214	13,030	12,038	992
Private Sector	799	732	1,870	-1,138
	15,013	13,762	13,908	-146
OATS	740	678	552	126
Grants	65	65	67	-2
Total	95,702	87,736	92,733	-4,997

Appendix 3: Financial Flexibility

		Flexibility Released to Feb-23
	£'000	£'000
Drugs :NMF	6,972	6382
Junior Doctor Travel	22	12
Consultant increments	251	230
Discretionary Points	37	35
AME impairments	0	
AME Provisions	821	
Prior Years Approved Developments, National Initiatives	588	588
Health Retained 22-23 Uplifts	12,224	
Cost pressures 22-23	2,551	1304
Allocations to be distributed	5,062	2589
Total	28,528	11,140

POPULATION HEALTH AND WELLBEING

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	897	379	-518
PCD	Investment in Theatres Procurement / Cost Reduction	500	444	126	-318
PCD	Repatriation of Radical Prostatectomy	205	205	0	-205
WCCS	Travel & Printing	60	67	66	-1
WCCS	Managed Service Contract for Labs	425	390	390	0
WCCS	Skill Mix Review	50	36	45	9
ECD	Pirfenidone / Nintedanib	40	37	37	0
ECD	Patent Expiry / Homecare	160	144	0	-144
WCCS	Community Paediatric Drugs	20	18	18	0
Acute	Reduction in Non Core Staffing	2,000	1,778	1,019	-759
WCCS	Vacancy Release	210	183	183	0
Pharmacy	Medicines Efficiency, PAS Rebates, Contract Changes	700	668	1,045	377
P&I	Major Contract Review	250	0	0	0
P&I	Property Maintenance Minor Works Team	100	75	0	-75
P&I	Energy Savings - NDEE Project	150	75	0	-75
P&I	Rates Review	500	500	503	3
P&I	Roster Review	250	188	322	134
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	1,086	1,078	-8
All	Financial Grip & Control	3,415	3,132	2,646	-486
Total		11,700	10,405	8,339	-2,066

Appendix 5: Anticipated Funding from Health Delegated Earmarked Reserve

	2021/22 Earmarked Reserve £'000	May-22 £'000	Jun-22 £'000	Jul-22 £'000	Aug-22 £'000	Sep-22 £'000	Oct-22 £'000	Nov-22 £'000	Dec-22 £'000	Jan-23 £'000	Feb-23 £'000
Covid-19 earmarked reserve	33,522	620	327	379	364	281	524	305	303	589	487
Vaccine	2,472	1,053	472	330	372	453	753	749	459	505	672
SG Correspondence re Covid										21487	
ADP (from Core)	1,700										
Primary Care Improvement Fund	6,585		145	18	167	240	328	244	219	160	3320
Care homes	817		41	15	599	15	15	15			
Urgent Care Redesign	950	139	110	105	87	76				-70	
Action 15	1,791								167		1425
District Nurses	213										
Fluenz	18								18		
Mental Health Recovery & Renewal	3,932	100	122		63		1217		1666	124	11
Workforce Wellbeing	196										
Budival	213										110
Child Healthy Weight	23								23		
Acceleration of 22/23 MDT recruitment	300										41
Multi Disciplinary Teams	1,384										
GP Premises	430										270
Afghan Refugees	47										
Dental Ventilation	669		72		1	236	80				
Interface care	170			30							34
School Nursing	146										
Remobilisation of dental services	313										
Psychological Therapies	264								264		43
Uncommitted Reserves											
RT Funding	1,500										
Core general reserve	3,402		127	98	524	15	-56				98
Core underspend	3,550										
TOTAL	64,607	1,912	1,416	975	2,177	1,316	2,861	1,313	3,119	22,795	6,511

POPULATION HEALTH AND WELLBEING

Appendix 6: Capital Expenditure Breakdown

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2022/23 £'000
COMMUNITY & PRIMARY CARE			
Clinical Prioritisation	64	64	64
Statutory Compliance	357	226	357
Capital Equipment	229	221	229
Condemned Equipment	7	0	7
Total Community & Primary Care	658	512	658
ACUTE SERVICES DIVISION			
Statutory Compliance	1,982	1,851	1,982
Capital Equipment	1,168	646	1,168
Clinical Prioritisation	124	122	124
Condemned Equipment	103	40	103
QMH Theatre	734	601	734
Energy Pods	50	45	50
Total Acute Services Division	4,160	3,305	4,160
NHS FIFE WIDE SCHEMES			
Equipment Balance	0	0	0
Digital & Information	877	877	877
Clinical Prioritisation	62	0	62
Statutory Compliance	57	0	57
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
Total NHS Fife Wide Schemes	2,996	877	2,996
TOTAL CAPITAL ALLOCATION FOR 2022/23			
	7,814	4,693	7,814
ANTICIPATED ALLOCATIONS 2022/23			
QMH Theatres PH2	1,500	0	1,500
Kincardine Health Centre	417	378	417
Lochgelly Health Centre	556	512	556
Mental Health Review	100	33	100
Elective Orthopaedic Centre	13,629	12,796	13,629
National Equipping Tranche 1	1,506	1,353	1,506
HEPMA	900	954	900
Ferno Trollies	50	50	50
Estates NIB Bid	2,720	1,711	2,720
D&I NIB Bid	1,928	1,824	1,928
National Equipping Tranche 2	914	430	914
LIMS	20	0	20
Phase 2 Endoscopy	973	0	973
Equipment Funding	250	0	250
Anticipated Allocations for 2022/23	25,463	20,041	25,463
Total Anticipated Allocation for 2022/23			
	33,277	24,734	33,277

POPULATION HEALTH AND WELLBEING

Appendix 7: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2022/23	Pending Board Approval	Cumulative Adjustment to January	February Adjustment	Total February
Routine Expenditure	£'000	£'000	£'000	£'000
Community & Primary Care				
Capital Equipment	0	229	0	229
Condemned Equipment	0	0	7	7
Clinical Prioritisation	0	64	0	64
Statutory Compliance	0	354	0	354
Total Community & Primary Care	0	647	7	654
Acute Services Division				
Capital Equipment	0	1,175	-7	1,168
Condemned Equipment	0	103	0	103
Clinical Prioritisation	0	124	0	124
Statutory Compliance	0	1,985	0	1,985
QMH Theatre	734	734	0	734
Energy Pods	50	0	50	50
	784	4,121	43	4,163
Fife Wide				
Backlog Maintenance / Statutory Compliance	2,396	-2,339	0	57
Fife Wide Equipment	1,407	-1,407	0	0
Digital & Information	877	0	0	877
Clinical Prioritisation	250	-188	0	62
Condemned Equipment	100	-100	0	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
Total Fife Wide	7,030	-4,034	0	2,996
Total Capital Resource 2022/23	7,814	734	50	7,814

ANTICIPATED ALLOCATIONS 2022/23				
QMH Theatres PH2	1,500	0	0	1,500
Kincardine Health Centre	417	0	0	417
Lochgelly Health Centre	556	0	0	556
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 Trollies	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
LIMS	20	0	0	20
Phase 2 Endoscopy	973	0	0	973
Equipment Funding	250	0	0	250
Anticipated Allocations for 2022/23	25,463	0	0	25,463

Total Planned Expenditure for 2022/23	33,277	734	50	33,277
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Meeting:	Finance, Performance and Resources Committee
Meeting date:	9 May 2023
Title:	Procurement Key Performance Indicators
Responsible Executive:	Margo McGurk, Director of Finance and Strategy
Report Author:	Paula Lee, Head of Procurement

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to:

- Annual Operational Plan
- Emerging issue

This aligns to the following quality ambition(s):

- Effective

2 Report summary

2.1 Situation

Performance against the Procurement Key Performance Indicators (KPI's) for 31 March 2023 are presented for assurance.

