NHS Fife Finance, Performance & Resources Committee

Tue 14 November 2023, 09:30 - 11:30

MS Teams

Agenda

09:30 - 09:30 0 min	**1. Apologies for Absence** *Verbal* *Alistair Morris*

09:30 - 09:30 0 min	**2. Declaration of Members' Interests** *Verbal* *Alistair Morris*

09:30 - 09:35 5 min	**3. Minutes of Previous Meeting held on Tuesday 19 September 2023** *Enclosed* *Alistair Morris* 📄 Item 3.0 - Finance Performance Resources Committee Minutes (unconfirmed) 20230919.pdf (6 pages)

09:35 - 09:35 0 min	**4. Matters Arising / Action List** *Enclosed* *Alistair Morris* 📄 Item 4.0 - Finance, Performance & Resources Committee Action List.pdf (2 pages)

09:35 - 10:35 60 min	**5. QUALITY / PERFORMANCE** **5.1. Bank & Agency Staffing** *Enclosed* *David Miller* 📄 Item 5.1 - SBAR Bank & Agency Staffing .pdf (25 pages) **5.2. Financial Performance & Sustainability Report** *Enclosed* *Margo Mcgurk* 📄 Item 5.2 - SBAR Financial Performance & Sustainability Report.pdf (11 pages) **5.3. Integrated Performance & Quality Report** *Enclosed* *Exec Leads* 📄 Item 5.3 - SBAR FPR Integrated Performance & Quality Report.pdf (4 pages) 📄 Item 5.3 - Integrated Performance & Quality Report.pdf (18 pages) **5.4. Financial Improvement and Sustainability Programme Progress Report** *Enclosed* *Maxine Michie* 📄 Item 5.4 - SBAR Financial Improvement and Sustainability Programme Progress Report.pdf (4 pages)

5.5. Procurement Key Performance Indicators

Enclosed   *Kevin Booth*

📄 Item 5.5 - SBAR Procurement Key Performance Indicators.pdf (6 pages)
📄 Item 5.5 - Appendix 1 Procurement Key Performance Indicators.pdf (1 pages)

10:35 - 11:00
25 min

6. GOVERNANCE MATTERS

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

Enclosed   *Margo Mcgurk*

📄 Item 6.1 - SBAR Corporate Risks Aligned to Finance, Performance & Resoures Committee.pdf (6 pages)
📄 Item 6.1 - Appendix 1 Summary of Corporate Risks.pdf (8 pages)
📄 Item 6.1 - Appendix 2 Assurance Principles.pdf (1 pages)
📄 Item 6.1 - Appendix 3 Risk Matrix.pdf (2 pages)

6.1.1. Deep Dive: Cancer Waiting Times

Enclosed   *Claire Dobson*

📄 Item 6.1.1 - SBAR Deep Dive Cancer Waiting Times.pdf (7 pages)

6.2. Review of General Policies & Procedures

Enclosed   *Gillian MacIntosh*

📄 Item 6.2 - SBAR Review of General Policies and Procedures.pdf (5 pages)

6.3. Delivery of Annual Workplan 2023/24

Enclosed   *Margo Mcgurk*

📄 Item 6.3 - Delivery of Annual Workplan 202324.pdf (5 pages)

11:00 - 11:20
20 min

7. STRATEGY / PLANNING

7.1. ADP Quarterly Performance Report 2023/24 – Q2

Enclosed   *Margo Mcgurk*

📄 Item 7.1 - SBAR ADP Quarterly Performance Report 202324 Q2.pdf (6 pages)
📄 Item 7.1 - Appendix 1 ADP Quarterly Performance Report 202324 Q2.pdf (7 pages)

7.2. Fife Capital Investment Group Report 2023/24

Enclosed   *Maxine Michie*

📄 Item 7.2 - SBAR Fife Capital Investment Group Report 2023-24.pdf (4 pages)

11:20 - 11:25
5 min

8. LINKED COMMITTEE MINUTES

8.1. Fife Capital Investment Group held on 27 September 2023 (unconfirmed)

Enclosed

📄 Item 8.1 - Fife Capital Investment Group Minutes held on 27 September 2023 (Unconfirmed).pdf (4 pages)

8.2. IJB Finance, Performance & Scrutiny Committee held on 15 September 2023

(unconfirmed)

Enclosed

📄 Item 8.2 - IJB Finance, Performance & Scrutiny Committee held on 15 September 2023 (unconfirmed).pdf (8 pages)

8.3. Primary Medical Services Sub-Committee held on 5 September 2023 (unconfirmed)

Enclosed

📄 Item 8.3 - Primary Medical Services Sub-Committee Minutes held on 5 September 2023 (unconfirmed).pdf (6 pages)

11:25 - 11:30
5 min

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

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*

11:30 - 11:30
0 min

10. ANY OTHER BUSINESS

Verbal

11:30 - 11:30
0 min

11. Date of Next Meeting: Tuesday 16 January 2024 from 9.30am – 12pm via MS Teams

Fife NHS Board

Unconfirmed

MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING HELD ON TUESDAY 19 SEPTEMBER 2023 AT 1.30PM VIA MS TEAMS

Alistair Morris
Chair

Present:

Alistair Morris, Non-Executive Director (Chair)	Margo McGurk, Director of Finance & Strategy
Wilma Brown, Employee Director	Dr Chris McKenna, Medical Director
John Kemp, Non-Executive Director	Carol Potter, Chief Executive

In Attendance:

Hazel Close, Head of Pharmacy (deputising for Ben Hannan)

Claire Dobson, Director of Acute Services

Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary

Neil McCormick, Director of Property & Asset Management

Maxine Michie, Deputy Director of Finance

Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

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

1.   Apologies for Absence

Apologies were noted from members Alastair Grant (Non-Executive Director), Janette Keenan (Director of Nursing), Aileen Lawrie (Area Clinical Forum Representative), Joy Tomlinson (Director of Public Health), and attendees Nicky Connor (Director of Health & Social Care) and Ben Hannan (Director of Pharmacy & Medicines).

2.   Declaration of Members' Interests

There were no members' interests to declare.

3.   Minute of the last Meeting held on 11 July 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.

The Chair requested that priority is given to the outstanding action on reporting the number of workforce vacancies within the IPQR, given the time that has elapsed since this original request was made.