2.2 Background

To ensure that the Procurement departments performance is visible to stakeholders across NHS Fife, a comprehensive set of KPI's were agreed as part of the Procurement Strategy 2019–2024. The KPI's are an integral component of the oversight of management information presented quarterly to the Procurement Governance Board, the Executive Directors Group and Finance Performance and Resources Committee.

2.3 Assessment

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

Purchase Order Spend

The average monthly purchase order spend via Pecos is £9.7m, and as of 31 March 2023 the total purchase order spend is £116m.

High Value Orders

Pecos purchase orders with a value greater than or equal to £50k are identified as high value. The average monthly value of these orders is £5m. To date there have been 166 high value orders at a value of £62.6m. £33.4m of which relates to PFI provider spend.

Low Value Orders

Pecos purchase orders with a value less than or equal to £50 are identified as low value. The average monthly number of these orders is 2,491 orders and value of £56k. To date there have been 29,886 low value orders at a value of £676k. A high proportion of these orders are via Ward Product Management (Top-up) service to the National Distribution Services (NDS).

Efficiency Savings

As of 31 March 2023, the overall validated procurement saving for Health Board retained spend was £479k this comprises:

- £405k for direct cash releasing cost savings, £210k of which relates to moving the Medical Locum Engagement service from Plus Us to an in-house model.
- £74k for cost avoidance, £43k of which relates to the capital purchase of a Moses Pulse Laser via the NHS Supply Chain Framework and £14k via the national framework NP566 for Simultaneous Cutting/Coagulation and Uterine Ablation Systems.

However, these savings are being offset by the significant cost pressures being experienced as a direct result of market changes across the economy. As of 31 March 2023, the cost pressure was £430k resulting in a net cost pressure of £25k.

The main contract areas contributing to these cost pressures are:

- Catering Products £240k
- Paper Products £103k
- Waste Management £32k
- Continence Products £18k

Further detail on the monthly cost impact distribution is included in appendix 1.

Quick Quotes Published

The number of Quick Quotes (under £50k) awarded in Public Contracts Scotland (PCS) as of 31 March 2023 was 18, with projects ranging from Minor Works & Maintenance, Digital & Information projects, and Training Courses to Therapeutic Art & Design work.

Contract Awards Published

The number of Contracts (£50k and above) awarded in PCS as of 31 March 2023 was 28 at a value of £4.3m, including the following projects:

- £677,006 - San Replacement
- £446,117 - Transport provision for Urgent Care Services
- £403,947 - Cisco 9200 and 9300 Support
- £388,479 - Cisco Call Manager Licence
- £216,000 - GP Print Mobilisation
- £212,303 - Laboratory Information Management System (LIMS)
- £140,194 - Orion Enterprise Licence and GP View Maintenance & Support
- £138,224 - V2 Catalyst 9300, Network Advantage
- £124,800 - Interim Contractor – Infrastructure Engineer
- £114,373 - PACS Support and Licences

Tender Waivers

As of 31 March 2023, 12 formal tender waivers were approved to the value of £5.4m. Seven were for digital systems linked to existing infrastructure/systems, and five were for equipment either of a unique nature or linking to existing equipment/systems.

Payment Performance

The current cumulative performance as of 31 March 2023 for payment performance is:

83% by Value and 62% by Volume are paid within 10 days.

93% by Value and 87% by Volume are paid within 30 days.

Catalogue Lines

The percentage of Pecos purchase order lines process, via preloaded catalogues, averages at 89% per month.

Contract Lines and Value

The percentage of lines processed via Pecos purchase orders, which have been contracted, averages at 62% and £1.3m per month. To date the cumulative value of contracted lines is £16m.

National Distributed Services (NDS) Spend

The average monthly purchase order spend via the NDS is £1m, and to date is £12m.

Complaints/Customer Feedback

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

The Procurement Helpdesk, Customer Satisfaction report shows the following results as of 31 March 2023:

Feedback	Previous Report	Current Report
Excellent	59%	63%
Good	22%	20%
Satisfactory	8%	8%
Poor	11%	9%

The information below provides details of poor response themes and reasons since the last report:

Theme	Detail	Comments
Response Time	Delays in responding to requests: 5 days x 1	There has only been 1 poor response since the last report.

2.3.1 Quality / Patient Care

N/A

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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

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

The monitoring of the Payment Performance KPI aligns with the Boards ambitions of being an Anchor Institute ensuring the improved flow of funds to the local economy where possible.

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

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

2.3.8 Route to the Meeting

The monthly Procurement department KPI's are presented to the Head of Financial Services and Procurement for consideration ahead of presentation to the Procurement Governance Board.

2.4 Recommendation

- **Assurance.**

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – PGB Monthly KPIs 2022-2023



Report Contact

Paula Lee

Head of Procurement

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Procurement Governance Board
MONTHLY KPI SUMMARY



Our Values													
Care and Compassion	Dignity and Respect				Openness, Honesty & Responsibility				Quality and Teamwork				
FY 2022-2023													
Purchase Order Spend	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
	£7,149,762	£14,644,341	£7,403,820	£8,156,775	£9,189,037	£8,633,871	£9,206,119	£9,765,462	£9,182,199	£8,832,854	£7,729,648	£16,265,572	£116,159,459
Number	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
	5	17	12	16	12	11	14	14	15	13	8	29	166

Monthly Purchase Order Spend

Percentage Contract Lines	62%	62%	63%	61%	61%	63%	62%	61%	62%	61%	60%	62%	62%
Contract Lines Value	£1,016,823	£2,930,336	£1,107,039	£1,062,279	£1,259,727	£1,244,711	£1,174,259	£1,396,742	£1,264,172	£1,149,159	£1,097,938	£1,335,243	£16,038,428
NDC Spend	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
	£838,470	£2,728,788	£835,876	£785,252	£832,198	£855,139	£787,607	£940,459	£987,450	£796,610	£793,530	£900,093	£12,081,472
Excellent	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
					54%	35%	67%	43%	70%	86%	75%	78%	63.5%

Monthly High Value Orders ≥ £50,000

FIFE CAPITAL INVESTMENT GROUP

(Meeting on 18 January 2023)

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

NOTES FROM FIFE CAPITAL INVESTMENT GROUP WORKSHOP

Wednesday 18 January 2023 at 2 pm on Teams

Present:

Neil McCormick, Director of Property and Asset Management (NMcC) **(Chair)**
 Alistair Graham, Associate Director of Digital & Information (AG)
 Ben Johnston, Head of Capital Planning/Project Director (BJ)
 Benjamin Hannan, Director of Pharmacy & Medicines (BH)
 Chris McKenna, Medical Director (CMcK) (joined at 3.10 pm)
 Claire Dobson, Director of Acute Services (CD) (left at 3.30 pm)
 Jim Rotheram, Head of Facilities (JRo)
 Margo McGurk, Director of Finance & Strategy (MMcG) (joined at 2.10 pm)
 Maxine Michie, Deputy Director of Finance (MM)
 Paul Bishop, Head of Estates (PB)
 Rose Robertson, Assistant Director of Finance (RR)

In Attendance:

Morwenna Wood, Consultant Nephrologist, Renal Medicine (MW) (left at 3.30 pm)
 Lisa Cooper, Head of Primary & Preventative Care Services, Primary Care (LC)
 Rona Laskowski, Head of Complex & Critical Care Services (RL)
 Andrea Barker, PA
 Kerrie Donald, Interim Finance PA

1.	<p>WELCOME AND APOLOGIES</p> <p>NMcC welcomed those present to the Workshop which will be based around the availability of capital and what our priorities will be for next year.</p> <p>Apologies were received from:</p> <ul style="list-style-type: none"> · Carol Potter, Chief Executive · Janette Keenan, Director of Nursing · Tracy Gardiner, Capital Accountant · Lynne Garvey, Head of Community Care Services, General Mgmt, DWF CHP 	
2.	<p>THE PRIORITISATION OF CAPITAL FUNDS FOR 2023/23 AND BEYOND</p> <p>This year, there has been significant spends of capital which amounts to £31m, with a significant amount of this spent on the NTC - Fife Orthopaedic build.</p> <p>Health & Wellbeing Strategy</p> <p>As a Board, it is important that we look at whole systems thinking and working. Scottish Government (SG) is looking at what NHS Fife does collectively as a board and how we prioritise this across the system as a whole.</p> <p>Anchor Institution</p>	

There are demands on us, as a Board, around how we best use our facilities to better effect to support communities as well as reducing environmental impact.

Buying, selling and the re-use of goods across Fife and the circular economy, waste etc are also important priorities.

In terms of the Strategy, priority areas include:

- Improving health and wellbeing
- Improving the quality of health and care services
- Improving staff experience and wellbeing
- Delivering value and sustainability

On the annual Property & Asset Management Strategy (PAMS), we will use these 4 themes to ensure that we link what we are doing in Property and Asset Management into the wider Health & Wellbeing Strategy.

Moving forward into next year, however, we will have very constrained capital and revenue budgets and will all have to be mindful when prioritising limited resources.

Competing demands include:

- Digital
- Equipment
- Construction/backlog
- Climate Emergency

Whole System Strategy

In terms of Whole System Strategy and Whole System Thinking we have:

- Primary Care
- Community & Mental Health
- Acute

All of our strategies must be linked together in terms of:

- Primary Care
- Community Hospitals
- Mental Health
- Acute sites and services

The principles we must consider in terms of capital investment include:

- Maintain and/or reduce our revenue costs
- Minimise capital costs
- Meet expectations rather than exceeding them
- Agile working throughout the organisation by using office space more effectively
- Pragmatic and thoughtful around how we are prioritising and delivering projects
- Dependencies especially around some of our Acute work
- Medical devices - taking stock and replacement programme over the next 5 years. By June 2023, a 5-year plan will be in place which will assist with attracting funding from SG for equipment

- Be thoughtful on how we manage the process around additional funding sources received from SG

Capital & Investment Requirements

a) Primary Care

In terms of existing premises, we have had a programme of improvement to increase the amount of clinical space of around £2m this year. However, where practices are failing, there may be a requirement to purchase buildings from Primary Care, something we have not factored into our thinking moving forward.

Kincardine & Lochgelly Business Cases - we are waiting to hear from SG around funding.

The Strategic Programme for Primary Care is around developing a Sustainability Strategy particularly around the larger population centres in Fife; Dunfermline, Glenrothes and Kirkcaldy and how we take this forward. This may include co-location with Fife Council, the use of existing buildings or modernising existing facilities. Population migration is increasing in these particular areas and services are already stretched, becoming problematic over the next 5 to 10 years.

b) Mental Health

Immediate priorities include the allocation of £1m of revenue to the Anti-Ligature Programme.

Our inpatient and community Mental Health facilities need to be improved and, therefore, we need to update the Mental Health Strategy and deliver the Outline Business Case and Full Business Case for delivering sensible mental health facilities within Fife.

Mental Health short-term spend is required, however, in the longer-term, a Business Case will be developed and we must ensure that SG and our own expectations are matched around this and how this can be phased in over a number of years to make it more attractive.

c) Community Hospitals

There is no Strategic Plan in place at the moment, however N Connor is putting together a Community Hospital Strategy at the moment looking at the number of beds and the services that we are providing. From this we can identify where we need to invest.

d) Acute Services

In terms of site optimisation, the SLT in Acute have a list of priorities:

- Ward 24 - Gynae
- Dermatology
- Haematology
- Orthopaedic Offices
- Gynae Outpatients at QMH

There are another 14-16 identified priorities which are not included but will be included in the on-going Master Plan for the VHK and QMH sites.

Projects In development include:

- QMH Theatres in Phase 1
- NTC - Fife Orthopaedics

There are desires to increase further potential development of QMH Theatres to increase elective capacity to take some pressure off the VHK site.

The Strategic Programme for this is the Acute Services Strategy, Site Development and Options Framework which we have Architects working on at the moment regarding improvements to the VHK site.

e) **Climate Emergency**

Money is being spent in investing in:

- LED lighting
- Electrifying of our fleet by 2025 as SG commitment
- Energy Decentralisation Project at Cameron Hospital – to move away from gas, oil and carbon based fuels to look at if we heat buildings with heat pumps which has been funded by a government grant.
- STACH Pilot Project - grant from Scottish Futures Trust to identify what the solution may be.
- Longer term, consider a heat network or wind turbines we could potentially share with St Andrews University.

At the moment, Net-Zero Road Maps are being developed for all of our sites so we can identify how we can deliver Net Zero on our sites by 2038 and 2040.

There will be costs involved with this over the years and is a priority based on strict Government targets and we need to show progress.

f) **Pharmacy Robotics**

A key area for this is the modern delivery of medicine and how we develop this across all of our sites. There is a requirement to determine potential areas to be released and repurposed on both the VHK and QMH sites. This will be inter-twined with other moves across Acute Services.

g) **Office Space**

The utilisation of office space within NHS Fife is quite low. Existing hybrid working practices are in place in some areas and where offices are being used less of the working week. This will give us the potential to have more people in less space which could free up areas for alternative use.

Having a Flexible Work Location Policy is key. This will enable principles to be set for the use of office space as people are 'territorial' around office space resulting in inefficient use.

h) **Digital**

Existing commitments include:

- Lifecycle of existing infrastructure and systems on-going

Projects in progress include:

- HEPMA
- LIMS
- eRoosting

Primary Care

GP IT re-provisioning will be with us fairly imminently in terms of the replacement of the GP IT System. Although helpful for the GPs in practice, it will be more beneficial to the multi-disciplinary teams in particular Pharmacy Services and will avoid logging into individual practice systems. It also promotes where we see patients as this may not always be in a GP practice and there are several options there.

Strategic Planning

Continue and craft the Paperlite/EPR development in a way that is affordable to support clinical decisions as we cannot move paper health records quickly enough across the system to match the demands and the movement of the patient.

i) **Equipment**

Immediate priorities include:

Year 1: 2022/23

	£'000	£'000
Core replacement	1,407	
Endoscopy Ph 1 of 2	389	
Condemned Replacement	<u>100</u>	1,896
NIB Tranche 1	1,506	
NIB Tranche 2	914	2,420
Total		<u>4,316</u>

Top Slicing of 2023/24

	£'000	£'000
Dental Chairs	174	
Pharmacy Isolator	39	
Endoscopy Ph 2 of 2	<u>893</u>	
Total		<u>1,106</u>

Endoscopy Phase 2 of 2 (£893k) demonstrates the Scope replacement and this was identified as having not been on the wider Capital Equipment planning horizon. This is a control weakness that has been identified that we need to strengthen in terms of a wider strategic Medical Devices Committee. Ultimately, later on in the financial year, we have identified the significant risk of this and have managed to roll out Scope replacement in 2 phases.

The Top Slicing required from the 2023/24 Plan is the second phase of the Scope replacement. Replacement of dental chairs and the pharmacy isolator both have significant delivery lead times which means that we can start from this financial year to

ensure that we are aligned with governance arrangements and delivery lead times. Approval has been granted to proceed on this basis.

Identified Pipeline of Replacements demonstrate what the FCIG has managed to gather from the respective services and departments which shows a wide variation:

	£'000
2023/24 Replacement Plan Wish List	6,498
Medium-term Priorities (5 years)	
2024/25 Replacement Plan Wish List	4,729
2025/26 Replacement Plan Wish List	959
2026/27 Replacement Plan Wish List	2,757
Longer-term Priorities (>5 years)	
2027/28 Replacement Plan Wish List	76

Clearly, this is not a very robust plan and demonstrates that we focus on the much shorter-term than planning wider into the medium-term and beyond.

The 5-year Plan will require a lot of work which we are looking to take forward with the support of the Fife Capital Equipment Group and also the Fife Capital Investment Group.