Action: Director of Workforce

5. QUALITY / PERFORMANCE

5.1 Financial Performance Report

The Director of Finance & Strategy provided a position statement on the financial performance and financial sustainability of the Board at the end of July 2023. The current financial plan projects a year-end overspend position of £10.9m, the paper confirmed that the overspend recorded at the end of July 2023 has reached £10.9m which is clearly a matter of some concern. The significant cost pressures and forthcoming cost pressures were highlighted, particularly around supplementary staffing, and the main cost areas driving the deteriorating position were outlined. It was noted that the Scottish Government have been updated on the June 2023 position and recognise the significant challenges. The level of risk in relation to delivering the planned year-end position was reported as very high, with EDG exploring a series of actions to deliver potential recovery options.

The Director of Finance & Strategy highlighted the current very limited progress with delivery against the Financial Improvement & Sustainability Programme. The main areas of cost reduction planned are significantly behind trajectory for delivery and the reasons why were discussed in some detail.

The Chair noted his concern in relation to the deliverability of the planned year-end position given the level of risk described in the paper and the discussion at the meeting. The Committee agreed that assurance could be taken that the EDG were continuing to pursue the current identified areas of cost reduction and exploring all options available to deliver additional cost reduction but acknowledged the level of challenge and risk around deliverability.

The Committee, whilst recognising the level of challenge and risk associated with the financial position, took **assurance** on the information provided in relation to the:

- Health Board retained reported core overspend of £10.984m
- Progress with the Financial Improvement and Sustainability Programme
- Health & Social Care Partnership overspend position of £6.432m
- Financial Forecast Risk Assessment – recovery options
- Progress on the capital programme

5.2 Integrated Performance & Quality Report

The Director of Acute Services reported a decrease in performance for 4-hour emergency access in July 2023. It was also reported there was a decrease in 8-hour and 12-hour breaches, which is positive, and that flow throughout the hospital over the summer period had improved due to the additional weekend discharge team.

It was reported that cancer 31-day performance in June 2023 had increased, and that cancer 62-day performance had decreased. It was also reported that the prostate remains the most challenging pathway.

The Chief Executive provided assurance that all actions in relation to improving flow are continuing, and that work continues to improve performance across the system.

An update on planned care performance was provided at agenda item 8.1.

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

5.3 Labs Managed Service Contract (MSC) Performance Report

The Director of Acute Services spoke to the report and highlighted that NHS Fife transitioned to a new contract on 1 April 2022. It was also highlighted that there had been some delays with regards to the equipment, and that this is now progressing well. An increased demand for some tests through the managed service contract was reported, and it was advised that this is being closely monitored through demand management.

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

6. GOVERNANCE MATTERS

6.1 Corporate Risks Aligned to Finance, Performance & Resources Committee

The Director of Finance & Strategy advised that no risks have been closed, and no new risks have been identified, relevant to the Committee.

It was advised that wording on risk 7 - Access to outpatient, diagnostic and treatment service - now reads: 'The time delay will impact clinical outcomes for the population of Fife', following a suggestion from the internal audit report.

In relation to risk 13 – Delivery of a balanced in-year financial position - it was advised that the mitigation has been updated to reflect the more challenging position identified at the quarter 1 review and recovery actions required.

It was reported that there is no deep dive for this Committee meeting, however, the financial position, discussed at agenda item 5.1, was effectively a deep dive for risk 7.

The Committee took a **reasonable** level of assurance that all actions, within the control of the organisation, are being taken to mitigate these risks as far as is possible to do so.

6.2 Corporate Calendar – Proposed Finance, Performance & Resources Committee Dates 2024/25

The Board Secretary presented the paper and advised that the full Corporate Calendar will go to the Board at the September 2023 meeting for approval, and diary invites will follow. Following a question, it was advised that the expectation is to hold Committee meetings virtually via MS Teams, and Committee Development Sessions in-person where possible.

The Committee **approved** the proposed dates.

6.3 Delivery of Annual Workplan 2023/24

The Committee **approved** the tracked workplan.

7. STRATEGY / PLANNING

7.1 Annual Delivery Plan 2023/24

The Director of Finance & Strategy provided assurance that the review process had now concluded with the Scottish Government. It was noted that the Scottish Government had asked for further detail on particular areas, and that no further changes were expected. It was advised that a separate financial review process will continue throughout the year.

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

7.2 Fife Capital Investment Group Reports 2023/24

The Deputy Director of Finance provided an update and highlighted the additional circa £0.5m funding received from the National Equipment & Infrastructure Board to support the refurbishment of X-Ray rooms, green spaces and the decarbonising of fleet. It was noted that there is a potential financial risk in relation to additional funding to support the implementation of the Laboratory Information Management System (LIMS) project.

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

7.3 Property & Asset Management Strategy (PAMS)

The Director of Property & Asset Management provided an overview of the report and advised that it is a supporting framework to the Population Health & Wellbeing Strategy. It was advised that the document has been renamed to Whole System Property & Asset Management Strategy 2023/24, in line with national guidance, which will require NHS Fife to have an initial agreement (IA) for the whole system, as opposed to having IAs for individual projects.

The Chair asked whether there is the potential for a regional approach to capital infrastructure. He also commented that, due to economic reasons, a driver going forward may be shared premises with Fife Council, noting that it this would also support the Anchor Institutions strategy. It was noted that close working takes place between NHS Fife and Fife Council, and that Fife Council have access to all the geographical detail of our estates through a management system.

Following a comment from J Kemp, Non-Executive Member, the Director of Property & Asset Management advised that a risk management approach is in place for backlog maintenance, with the highest risk areas prioritised each year.

The Director of Property & Asset Management thanked Ben Johnson, Head of Capital Planning & Project Director, and the Communications Department for their support in producing the document.

The Chair and Chief Executive thanked the Director of Property & Asset Management and his team for all their hard work.

The Committee **endorsed** the strategy for subsequent approval by the Board.

7.4 Primary Care Premises Framework

The Director of Property & Asset Management provided an overview of the paper and highlighted that 7 sustainability loan applications are complete, with further applications in progress. He also highlighted that third-party lease transfers are being pursued.

It was advised that themes have been identified within the report, including making existing buildings as useable as possible. It was noted that considerable work has been carried out to identify additional space across the estate.