Strategic Programme – Medical Devices Group

For a number of statutory reasons, we are required to be able to identify medical equipment which relates to patient care and patient journeys.

We are looking to replace our equipment database with a more up-to-date and more robust eEquip.

NHS Fife has been given support nationally to go onto the eEquip platform. This system will easily identify when equipment is planned for replacement and will avoid or reduce uncertainty moving forward.

j) **Statutory & Backlog Maintenance**

Immediate priorities include:

- Making safe
- Looking at the 'red' risks that we have across our estate

Projects in progress include:

- Replacement of lifts at QMH
- Waterproof material on North Labs
- Upgraded the Hospice
- Steam decentralisation which has made a great difference to maintenance requirements as well as making the whole estate safer for all

Strategic plans over the medium-term include:

- Boilers at Cameron Hospital

Strategic plans over the longer-term include:

- Site rationalisation of our bigger sites at Stratheden, Lynebank and Cameron Hospitals. Possibly Whyteman's Brae too, however, we have to be clear around what we are doing around mental health and the community hospital sites to allow for cost savings and other opportunities which might arise around this.

k) **Other Strategic Developments**

- Teaching Health Board status
- Medical education and on-call accommodation
- Agile working
- Staff Wellbeing Hubs
- Decontamination

NMcC spoke of the proposed Dermatology move from Phase 1 to the Tower Block which will potentially become vacant once Orthopaedics comes out of the Tower Block. A link diagram, prepared by BJ, identifies and gives an understanding of the complexities and the inter-dependency around moves and projects.

l) **Potential Capital Allocation 2023/24**

Typically we receive £7.764m.

If we look at all the things we have top sliced, we have already committed £3m of next year's allocation which leaves £4.7m of capital left for next year. We must be clear of our priorities moving forward.

Questions/Comments:

Funding Projections

AG - The national Capital Allocation process is dependent on single year allocations which have a major impact on execution.

MMcG - In terms of funding, SG only look for one-year plans as they set one-year budgets.

Alan Morrison and SG team are projecting what the needs/potential asks are from whole system, medium-term plans. SG awaiting confirmation of UK budgets to determine what they will be able to allocate.

Mental Health

RL - In terms of weighting and scoring, there is a requirement to reflect statutory requirements in terms of equalities, health & safety and reputational risk within the Mental Health Inpatient Estate a real and present risk to patient safety has been identified as listed on all the Corporate Risk Registers. To have this and potentially not address it or delays to addressing it by way of prioritising funds elsewhere there must be very clear evidence of the decision making process to support the decision.

Primary Care

LC – Risk is a huge part of the decision making process within Primary Care and in line with the Population Health & Wellbeing Strategy and is critical for the delivery of priorities. Risk must play a part in the decision making process around the allocation of available funding.

Acute Services

CD – How we prioritise and how we score is important alongside risk.

Dermatology has been on the cards now for around 10 years and there is significant risk attached around this project. The environment in which we are delivering dermatological care is sub-optimal and we are exposing staff to carcinogenic fumes whilst carrying out specific procedures so risk is really important alongside how we score.

The development point v's delivery funding is something we are more aware of. We need to deliver big schemes that will enable sustainable change across the whole organisation. This needs to be about long-term sustainable change.

Business Case with neutral or savings revenue implications - yes we should where we can.

Projects

BJ - Bigger projects will be funded from a separate pot of money once approved by SG.

For the smaller projects, we must cut our cloth accordingly and ensure that the £4m of available funding is allocated appropriately.

As we move forward, we look to design one or two projects 'on the shelf' so that when funding becomes available they are ready to deliver them.

From an Acute point of view we need to look for a way to support one or two of the projects and then agree to how we split the balance of the money against backlog, eHealth and equipment.

Medical Education

MW - Would like group medical education as part of the strategic aim of being a teaching Health Board rather than with overnight accommodation although the two might be related.

Question - How do we score pan-Fife applications as medical education sits within all multi-disciplinary domains.

Question (MW) - How do we ensure that the decisions made are transparent to the rest of the organisation as it is critically important to forward planning eg medical education in a community hospital setting.

Response (NMCC) - In terms of rationalisation at Cameron Hospital for example, there are a lot of empty buildings on the site and there are buildings 'not fit for purpose' and poorly used eg Cameron House. There are fantastic clinical services on the site eg Sir George Sharp Unit. Our Estates team for Glenrothes & NE Fife are based there along with a number of various wards and departments.

Fundamentally, we are looking to make it a more coherent site in order to provide better staff facilities, looking at reducing rates etc around crumbling buildings that are not fit for purpose.

In terms of transparency, minutes are taken at this meeting which go to the FP&R Committee which in turn reports into Fife Health Board and minutes will be on NHS Fife website forming part of committee papers.

We can look at a way of explaining what we are doing wider to the organisation. This is something we have been working up to over the past few years in the sense that previous to this there were allocations of money which was divided into separate departments and those teams individually decided on what their priorities were as opposed to what the priorities are across the wider organisation which allows for Medical Education for example to figure as part of these discussions.

CD - Managing expectation for our workforce as we have had significant capital monies over the past few years with Covid-19 playing a large part in covering funding around some of our asks however, this is not going to feature as we move forward. We have to realise that we will not be able to do everything and it will be around choices.

To Summarise:

MM – Over the last 2 years £17m extra funding has come into Fife. Next year we are down to just over £7m. There is slippage this year and this is why it has been top sliced next year as we have to deal with it this year.

A lot of work has been carried out around developing medium-term 5 year plans and we must be utilised.

We must life cycle equipment which will take a part of our capital allocation from the onset.

Expectations will have to be managed with good criteria in determining what the major or smaller projects are whether it be partnership territory, health retained territory or pan-Fife territory it is what brings the best benefit to Fife.

MMcG – we need to continue to create compelling Business Cases to support what we need to do and we need to at an organisational level and with our partners agree the priorities and the phasing of the priorities with each other. There is quite a bit of housekeeping to be carried out around the basics.

All directorates should be represented at FCIG. The involvement of colleagues throughout the organisation who have direct service knowledge and engagement is welcomed and we need to involve and hear these voices to improve transparency because this has to be service led and based on priorities we agree.

In terms of Agile Working re-provision of existing estate has to be picked up as a key priority to enable us to have options to use what we have in a potentially different way.

Following discussion:

- Does it meet the aims of our Health & Wellbeing Strategy and have we identified the risk

FIFE CAPITAL INVESTMENT GROUP

(Meeting on 1 March 2023)

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

MINUTE OF FIFE CAPITAL INVESTMENT GROUP MEETING

**Wednesday 1 March 2023 at 2.00pm
on Teams**

Present: Margo McGurk, Director of Finance & Strategy (MMcG) **(Chair)**
 Neil McCormick, Director of Property & Asset Management (NMcC)
 Maxine Michie, Deputy Director of Finance (MM)
 Rose Robertson, Assistant Director of Finance (RR)
 Jim Rotheram, Head of Facilities (JR)
 Paul Bishop, Head of Estates (PB)
 Tracy Gardiner, Capital Accountant (TG)
 Ben Johnston, Head of Capital Planning/Project Director (BJ)
 Claire Dobson, Director of Acute Services (CD)
 Janette Keenan, Director of Nursing (JK)
 David Miller, Director of Workforce (DM)
 Christopher Conroy, Clinical Services Manager (CC)

<p>1.0</p>	<p>WELCOME AND APOLOGIES</p> <p>Apologies were received from Alistair Graham, Associate Director of Digital and Information, Ben Hannan, Director of Pharmacy and Medicines, Dr Chris McKenna, Medical Director and Nicky Connor, Director of HSCP.</p> <p>The note of the meeting was taken from the MS Teams recording due to annual leave/sickness of the note takers.</p>	
<p>2.0</p>	<p>NOTES OF PREVIOUS MEETING</p> <p>The note of the meeting of 7 December 2022 and note of the workshop meeting of 18 January 2023 were approved and agreed as accurate.</p>	
<p>3.0</p>	<p>ROLLING ACTION LIST</p> <p>The Action List was updated accordingly.</p>	
<p>4.0</p>	<p>MINUTES OF OTHER COMMITTEES</p> <p>4.1 Clinical Prioritisation Group</p> <p>The minute of the meeting held on 12 January 2023 and 9 February 2023 were noted by the group.</p> <p>4.2 Capital Equipment Management Group</p>	