It was reported that it is unlikely that additional capital funding, beyond the formula capital, will be available from Scottish Government until 2026.

The Committee **discussed**, took **assurance**, and **endorsed** the report for subsequent Board approval.

7.5 Control of Entry – Pharmaceutical List

The Head of Pharmacy provided an update on the current position, advising that there are 25 applications for new pharmacy contracts across Fife, which are all at different stages in the approval process.

The Committee **noted** the work progressed to date to support and manage pharmaceutical applications in line with volume of applications and regulations governing this process and took **assurance** on the recovery plan and approach detailed within this paper.

8. ANNUAL REPORTS / OTHER REPORTS

8.1 Planned Care Programme Report

The Director of Acute Services spoke to the report and provided an overview on outpatient performance, noting that the position is as expected. An overview was also provided on inpatients/day cases and diagnostics, and the associated challenges and issues were described in meeting the planned trajectories.

Following a query from the Chair regarding the activity for inpatient/day cases, an explanation was provided on the reason why the activity levels are below the projection.

J Kemp, Non- Executive Member, highlighted that demand has been higher than the activity levels for radiology, and he queried what actions could be taken. In response, it was advised that performance is in line with projected activity, and that delivery of additional activity would be dependent on additional Scottish Government funding and availability of appropriately trained staff.

The Committee **discussed**, **examined** and **noted** the progress made in delivery of the Planned Care Plan for 2023/24 and the current waiting times position.

9. LINKED COMMITTEE / GROUP MINUTES

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

9.1   Fife Capital Investment Group held on 16 August 2023 (unconfirmed)

9.2   Procurement Governance Board held on 30 August 2023 (unconfirmed)

9.3   IJB Finance, Performance & Scrutiny Committee held on 12 May 2023 (confirmed) and 6 July 2023 (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 14 November 2023** from 9.30am – 12pm via MS Teams.

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

FINANCE, PERFORMANCE & RESOURCES COMMITTEE – ACTION LIST
Meeting Date: Tuesday 14 November 2023

NHS Fife

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 CP / MM	~~13/09/22~~ ~~15/11/22~~ ~~11/07/23~~ 19/09/23	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. 03/07/23 – Meeting scheduled with Workforce to discuss workforce vacancy data. 11/07/23 – CP and MM to confirm timescale for workforce vacancies to be included within IPQR. 05/09/2023 – Investigating use of published vacancy information by PHS for Medical and dental staff, Nursing & Midwifery staff and AHPs. If suitable, will be included in the next versions of the IPQR. 19/09/23 - The Chair requested that priority is given to this action, given the time that has elapsed since this original request was made.	Closed

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
						06/11/2023 – Vacancy details are now noted within the IPQR report.	

NHS Fife

NHS SCOTLAND

Meeting:	**Finance, Performance & Resources Committee**
Meeting date:	**14 November 2023**
Title:	**Bank & Agency Staffing**
Responsible Executive:	**David Millar, Director of Workforce**
Report Author:	**Fiona McLaren, Head of Corporate PMO**

1 Purpose

This report is presented for:

- Assurance
- Discussion
- Decision

This report relates to:

- Annual Delivery Plan
- Government policy / directive
- 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

Work on delivering a more sustainable and cost-effective approach to the use of Bank and Agency staff is one of the highest priorities for NHS Fife in terms of both strategic workforce and financial goals. Whilst it is clear a lot of activity has taken place to move away from off framework agencies, we have yet to see the financial impact of actions being taken to reduce the reliance on temporary staffing and consequently the financial position has not improved as laid out in the 2023/24 financial plan. This paper provides an update on the plan for the Bank & Agency Programme and to provide assurance that work is underway to reduce bank and agency spend within 2023/2024.

2.2 Background

The Bank & Agency Programme has been established to deliver the following objectives:

1. Develop an implementation plan and oversee the implementation of this plan to deliver a reduction of supplementary staffing spend in 2023/24
2. Implement Scottish Government's Supplementary Staffing – Agency Controls, which remove the use of off framework agencies from 1st June 2023
3. Deliver an external review of the current bank set up to establish if current model is fit for purpose and identify what actions are required to ensure it operates efficiently and effectively
4. Make difficult decisions, ensuring there are no negative impacts on the quality of patient care and patient safety

In relation to reducing our spend on agency staffing there has been significant activity by services in responding to Scottish Government's directions on the use of agency staffing. However, despite the actions being taken across the Fife system, at the end of August 2023 both the board and the HSCP continue to incur significant cost on supplementary staffing, in fact spending more this financial year than in the previous financial year.

This report will outline the improvement plans identified to reduce supplementary staffing spend in 2023/24.

2.3 Assessment

Supplementary Staffing Review as at 31 August 2023:

In parallel with the work to reduce reliance on agency staffing there are also several initiatives underway to increase our substantive medical and nursing staff levels. These include;

- the International Recruitment Oversight Group,
- the Healthcare Support Worker, and Assistant Practitioner (band 2-4) Career Development Framework Group.
- Block recruitment event in June.
- unregistered staff pools created within the Planned Care and Emergency Care directorates to support underlying long-term vacancies.
- investment in several new consultant posts
- investment in more cost-effective Gateway doctors to replace junior locum spend.
- Additional administration staff appointed into ward areas to mitigate the workload associated with administration tasks for nursing staff.

Despite all this investment, spend on temporary staffing at the end of August remains high and higher than in the previous financial year. The year to date pay overspend at August for nursing and medical staffing, exceeds the overspend for the whole of 2022/23.

Medical Staffing

The challenges in recruiting to substantive staffing has resulted in an increase in use of agency locums and dependence on existing staff offering extra bank hours. Additionally, if we continue to run with vacancies on any junior doctor rota there is a risk they will be found to be noncompliant on monitoring and incur financial penalties which has happened in the previous financial year and the year to date. The use of Gateway Doctors was first tried in NHS Fife in August 2022 and have proved to be successful. This financial year, Apr-Aug

the ECD had 8 FY2 locums covering 5 GPST rota gaps and 3 JCF vacancies. These doctors have now been replaced in August by 9.0WTE Gateway doctors, who despite an administration cost of £6,000 per doctor, are a more cost effective to filling vacancy gaps and give NHS Fife the opportunity to recruit to substantive posts from this cohort of staff after the end of their 2 FY equivalent rotation. Doctors are paid the equivalent to FY1 or FY2 salaries and only attract banding supplements if they work OOHs. The positive financial impact between mid-August and March 2024 is anticipated to be a cost reduction of £0.150m. This cohort of doctors along with the actions being taken by the directorate will also secure a complaint junior doctor rota and secure further cost reductions for the remainder of the financial year of £0.560m.

Since the beginning of the calendar year several new consultant posts have been approved by EDG. These include a total of 7 within the ED consultant body and 1 Neonatal Consultant and 1 Paediatric Consultant. As a result of this investment cost reductions for the remainder of this financial year of £0.046m are anticipated.

Medical Staff Cost Reductions Sept to Mar 2024	£m
Junior Doctor Non Compliant Rota	0.560
Gateway Doctors	0.150
ED Consultant Vacancy Recruited to	0.156
Neonatal & Paediatric Consultants	0.046
Total Cost Avoidance/Reduction	**0.912**

At the end of August, several NHS and agency locums remain deployed across HBRS and are primarily filling vacancies (in some cases long term vacancies), maternity leave and sickness absence. Only 4 posts recruited via agencies remain with off framework agencies despite efforts to secure framework staff.

Nursing Staff

The spend on nursing supplementary staffing has been slow to deliver cost reductions despite the actions being taken. Both finance and non finance data has been reviewed to identify potential reasons for the delay in progress.

Staff requests to the staff bank for the period January 2023 – August 2023 for both registered and unregistered staff, across the system (both HBRS and HSCP) have been identified as below. The chart below highlights that since the beginning of the financial year and going into the Spring, requests to the bank have remained reasonably static with no reduction in requests to note.

Nurse bank requests per month
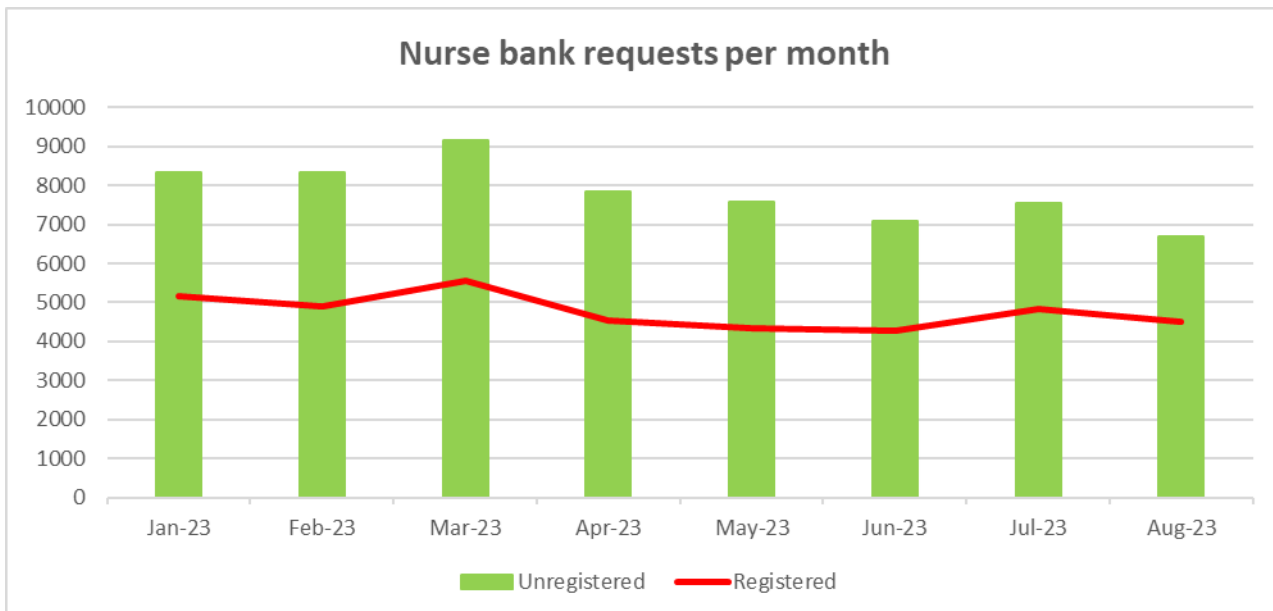
Data Source: Allocate

A slight reduction has occurred in August which likely reflects the actions taken by service which were highlighted at the August Bank and Agency Programme Board, but the full financial impact of the reduction in requests will not be known until September financial reports are available because of the 2-week delay in nurse bank payments and the pace at which agency invoices are approved and paid.

A summary of the bank hours paid for Health Board retained services on a weekly basis and recorded in this financial year, is provided in the chart below. The monthly total paid for both registered and unregistered staff remain fairly static with no reductions of note with the final week paid in August being week commencing 14th August, leaving approximately 10 days of data for August not accounted for due to bank staff paid 2 weeks in arrears.

Bank Hours Paid April to Aug 2023
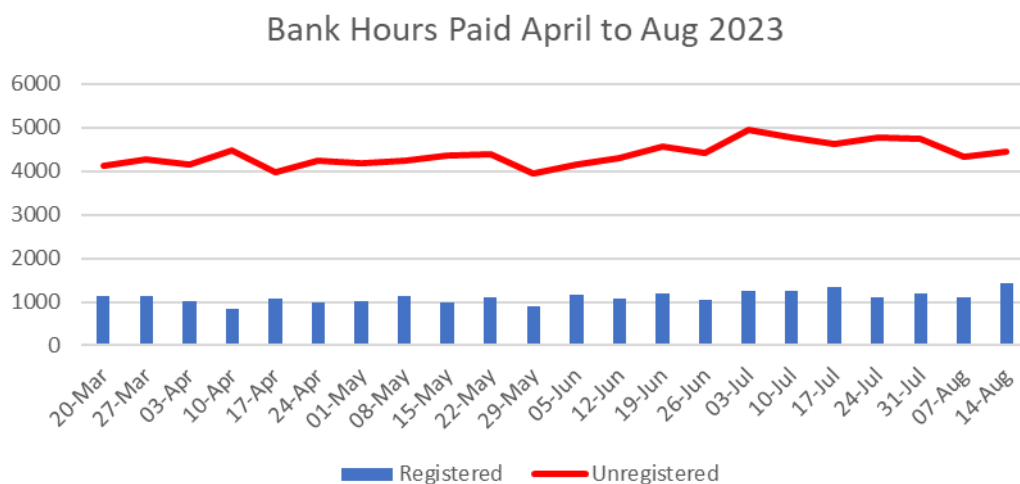
Data Source: Payroll

Appendix 2 provides the reasons for the hours requested and paid over the period April to August with vacancies being the most significant reason particularly amongst unregistered staff.