	The minute of the meeting held on 3 November 2022 was noted by the group.	
5.0	MATTERS ARISING No matters arising.	
6.0	<p>GOVERNANCE</p> <p>6.1 PPP Performance Monitoring Report</p> <p>NMcC introduced the report noting it was previously brought to FCIG on 9 June 2022. It was noted the appendices have been updated since last presented at FCIG and will be presented to EDG on 2 March 2023 then the Finance, Performance and Resources Committee on 14 March 2023.</p> <p>6.2 Review of Terms of Reference</p> <p>MMcG presented the Terms of Reference noting an update of core members titles should be completed and brought back to the next FCIG meeting for approval. KD to update.</p> <p>6.3 Annual Workplan 2023/24</p> <p>MMcG presented the 2023/24 annual workplan noting regular updates should be included on the workplan to allow FCIG oversight of the ongoing work to complete a full register of equipment and assets. After discussion it was also agreed regular feedback from the Medical Devices Group should be presented to FCIG members, and that there would also be scheduled mid-year and end-of-year FCIG planning workshops. KD to update the 2023/24 annual workplan to reflect.</p> <p>6.4 Mental Health Inpatient Environments: Anti Ligature Risk Mitigation Update</p> <p>PB noted the paper is not yet ready for presenting to FCIG members however advised a meeting with the mental health team has been arranged for week commencing 6 March 2023, and an update paper will be provided at the next FCIG meeting. MMcG advised FCIG will be required to identify a significant allocation from the capital resource limit over the next few years to support the work required to deliver interim improvements to the estate for mental health patients and staff.</p> <p>6.5 Financial Governance Updates</p> <p>RR presented the paper to FCIG members, highlighted the proposed changes to strengthen financial control and mitigate risks for FCIG:</p> <ul style="list-style-type: none"> • The capital equipment 5-year plan should be approved by the respective SLT or equivalent group prior to being submitted to CEMG (and NIB) for consideration. • FCIG as the parent group will have oversight through regular CEMG reporting. (This is currently in place for in-year reporting but will be extended to encompass the 5-year plan.) • All SBARs should be approved by the respective SLT or equivalent group prior to being sent to CEMG for consideration. • All supported SBARs should be accompanied with a fully completed Equipment Request Form prior to being sent to CEMG for consideration. 	<p>KD</p> <p>KD</p> <p>PB</p>

	<p>MMcG advised the paper should be corrected to advise SLT and CEMG are to endorse equipment requests before being presented to FCIG for approval. MMcG further noted the new process will deliver a clear audit trail going forward and thanked RR for the paper. MM highlighted that all ERF's are to be signed off by the service lead prior to being brought to SLT and CEMG for endorsement.</p>	
<p>7.0</p>	<p>PLANNING</p> <p>7.1 Orthopaedic Project Update</p> <p>BJ noted the NTC centre is at the final stages of completion and that the project team are in final discussions with NSS Assure in relation to their report. MM noted the new building will move from 'Assets Under Construction' to 'Fixed Assets'.</p> <p>7.2 Kincardine & Lochgelly Project Update</p> <p>NMcC highlighted following a letter from Alan Morrison, funding for the project will not be available until 2026.</p> <p>7.3 Mental Health Strategy</p> <p>BJ advised the strategy was presented at the Board Development Session on 28 February 2023 and will also be presented to the IJB.</p> <p>7.4 Capital Programme 2023/24 - 2025/26</p> <p>TG provided FCIG with an update on the capital programme for 2023/24 - 2025/26 noting a capital repayment of £200,000 has been incorporated into the capital plans for each year. Anticipated additional funding of £944,000 for HEPMA and LIMS have also been added to the 2023/24 financial plan.</p> <p>Members discussed the capital programme highlighting some projects may need to be split over multiple financial years, and that further conversations will be required to ensure prioritisation of projects are agreed.</p> <p>FCIG members agreed the first 30 minutes of the next FCIG meeting scheduled for April 2023 should be dedicated to agreeing the prioritisation of funding allocations based on the strategic priorities for NHS Fife. KD to add to April FCIG agenda.</p>	<p>KD</p>
<p>8.0</p>	<p>PERFORMANCE</p> <p>8.1 Capital Expenditure Report Update</p> <p>As at end January 2023, expenditure of £22m was reported against the £32m proposed programme. Monthly meetings are being held with estates colleagues to ensure NHS Fife are on target to spend the remaining allocation for 2022/23 however slippage of c.£392,000 has been highlighted from equipment spend. CD presented an SBAR from Urology to purchase a new laser at a cost of £118,000. It was noted the laser was on the prioritisation list for 2023/24. FCIG members were content to approve the laser for purchasing this financial year. CD to proceed with ordering.</p> <p>MM highlighted a potential to utilise the remaining slippage balance by contributing a repayment of £200,000 to Scottish Government. FCIG members agreed for a repayment to Scottish Government to be allocated with the outstanding balance.</p>	<p>CD</p>

9.0	ISSUES TO BE ESCALATED TO EDG N/A	
10.0	AOCB N/A	
11.0	DATE OF NEXT MEETING Wednesday 19 April 2023, 2pm – 3:30pm via MS Teams.	

PROCUREMENT GOVERNANCE BOARD

(Meeting on 22 February 2023)

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

MINUTE OF NHS FIFE PROCUREMENT GOVERNANCE BOARD (PGB)

**Wednesday 22 February 2023,
Via MS Teams**

Present: **Margo McGurk (MM) (Chair), Director of Finance & Strategy / Deputy Chief Executive**
 Kevin Booth (KB), Head of Financial Services & Procurement
 Michael Cambridge (MC), Associate Director of Procurement
 Paula Lee (PL), Head of Procurement
 Rose Robertson (RR), Assistant Director of Finance
 Audrey Valente (AV), HSCP Chief Finance Officer
 Alistair Graham (AG), Associate Director of Digital and Information
 Benjamin Hannan (BH), Director of Pharmacy & Medicines
 Chris McKenna (CM), Medical Director
 Janette Keenan (JK), Director of Nursing
 Wilma Brown (WB), Employee Director

In Attendance: Mark Brews (Minutes), Administration Assistant

<p>1.0</p>	<p>WELCOME AND APOLOGIES</p> <p>Apologies were received from, M. Michie, Deputy Director of Finance, S. Slayford, Principal Auditor, P. Bishop, Head of Estates, Jo-Anne Valentine, Public Health Manager, David Miller, Director of Workforce, and Claire Dobson, Director of Acute Services.</p> <p>Andrew Mackay - Site Director is to be removed from distribution list.</p>	
<p>2.0</p>	<p>NOTES OF PREVIOUS MEETING</p> <p>The note of the meeting held on 29 September 2022 was agreed as an accurate record.</p>	
<p>3.0</p>	<p>ACTION LOG</p> <p>It was agreed that the action log will be updated accordingly out with the meeting.</p> <p>AG agreed to send KB the Risk Appetite Paper to Close Action 019.</p>	
<p>6.1</p>	<p>NATIONAL REPORTING ON PROCESS OF PROCUREMENT</p> <p>MM agreed MC could provide his update for Agenda item 6.1 first as he had another commitment and would have to leave the meeting before its conclusion.</p> <p>6.1 UPDATE ON EAST AND NORTH PROGRAMME</p>	