Significant work has gone into moving away from off framework agencies as the 2 charts below highlight. (Health Board retained only).

Registered Staff Agency spend Invoices Paid in Month

Unregistered Staff Agency Spend Invoices Paid in Month
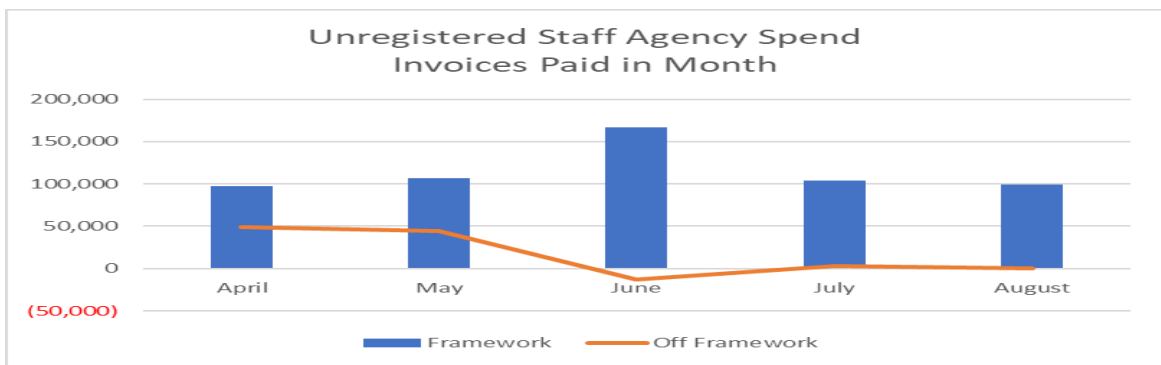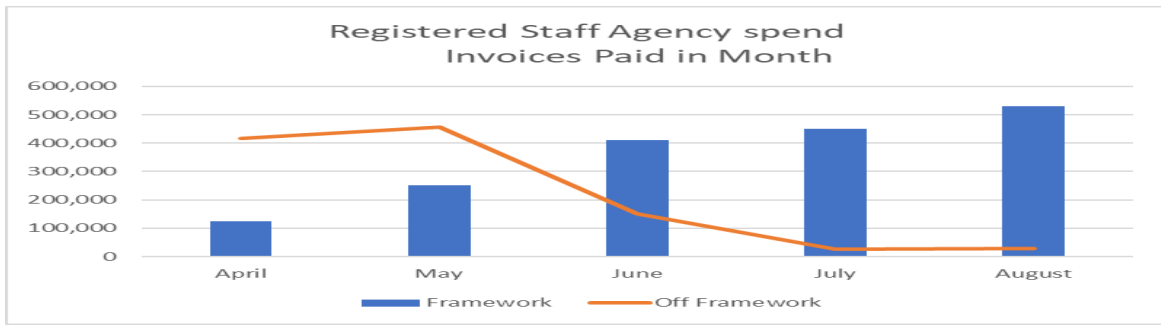
Data Source: Financial Ledger

The table (Health Board retained) below shows spend with agencies for both registered and unregistered staff, and whilst there has been a move away from off framework agencies, spend with framework agencies has grown, with only a slight reduction in unregistered staff in July sustaining into August. The bank has not increased in line with the reduction in agency which indicates a small but positive move away from reliance on supplementary staffing.

Registered Staff	Framework	Off Framework	Total
April	123,291	417,244	540,535
May	251,031	455,742	706,773
June	410,961	149,548	560,509
July	449,304	25,906	475,210
August	529,020	28,520	557,540

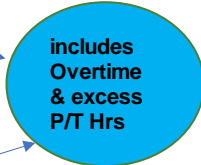| Unregistered Staff	Framework	Off Framework	Total
April	97,059	48,892	145,951
May	107,085	44,327	151,412
June	166,416	(12,868)	153,548
July	103,860	2,760	106,620
August	99,395	276	99,672

Data Source: Financial ledger – invoices paid in month

Both financial and non-financial date in relation to bank staff and agency spend all confirm no significant change in the volume of supplementary staffing that is being deployed across health board retained services despite an increase in staff during the period January to August 2023 as identified in Appendix 3, with the largest net increase in staff across the unregistered staff group.

The table below identifies for Health Board retained Services, the Funded Establishments and the WTE's worked to the end of August. An estimate for agency staffing is included based on cost as this data is not readily available.

Nursing & Midwifery Staff
Health Board Retained
Average WTE worked to August 2023

UNREGISTERED STAFF	Funded	Actual	Variance
Substantive	636.84	648.05	(11.21)
Bank		118.78	(118.78)
Estimated Agency		35.59	(35.59)
	636.84	**802.42**	**(165.58)**

REGISTERED STAFF	Funded	Actual	Variance
Substantive	1,442.91	1,303.58	139.33
Bank		29.60	(29.60)
Estimated Agency		104.08	(104.08)
	1,442.91	**1,437.26**	**5.65**

includes Overtime & excess P/T Hrs

Data Source: Financial Ledger

Whole time equivalent data indicates that for unregistered staff there continues to be a significant reliance on bank and agency staff despite the additional recruitment in this staff group to the end of August. The data in the table above is at a very high level and suggests, in the main, vacancies are being covered by substantive postholders however there is likely to be variation in individual areas. Consequently, a deep dive was undertaken of several ward/service areas to identify other factors that may be influencing spend on supplementary staffing remaining static. Appendix 4a-c provides the data collated for these areas which identified supplemental staffing cost incurred when no obvious vacancies were noted which was cross referenced to the staffing establishments maintained and shared by service. However high sickness levels were observed along with high activity levels although not materially different to the previous year.