	<p>MC provided an update on the regional project and advised the group that the Fife participants have complied with the programme fully and in a timely manner.</p> <p>MC advised that the programme is at a key juncture but that the NHS Fife interests appear aligned with the preferred direction of the majority. Significant decisions have been reached with regards to which potential operating models are taken through to the costing stage and as a result a number of boards out with the majority have been asked to confirm their support to progress or ultimately consider their continued involvement moving forward. MM reiterated that MC has our full support and agreed to assist out with the meeting to help progress if required.</p> <p>The Procurement Governance Board endorsed the update.</p>	
<p>4.0</p>	<p>CAPACITY AND CAPABILITY ACROSS THE ORGANISATION</p> <p>4.1 PROCUREMENT RISK REPORT</p> <p>KB introduced the paper to the group advising that three existing risks remained at the same level. KB provided an overview of each risk and the current mitigations in place. KB advised that whilst the three risks are likely to remain for some time, it is anticipated that gradual reductions in the risk levels can be made in the forthcoming year. KB advised that a focus on the key risks feature throughout the papers provided to the PGB.</p> <p>MM highlighted the correlation between Procurement team capacity risk and the ambition of the regional programme in Paper 6.1.</p> <p>The Procurement Governance Board endorsed the update.</p> <p>4.2 PROCUREMENT KEY PERFORMANCE INDICATORS</p> <p>PL presented the paper to the group highlighting the work done in generating £400k cost savings but advised that this saving is offset with cost pressures, resulting in a Net cost pressure of £5k.</p> <p>PL also mentioned performance in relation to invoice payment processing within 30 days increasing from 86% to 89%. KB advised that payment of invoices processing for this quarter will drop due to a national issue with the e-Financial system which is affecting all of NHS Scotland.</p> <p>PL highlighted improvement in performance relating to Customer feedback.</p> <p>MC commented on the clarity of the Savings KPI with regards to it illustrating both cost savings and cost pressures from the National Procurement Report.</p> <p>The Procurement Governance Board endorsed the update.</p>	
<p>5.0</p>	<p>SPEND PROFILING AND EFFICIENCY OPPORTUNITIES</p> <p>5.1 NATIONAL PROCURMENT GAP REPORT</p> <p>PL presented the paper to the group highlighting the current potential efficiencies GAP of £130k for 6 contracts and significant cost pressures from a further 22 contracts of £239k, resulting in a net cost pressure of £109k.</p>	

	<p>MM welcomed that this level of detail which will be useful in supporting discussions with Scottish Government.</p> <p>The Procurement Governance Board endorsed the update.</p>	
7.0	<p>GOVERNANCE</p> <p>7.1 FINANCIAL DILIGENCE REPORT</p> <p>KB introduced the paper advising of the planned implementation of a contract with a credit checking Agency and the subsequent planned improvements to the control process.</p> <p>RR queried the timescales to implement this process and whether anything could be done ahead of the 2C Practice Tenders. PL confirmed that NHS Tayside were able to support the request for any reports through their existing contract.</p> <p>The Procurement Governance Board endorsed the update.</p> <p>7.2 DIGITAL PROCUREMENT POLICY UPDATE</p> <p>AG presented the paper as an early draft noting the significant changes to the existing policy which had not been updated since 2019.</p> <p>AV commented she was supportive of the paper and welcomed the improved governance and understanding across the system.</p> <p>The Procurement Governance Board endorsed the update.</p>	
7.0	<p>AOCB</p> <p>N/A</p>	
8.0	<p>DATE OF NEXT MEETING</p> <p>Friday 28 April 2023, 10am via MS Teams</p>	

PRIMARY MEDICAL SERVICE SUB-COMMITTEE

(Meeting on 7 March 2023)

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

MINUTES OF THE PRIMARY MEDICAL SERVICE SUB-COMMITTEE HELD ON TUESDAY, 7 MARCH 2023 HELD BY TEAMS

PRESENT:

Mrs N Taylor (NT) (Chairperson)	Mrs M McGurk MM)
Dr F Henderson (FH)	Dr C McKenna (CM)
Dr S Lim (SL)	Dr S Mitchell (SM)

IN ATTENDANCE:

Mr C Conroy (CC)	Mrs L Cooper (LC)
Dr H Hellewell (HH)	Miss L Neave (LN)
Ms R Robertson (RR)	Miss D Watson

NO	HEADING	ACTION
1	CHAIRPERSON'S WELCOME AND OPENING REMARKS The Chair welcomed the Committee members.	
2	DECLARATION OF MEMBERS' INTERESTS There were no declarations of interest.	
3	APOLOGIES FOR ABSENCE There were no apologies for absence.	
4	MINUTES OF PREVIOUS MEETING The minute of the meeting held on 6 December 2022 was acknowledged and agreed as a true record of proceedings.	
5	MATTERS ARISING – ACTION POINTS <u>Table of Actions</u>	
06.22	It was confirmed wound management would now be hosted by CTAC rather than PMS.	
21.22	The annual non-provision exercise to identify GPs who do not work in Fife is now underway.	
38.22	The Newburgh Surgery has now re-opened their practice list.	
39.22	An amended PMS Expenditure Budget paper was circulated to the Committee.	
40.22	Percentage of IGS funding practices can receive to be reviewed.	NT
40.22	IGS budget has been reviewed and updated by RR.	
41.22	Dr McKenna & Partners who queried being paid for providing acupuncture to be advised this had been funded through fundholding and that no funding was currently available.	NT
6	GMS CONTRACTS UPDATE	
a)	<u>Park Road Practice, Rosyth</u> CC advised this paper was being brought to the Committee to provide assurance around the process being followed and provide details of the future steps to be undertaken to ensure the patients continue to receive primary medical services.	

He confirmed that following a partners retirement the remaining two GPs had intimated they were looking to hand back their contract from 31 March 2023.

CC advised that the Board had looked at other options but nothing would have been able to be put in place by 31 March. He confirmed local practices had been contacted regarding the handback of Park Road's contract.

SM advised that Hospital Hill Surgery had not been advised of the situation at Park Road and as they would be the closest practice other than Primrose Lane, may have been interested in helping.

CC apologised and advised that this lack of contact would be reviewed as all local practices regardless of which Cluster they were in should have been contacted.

CC/NT

FH asked that should it be necessary to put a block on patient registrations at Park Road, that other practices in the area, including Dunfermline be protected.

b) Nicol Street Surgery, Kirkcaldy

CC advised that due to GPs retiring the practice were looking to handback their contract on 31 July 2023.

He informed the Committee that the Board had contacted the practices in the area and had subsequently been contacted by Path House Medical Practice who were interested in taking over Nicol Street's contract from 1 August 2023.

CC advised that the appropriate steps would be taken to protect patients given the geographical differences between the two sites.

He informed the Committee that the Board was seeking support to follow Option 2 and transfer all Nicol Street's patients to Path House from 1 August 2023.

SM agreed this was the best solution as it would cause the least disruption, provided all the appropriate safeguards were put in place for the patients.

HH advised that after a discussion with the Kirkcaldy Cluster lead a paper was being drawn up to ensure the stabilization of lists in Kirkcaldy.

HH

c) 2c Practices Update

CC advised this paper was to provide assurance regarding the processes around Methilhaven.

He advised that the Board had been working with the surrounding practices and now had an agreement in place for 4,000 patients to be transferred to the Airlie and Muiredge practices, leaving 2,000 with the Methilhaven Practice.

This proposal has been approved by both the Fife Health and Social Partnership's SLT and the EDG.

It was proposed 4,000 patients would have been transferred by spring 2023. Talks will continue on future planning for the remaining 2,000 patients on Methilhaven Surgery's list.

CM gave his thanks on behalf of the Committee to everyone who had participated in finding this solution including the two GP practices.

He also asked if there was going to be a clinical handover for patient's with active or acute issues.

HH advised that this had been discussed but due to the unusual circumstances there was no easy solution. She confirmed that there would be a GP to GP transfer of the patient's complete medical records to the new practice and that the new practices are putting in extra resources for the handover.

SM was assured that extra funding was to be given to the two practices who would be accepting the extra patients.

LC advised that the patients would all receive letters regarding the changes and that there would be an appeal process in place for anyone unhappy with the practice they have been placed with. She confirmed that she and HH were having ongoing discussions with the Community Councils, Counsellors and members of the public.

7 PMS EXPENDITURE BUDGET

RR advised that the budget had been updated now that Wound Management had been moved to a different budget. It also reflected the amendments made to the IGS budget.

RR reported that the current overspend for the budget up to 31 January was £140k with a year end forecast of a £100k overspend. She advised the current position included an £190k overspend on 2c practices and an £50k core underspend.

RR informed the Committee that the IGS budget was overspent this year and it would require monies to be top-sliced from next year's budget.

RR asked Committee members to note this years position.

8 APPLICATION TO CLOSE BRANCH SURGERY

Roths Medical Practice

NT advised that primary care had met with the practice to discuss workforce challenges the practice had been having especially around GP sessions.

During discussions the practice had advised that they wished to close their branch surgery in Thornton which has been closed since the start of COVID with patients being seen at their main surgery in Glenrothes. Apart from a few patients who had difficulty accessing the Glenrothes site, the practice stated that the current arrangements had not caused issues for patients. It was confirmed that prescriptions could be sent to the Thornton Pharmacy.

They advised that reopening the branch surgery would not only cause manpower issues but the Council owned building would need significant work to bring it up to operational standards.

NT agreed to contact the practice to ask that they provide the Board with any feedback they receive from patients regarding their proposal.

NT

FH advised that she would be generally supportive of the closure of the branch surgery, but as Tayview Medical Practice's application to close their Tayport branch surgery had been refused, it would be good due diligence to look at the reasons the Committee refused their application to ensure there is definite differences between the two to ensure equity for the practices.

CM was of the opinion that this application required more consideration and that a more informed paper was required for the next meeting. He advised that the Tayport branch surgery, which is owned by the practice, was not in good condition either.

HH stated she would be happy to look at the updated paper. She felt that the sustainability issues the practice has advised the Board of were not in the paper that was being considered today. She asked if the Committee agreed that the branch surgery could remain closed in the meantime.

SM agreed that the Committee's decision had to be consistent and that a decision could not be made at this time. She also agreed that if the building was not fit for purpose then this could put the staff at risk and it should currently remain closed. However if the decision was that the surgery was to reopen then negotiations would have to be undertaken with the Council regarding the work required to bring the building up to standard.

The Committee agreed that the Thornton branch surgery could remain closed temporarily.

NT advised she would work with the Roths practice and would bring a more comprehensive paper back to the Committee.

NT

9 ROUTINE REPORTING

The Committee noted the content of the report.

10 AOCB

Terms of Reference

HH raised the issue of reviewing the Committee's Terms of Reference (TOR) which she had believed was going to be on today's agenda.

NT asked if the TOR should be circulated to the Committee for comments.

CC stated that the membership and the role and remit of the Committee would need to be reviewed and that the current Committee would have a key role in developing this.

NT agreed to co-ordinate this.

NT

HH agreed to determine if any changes to the TOR would require a formal paper to be submitted to the FP&R.

HH

44/22 DATE OF NEXT MEETING

The next meeting will be held on Tuesday, 6 June 2023

The remaining dates for 2023 are 5 September and 5 December all meetings are at 1pm.

IJB FINANCE, PERFORMANCE & SCRUTINY COMMITTEE

(Meeting on 20 January 2023)

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



Fife Health & Social Care Partnership

Supporting the people of Fife together

MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE FRIDAY 20 JANUARY 2023 AT 10.00 AM VIA MICROSOFT TEAMS

Present: Alastair Grant, NHS Non-Executive Board Member [Chair]
Alistair Morris, NHS Board Member
John Kemp, NHS Non-Executive Board Member
Cllr Dave Dempsey
Cllr David Alexander
Cllr Graeme Downie

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

In attendance:
Gillian Muir, Management Support Officer (Minutes)

Apologies for Cllr David Graham
Absence: Lynn Barker, Associate Director of Nursing
Helen Hellewell, Associate Medical Director
Ben Hannan, Director of Pharmacy and Medicines

		ACTION
1.	WELCOME AND APOLOGIES Alastair Grant welcomed everyone to the meeting. Apologies were noted as above. All were reminded of meeting protocols. Those present were asked that, in an effort to keep to timings, all questions and responses should be as succinct as possible. Members were advised that a recording pen would be in use during the meeting to assist with Minute taking.	
2.	DECLARATIONS OF INTEREST	

	No declarations of interests were noted.	
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3.	<p>MINUTE OF PREVIOUS MEETING – 11 NOVEMBER 2022</p> <p>The minutes of the last meeting were agreed as an accurate record of discussion.</p>	
4.	<p>MATTERS ARISING / ACTION LOG</p> <p>The action log was reviewed. All actions noted have been actioned and are complete.</p>	
5.	<p>FINANCE UPDATE</p> <p>Report details the financial position of the delegated and managed services based on 30 November 2022. The forecast for Fife Health & Social Care Partnership is currently a surplus £7.1m. Noted an explanation of the main variances can be found in the papers on pages 21, 22 and 23.</p> <p>Budget set in March on the basis that any undelivered savings brought forward would be achieved in 2022-2023. The value brought forward was £3.8m and as of November 66% is being projected to be delivered.</p> <p>Current projected position in terms of COVID spend is spend of £14.5m against reserves of £35m. A letter has been received from Scottish Government confirming future allocations will be reduced by the value of excess COVID reserves which will mean a return to the Scottish Government of £21m.</p> <p>In total reserves of £79m were brought forward into this financial year and the projected year end position is a balance of £35m remaining at the 31st March.</p> <p>Committee were asked to approve the monitoring position and reserves held as at November for onward submission to the IJB.</p> <p>John Kemp queried with regards to the money being returned to Government.</p> <p>Audrey Valente explained that when a return is submitted this a projected spend, an estimate as to what we will spend to the end of the year. Audrey Valente confirmed that she was happy with the current position that the Partnership will return £21m. If there were to be any variances from that Government have advised, they will work with us to cover any excess.</p> <p>Cllr Dempsey commented with regards to the vacancy position, how long do we continue in this situation and when does there come a point when we have to redefine how we operate?</p> <p>Audrey Valente advised regarding work being undertaken with both partners taking a deeper dive into vacancies to understand where they are, how long they have been vacant for and looking at budget realignment.</p> <p>Nicky Connor highlighted the challenges faced with recruiting and staff turnover, noting that vacancies were not always necessary the same vacancies in the same part of the system at any given time. The Partnership is seeing a shift with some of its vacancies following recent campaigns to recruit Carers proving to be successful.</p>	

Nicky Connor stated that the Partnership were are not accepting of the position of vacancies and continues to work on these however, realistically faces ongoing challenges and needs to consider as part of both it's risk management.

Cllr Downie queried in addition to filling positions, adverts etc for ongoing recruitment are we confident we have a good forward pipeline of people coming through?

Nicky Connor advised that the Organisational Development team is working closely with operational services to look at how we support our careers and our pipeline into health and social care which includes third and independent sectors not just our managed statutory services.

Cllr Downie queried in relation to the Scottish Governments announcement on additional funding on social care how this feeds through into finance?

Fiona McKay advised that the Partnership had received funding for interim beds to move people out of hospital who are waiting on a care at home package. The funding has been used to support care homes across Fife and for the first-time care homes on our border Kincardine, Taybridgehead. Beds have also been commissioned in Perth and Stirling as a trial. As Fife already have an interim bed model the funding has allowed us to increase the rate paid for the first time to encourage care providers to have some block beds to take in interim people. Currently there are fifteen people in interim beds and a weekly return will be provided to Scottish Government detailing numbers placed.

Alistair Morris commented with regards to the constant vacancy position and the impact that has on finances, how do we deliver the strategies and new ways of working identified within these constraints?