Looking forward beyond August, additional staff are expected to join the organisation. The table below provides details of the international recruits in place currently and the numbers expected in the coming months. A further 24 recruits who may not initially work as a registrant but on commencement of employment should reduce the requirement for supplemental staffing in the locations they are placed. Moreover NQP are anticipated to join NHS Fife in the Autumn months.

Total recuited/anticipated to start	**80**
Registered with NMC	50
Awaiting Registration	6
September OSCE	8
November OSCE	7
Working as Band 3	1
October Start date Confirmed	8
Total	**80**

8 expected to arrive November 2023
8 expected to arrive January 2024

Data Source: Workforce

At Mid-September, details of numbers of staff recruited via the block recruitment event are detailed below, indicating that significant numbers of non registered staff are expected to join NHS Fifie over the coming months.

Mass Recruitment Event - All Locations													
Band	**Total Appointable and processing**	**Checks complete**	**Risk Assessment**	**Checks incomplete**	**Total**	**Start Date Provided by line manager**	**Started Pre 31.08.2023**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Total - Start Date Confirmed**
2	70	38	3	29	70	24	14	8	2				24
3	18	9	3	6	18	9	5	3	1				9
5	8	6	1	1	8	5	3	1				1	5

Data Source: Workforce

Along with the increasing uptake of the Assistant Practitioner role, reliance on supplementary staffing should decrease with reductions emerging in September particularly within the unregistered staff body.

Data would support the action taken by service up until August has primarily focused on the move away from framework agencies with work going forward in August to reduce the reliance on supplementary staffing. Updates to the Bank and Agency Programme Board confirm this with plans identifying actions that will begin to deliver from late August onwards. If agency spend on Unregistered staff were to cease from 1st October, circa £0.600m cost avoidance could be achieved. Additionally, if bank spend on unregistered staff could be reduced by 50-75% cost circa £1m to £1.5m could be avoided. Data indicates there is an excess of substantive hours being worked over funded establishments within the unregistered staff group. Sickness absence and activity levels, whilst high are in line with the previous year. Staff numbers particularly within unregistered staff have increased in the eight months to August with further numbers expected. A further paper on the nursing workforce capacity can be viewed in appendix five which details workforce challenges and future nursing pipelines.

Staff Bank Consolidation:

The Staff Bank Consolidation Short Life Working Group (SLWG) was stood up in March 2023 with the aim of consolidating all existing staff banks within NHS Fife and Fife Health and Social Care Partnership (HSCP) into one single staff bank by the end of Q2 2024.

The current Nurse Bank as it stands is not entirely fit for purpose and this is evidenced in the recurring reliance on bank staff, additional hours and fixed term contracts to support annual leave cover, HR investigations and disciplinary action, invoicing, and administrative duties. In addition to this, the transfer of 1500 bank staff employees to create a single staff bank also requires additional resource to manage these staff and the incorporating duties going forward. On that basis the SLWG is working through options on how to resource a consolidated bank without investment. Some improvements have been identified such as:

- New and existing bank staff will be signposted to OHS for Skin Surveillance, however the Staff Bank will still follow up when approached by bank staff members and will provide support and guidance upon individual request.
- 6 monthly HSCW reviews are to be under the responsibility of the individual to obtain within an area they are working rather than by the Staff Bank. Reviews conducted within the area of work rather than administration will ensure a more accurate review and supports the quality of staff.

Direct Engagement:

Unlike Nursing staff, the use of temporary staff such as Medical Locums through agencies where payment is made for both the hourly rate and the agencies commission requires vat to be paid on the total cost and is non recoverable by NHS Fife. The Vat, currently at 20% adds considerable cost on top of the Locums hourly rate in comparison to the traditional employment model through Payroll where this cost element is not subject.

An alternative approach has been in place since 2018 and a number of boards across Scotland have implement a Direct Engagement Model for Locums. This model would see Locums issued with a time limited contract for service from NHS Fife. As a result, they would provide a timesheet to NHS Fife and be paid through the NHS Fife weekly payroll at their agreed hourly rate and subject to any deductions for PAYE and National Insurance as per the traditional employment route. Although it should be noted that the Locum is not classed as an employee and therefore would not be entitled to the standard benefits such as pension contributions and sickness absence pay. Whilst NHS Fife would be liable for National Contributions for the Locum, there would be no Vat charged. The element normally charged by the Agency for their commission on top of the Locums hourly rate would continue to attract a Vat charge and would continue to be Invoiced to NHS Fife in the existing fashion.

National Procurement have calculated that NHS Fife spent £13.462m on Medical Locums in 2022/23. It is estimated that with a 90% compliance (assuming the Direct Engagement Model was implemented for all Locums out with any emergency short term cover) a potential saving of 10% of current spend could be achieved. Based on the NHS Fife spend for 2022/23, this would equate to £1.34m. In order to implement a successful Direct Engagement model within NHS Fife a compliant contract for service would need to be agreed and implemented. Consideration would be required to create a set of standard operating procedures and with whom each element of these would be managed by. In

addition, the initial and regular communications with the Locums would need to be consistent and tightly controlled to prevent any disruption to the provision of service.

A paper for approval on the Direct Engagement model is currently being discussed at relevant governance groups.

2.3.1 Quality, Patient and Value-Based Health & Care
Effective financial planning, allocation of resources and in-year management of costs supports the delivery of high-quality care to patients.

2.3.2 Workforce
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
The finance impacts have been noted in this paper.

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.

A Risk log has been identified for this work and risks are reviewed monthly at Programme Board.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions
An impact assessment has not been carried out as it is not relevant to the content of this paper.

2.3.6 Climate Emergency & Sustainability Impact
There is no direct impact on climate emergency and sustainability.

2.3.7 Communication, involvement, engagement and consultation
The Bank & Agency Programme Board reports to the Executive Director's Group with updates to the Financial Improvement & Sustainability Programme Board/ /Area Partnership Forum/Staff Governance Committee.

2.3.8 Route to the Meeting

This paper has been drafted and approved by the Bank & Agency Senior Responsible Owner.