Audrey Valente acknowledged the position and agreed this was a whole systems issue. The Partnership will continually review and think creatively to encourage people to work in Fife and is very much keen to improve the services delivered to its people and will endeavour to keep doing so.

Audrey Valente shared a presentation which followed on from the Development Session pre-Christmas. The update provided Committee with the current position with regards to the gap and highlighted the risk and uncertainties. An update with regards to reserves was also provided.

Following previous discussion at the Finance & Performance Committee Development session in December where it had been agreed to bring back to Committee for further discussion the request from the Director of Finance, NHS Fife, Audrey Valente advised of the paragraph she wished to incorporate into the finance update for the IJB and sought Committee's thoughts and views and highlighted through questions raised this would be a one-off payment. Both Audrey Valente and Nicky Connor advised Committee that they believed that this was the right thing to do.

Committee provided their thoughts and agreed to the transfer of funds and the inclusion of the suggested paragraph in the finance report with the comments Members had provided.

Alastair Grant confirmed that Committee were assured that there was a robust financial monitor in place. Committee agreed onward submission to the IJB for approval of the financial monitoring position as at end of November 2022 and agreed onward submission to IJB for approval of the use of the reserves as at November 2022.

<p>6.</p>	<p>Performance Report</p> <p>The monitoring of Performance is part of the governance arrangements for the Health and Social Care Partnership. The report is brought to every second Committee and provides a detailed account on services performance across the Partnership and across the Acute sector and provides an overview of progress and performance in relation to the National Health and Social Care Outcomes, Health and Social Care Local Management Information and Management Information. Fiona McKay provided an overview of the figures.</p> <p>Cllr Dempsey thanked Fina McKay for the report and noted it's considerable detail and queried what Committee should be taking from the information?</p> <p>Fiona McKay confirmed that the report is for awareness and to provide Committee assurance that the services in the Partnership are meeting the requirements. If they are not there is an action plan for an understanding of why and what we are doing to rectify the position.</p> <p>Nicky Connor commented she would be keen to understand a bit more fully what would help Committee in relation to the performance report and what Officers could do to present the report in a more meaningful way?</p> <p>Cllr Dempsey suggested the report being more pointed and focused on what matters.</p> <p>Nicky Connor thanked Cllr Dempsey for his feedback which Officers will take away and consider for future reports. Nicky Connor also suggested there may be scope to look at holding Development Sessions for Committees where there might be opportunity to take a deeper look at performance.</p> <p>Alastair Grant thanked Nicky Connor for the suggestion of a Development Session and agreed this would be beneficial.</p> <p>Alastair Grant confirmed Committee took awareness of the report.</p> <p>Alistair Morris commended the Partnership for its work in relation to staff absence, retention and sickness and in particular with reference to page 55 of the papers with the rolling 12-month absence coming down. This was a nice trend to see and looked forward to seeing the figures coming down even further.</p> <p>Nicky Connor thanked Alistair Morris for his comments which will be passed onto operational teams. Noted that the absence rate is the lowest rate that it has been in the last three years, although still higher than desired. There are a number of actions on-going through operational teams and through the support from HR and Organisation Development and Culture colleagues.</p> <p>Cllr Alexander commented he was pleased all going in the right way and queried whether there were any out liars within that and whether managers see these in more detail?</p> <p>Nicky Connor explained the reports received at senior and management level go into much more nuance around trends and where the challenges are. Review and Improvement Panels have been set up in each of the Portfolios which look at any short-term and long-term cases.</p> <p>Lynne Garvey provided an update on how the Review and Improvement Panels are facilitated and the difference that these have made.</p>	
<p>7.</p>	<p>Directions Update</p>	

	<p>The Integration Joint Board (IJB) approved the tracking of Directions on a quarterly basis by the Finance, Performance and Scrutiny Committee. This report provides an update on Directions issued to date and is the first report to be brought before Committee. Regular updates on progress will be provided and reported on every six months.</p> <p>Currently five Directions have been issued by the IJB over 2020 and 2021 and Appendix 1 and 2 contained in the papers refer noting that four out of the five are now complete, with the Mental Health Strategy progressing well.</p> <p>Noted Direction(s) will be set as part of the budget process with an overarching Direction that's sets out what services will deliver in the financial year ahead and the budget assigned. Any additions will come through Committee as and when required.</p> <p>Alastair Grant confirmed Committee's assurance and no queries or questions were raised.</p>	
<p>8.</p>	<p>Improvement Plan</p> <p>Report and improvement plan from the Joint Inspection Team is submitted to Committee as a final position following the recent inspection, for awareness, discussion and assurance that recommendations are being taken forward. Update reports will be brought to future Committee's.</p> <p>Fiona McKay provided background to the inspection and the work undertaken.</p> <p>The outcome of the inspection has been considered by SLT members and has been discussed at a previous IJB development session.</p> <p>In its findings the inspection team reported on key strengths, areas for improvement and identified areas that they considered to be good practice.</p> <p>The Partnership has welcomed the inspection as presenting both a positive picture of how work is carried out in Fife and as an opportunity to help in the process of establishing priorities for future development.</p> <p>An improvement plan has been developed to assist in taking forward the areas for improvement and will be monitored by an oversight group with progress reported to the relevant subgroup of the IJB. The Partnership has two years to complete the Improvement Plan and work is well underway on this.</p> <p>John Kemp queried how the Care Inspectorate would monitor progress and what was the Partnerships reaction to the report?</p> <p>Fiona McKay advised that the Link Inspector for Fife will request updates from the Partnership on its progress. These will be in the form of formal written updates and provided on a regular basis.</p> <p>Nicky Connor provided feedback with regards to Partnerships thoughts and the questions asked to the Care Inspectorate of what could be done to improve the ratings given, noting also that this was the first inspection of its kind across Scotland. Feedback has been given to all Teams involved and have celebrated the kindness and values by which Teams are delivering.</p> <p>Cllr Dempsey queried the monitoring mechanism of the actions noted in the improvement plan.</p>	

	<p>Fiona McKay advised that there will be update reports on progress which will be brought back to this Committee. A Working Group has been set up to take forward the actions in the improvement plan.</p> <p>Cllr Alexander commented that the Partnership should be proud of its achievements for this being the first report was quite superb!</p> <p>Alastair Grant thanked Officers for the report and Committee look forward to receiving updates going forward.</p>	
9.	<p>MINISTERIAL STRATEGIC GROUP (MSG) INDICATORS</p> <p>Report provided to assure Committee on the progress being made with the implementation of the Ministerial Strategic Group (MSG) Indicators and to determine areas for further development.</p> <p>Fiona McKay provided a background to the indicators and advised that these have progressed since the original assessment, with sixteen areas established and six areas partially established. The summary report from page 137 of the papers provides an update on progression to December 2022. For those areas which are complete now looking at the exemplar rating and how this can be achieved for next year.</p> <p>Cllr Dempsey provided comment on the summary report and queried how objective the established exemplary ratings were and how can you tell that you are in one and not the one above or one below?</p> <p>Fiona McKay thanked Cllr Dempsey for his comments and ensured how data is reported would be looked at further. With regards to the definitions noted in the summary report these are set by MSG and is for the Partnership to determine where they are through self-evaluation. Page 143 onwards within the papers sets out the work undertaken to meet the requirements, steps taken and action plan in place.</p> <p>Alastair Grant confirmed with Committee that they supported the recommendation and for progress to be reported in the Health and Social Care Partnership Annual Report to be approved by the Integration Joint Board in July 2023.</p>	
10.	<p>ITEMS FOR HIGHLIGHTING</p> <p>Alastair Grant confirmed with the committee that there were no issues requiring to be highlighted at the Integration Joint Board on 27th January 2023.</p>	
11.	<p>AOCB</p> <p>No issues were raised under AOCB.</p>	
12.	<p>DATE OF NEXT MEETING:</p> <p>Friday 17th March 2023 at 10.00am via MS Teams</p>	