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – For Members' information.
- **Discussion** – For examining and considering the implications of the matter.
- **Decision** – For reaching a conclusion after the consideration of options detailed within the report.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Bank & Agency Spend to 31 March 2023
- Appendix No. 2, Reason for Bank Hours requested and Paid
- Appendix No. 3, NHS Fifie Joiners, and Leavers 1 Jan 2023-31 Aug 2023
- Appendix No. 4, Deep Dive of ward areas
- Appendix No. 5, Update on Nursing Workforce capacity

Report Contact
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Appendix 1

<u>**Bank and Agency Spend to March 2023**</u>

	AGENCY SPEND			BANK SPEND			Grand
	Medical Locums	Nursing	Total	Medical NHS Locums	Nursing	Total	Total
	£	£	£	£	£	£	£
Director Of Acute Services	11,489	252	11,741		77,215	77,215	88,956
Emergency Care & Medicine	2,694,830	4,843,155	7,537,985	424,137	3,190,833	3,614,970	11,152,955
Planned Care & Surgery	1,098,690	584,640	1,683,330	803,953	1,488,035	2,291,988	3,975,318
Women, Children + Clinical Ser	988,334	14,911	1,003,245	650,019	694,040	1,344,059	2,347,304
Corporate Services			0	36,251	66,199	102,450	102,450
Health Board retained	**4,793,343**	**5,442,958**	**10,236,301**	**1,914,360**	**5,516,322**	**7,430,682**	**17,666,983**
Emergency Care Covid-19 Costs		481,531	481,531		307,704	307,704	789,235
Emergency Care Cv19 Set Aside	1,899,933	1,393,122	3,293,055	597,326	404,165	1,001,491	4,294,546
Planned Care Covid-19 Costs		246,746	246,746		187,466	187,466	434,212
Wc+cs Covid-19 Costs		1,653	1,653		207,865	207,865	209,518
Corporate Services		21,888	21,888		74,516	74,516	96,404
HB Retained Covid-19	**1,899,933**	**2,144,940**	**4,044,873**	**597,326**	**1,181,716**	**1,779,042**	**5,823,915**
HEALTH BOARD RETAINED TOTAL	**6,693,276**	**7,587,898**	**14,281,174**	**2,511,686**	**6,698,038**	**9,209,724**	**23,490,898**
Community Care Services	668,203	3,934,222	4,602,425	314,821	4,626,871	4,941,692	9,544,117
Complex And Critical Services	4,146,733	3,093,739	7,240,472	545,430	4,051,185	4,596,615	11,837,087
Primary Care + Prevention Serv	614,856	727	615,583	1,503,242	363,920	1,867,162	2,482,745
Professional/business Enabling			0		14,654	14,654	14,654
H&SCP	**5,429,792**	**7,028,688**	**12,458,480**	**2,363,493**	**9,056,630**	**11,420,123**	**23,878,603**
Community Care Services		161,294	161,294	142,013	164,357	306,370	467,664
Complex And Critical Services		34,926	34,926		66,096	66,096	101,022
Primary Care + Prevention Serv					28,923	28,923	28,923
Covid-19 Vaccination Costs		-9	-9		394,366	394,366	394,357
H&SCP Covid-19	**0**	**196,211**	**196,211**	**142,013**	**653,741**	**795,754**	**991,965**
H&SCP TOTAL	**5,429,792**	**7,224,899**	**12,654,691**	**2,505,506**	**9,710,371**	**12,215,877**	**24,870,568**
Grand Total	**12,123,068**	**14,812,797**	**26,935,865**	**5,017,192**	**16,408,409**	**21,425,601**	**48,361,466**

Appendix 2

Reasons For Nurse bank hours requested and Paid April to August 2023

Health Board Retained

Hrs Worked Reason	Trained	Untrained	Grand Total
Annual Leave	736	3,022	3,758
Bank Isolation		7	7
Bank Training	9	131	140
Carers Leave		46	46
Compassionate Leave	78	134	212
COVID19	1,401	6,673	8,074
Escort	32		32
Funded Project	121	1,014	1,135
Isolation	26	337	364
Jury Service		12	12
Long Term Sickness Half Pay	15		15
Major Incident	20		20
Maternity/Adoption Leave	176	86	262
Observation Policy Mental Health		835	835
On Call	24		24
Orientation	8	23	30
Overtime	224	1,817	2,041
Paternity Leave		19	19
Peak in Workload	455	2,230	2,685
Secondment	39	156	195
Self-Isolation	5	22	27
Sickness	5,438	14,799	20,237
Study/Training Leave	57	140	197
Supervision Procedure		12,033	12,033
Surge Capacity	244	217	461
Terminal Clean	21		21
Training	117	875	992
Vacancies	14,724	51,314	66,038
Waiting List Initiative	407	467	873
Grand Total	**24,376**	**96,407**	**120,783**

Nursing & Midwifery Staff
Health Board Retained
Bank Hours Paid to August 2023

	April	May	June	July	August	Total
Registered	4,107	5,171	4,236	4,730	6,132	24,376
Unregistered	17,024	20,977	16,799	18,678	22,929	96,407
	21,131	26,148	21,035	23,408	29,062	120,783

Appendix 3
NHS Fife – Joiners and Leavers 01 Jan 2023 to 31 August 2023

NHS Fife Nurse Bank Joiners and Leavers 1 Jan 2023 to August 31 2023

NHS Fife Joiners 1 Jan 2023 to August 31 2023		NHS Fife Leavers 1 Jan 2023 to August 31 2023	
Department	Nursing Bank (Dept)	Department	Nursing Bank (Dept)
Joiners	**Count of Calculated WTE**	**Leavers**	**Count of WTE**
Administrative Support Officer.SF9990296273	1	BANK NURSING SERVICES BAND 2	293
Assistant Practitioner (Student).SF9990303593	16	BANK NURSING SERVICES BAND 3	26
Assistant Practitioner.SF9990303639	1	BANK NURSING SERVICES BAND 4	5
Bank Charge Nurse.SF9990005027	21	BANK NURSING SERVICES BAND 5	174
Bank Hospital Chaplain.SF9990005028	2	BANK NURSING SERVICES BAND 6	17
Bank Nursery Nurse.SF9990005940	3	BANK NURSING SERVICES BAND 7	9
Bank Nursing Assistant.SF9990006220	53	BANK NURSING SERVICES BAND 8A	1
Bank Nursing Assistant.SF9990006659	390	PUBLIC HEALTH NURSING SERVICES BAND 2	3
Bank Senior Nurse.SF9990004479	1	**Grand Total**	**528**
Bank Senior/Specialist Nurse.SF9990004624	3		
Bank Staff Nurse.SF9990005533	80		
Finance Business Partner.SF9990317459	1		
Nursing / Midwifery Manager.SF9990316722	1		
Senior Bank Nurse.SF9990004625	9		
Grand Total	**582**		

Nursing staff Joiners	578
Nursing Staff Leavers	525
Net Joiners	**53**

NHS Fife Joiners 1 Jan 2023 to August 31 2023		NHS Fife Leavers 1 Jan 2023 to August 31 2023	
Division	Acute Services Division (Div)	Division	Acute Services Division (Div)
Row Labels	**Count of Calculate**	**Row Labels**	**Count of WTE**
ADMINISTRATIVE SERVICES	36	ADMINISTRATIVE SERVICES	35
ALLIED HEALTH PROFESSION	46	ALLIED HEALTH PROFESSION	28
DENTAL SUPPORT	2	DENTAL SUPPORT	2
HEALTHCARE SCIENCES	11	HEALTHCARE SCIENCES	9
MEDICAL AND DENTAL	124	MEDICAL AND DENTAL	78
MEDICAL SUPPORT	8	MEDICAL SUPPORT	2
NURSING/MIDWIFERY	251	NURSING/MIDWIFERY	135
OTHER THERAPEUTIC	1	OTHER THERAPEUTIC	1
SUPPORT SERVICES	1	**Grand Total**	**290**
Grand Total	**480**		

	Registered	Unregistered	Total
Joiners	100	151	251
Leavers	87	48	135
Net Joiners	**13**	**103**	**116**

Appendix 4a – VHK Ward 43 Respiratory

April-August Variance Breakdown	Band 7 £	Band 7 WTE	Band 6 £	Band 6 WTE	Band 5 £	Band 5 WTE	Band 4 £	Band 4 WTE	Band 3 £	Band 3 WTE	Band 2 £	Band 2 WTE	Total
Vacancy					£256,263	11.17	£25,114	1.30					£281,376
Over-Establishment	-£4,766	-0.20	-£45,462	-1.78					£12,727	0.70	-£9,993	-0.59	-£47,494
Incremental Drift	£4,008		£9,305		£4,003				£16,528		£12,311		£46,155
Over-Time	-£4,492		-£5,144		-£9,257		-£2,175		-£15,241		-£3,329		-£39,639
Bank					-£18,784	-0.69	-£8,009	-0.37	-£696	-0.04	-£209,574	-8.97	-£237,063
Agency					-£312,056	-7.66					-£43,205	-1.52	-£355,261
Other Payments			-£2,243		-£4,041								-£6,284
Total	-£5,250	-0.20	-£43,544	-1.78	-£83,872	2.82	£14,929	0.93	£13,317	0.66	-£253,791	-11.08	-£358,210
Actual M5	£1,532		-£40,068		-£73,707		£23,576		£17,067		-£254,653		-£326,253 YTD OVERSPEND
Difference Unexplained	£6,782		£3,476		£10,165		£8,647		£3,750		-£862		£31,957

Wd 43 Admissions / Transfers In	22/23	23/24
April	13	9
May	15	12
June	7	13
July	9	10
August	8	11
	52	55

Wd 43 Discharges / Tfr Out	22/23	23/24
April	106	141
May	127	119
June	129	135
July	105	135
August	130	157
	597	687

Sickness % Absence Rate	22/23	23/24
April	5.89	6.40
May	6.14	5.27
June	11.19	11.42
July	11.47	12.00
August	10.44	8.47
	9.03	8.71

Split by Nursing Type	%	Hours
Avg Untrained 23/24	8.68	263.30
Avg Trained 23/24	9.63	235.00
Short Term Sickness Avg wt	6.73	
Long Term Sickness Avg wte	1.98	

Bed Occupancy	22/23 Bed Complement	22/23 Allocated Bed Days	22/23 Occupied Bed Days	22/23 Bed Occupancy	23/24 Bed Complement	23/24 Allocated Bed Days	23/24 Occupied Bed Days	23/24 Bed Occupancy
April	24	720	886	123%	24	720	892	124%
May	24	744	902	121%	24	744	918	123%
June	24	720	871	121%	24	720	896	124%
July	24	744	923	124%	24	744	912	123%
August	24	744	934	126%	24	744	898	121%

Note:
Overspend to August £326,253, 82% due to overspend against budget on unregistered staff. Spend includes core staffing more than funded establishment, bank, agency and overtime. Two factors that may be driving the additional temporary spend, Sickness absence well above the 4% national target but slightly improved on previous year and Bed Occupancy in excess of 100% but in line with previous year.

Appendix 4b – VKH Ward 34 Haematology

April-August Variance Breakdown	Band 7 £	Band 7 WTE	Band 6 £	Band 6 WTE	Band 5 £	Band 5 WTE	Band 3 £	Band 3 WTE	Band 2 £	Band 2 WTE	Total
Vacancy					£25,625	1.03	£19,417	1.25	£21,708	1.16	£66,751
Over-Establishment	-£1,133		-£1,191								-£2,324
Incremental Drift	-£740		-£1,351		£22,351		-£1,956		£14,240		£32,544
Over-Time	-£1,464		-£800		-£12,363		-£2,152		-£5,660		-£22,438
Bank					-£9,285	-0.40	-£346	-0.02	-£57,057	-3.05	-£66,688
Agency					-£13,568	-0.33			-£22,923	-0.80	-£36,491
Other Payments											£0
Total	-£3,337	0.00	-£3,342	0.00	£12,761	0.30	£14,963	1.23	-£49,692	-2.69	-£28,646
Actual M5	-£1,867		-£3,545		£8,293		£16,951		-£40,445		-£20,614 YTD OVERSPEND
Difference Unexplained	£1,469		-£204		-£4,468		£1,988		£9,247		£8,033

Wd 34 Admissions / Transfers In	22/23	23/24
April	39	28
May	39	35
June	31	41
July	42	28
August	45	39
	196	171

Wd 34 Discharges / Tfr Out	22/23	23/24
April	54	52
May	48	54
June	48	59
July	82	40
August	64	62
	296	267

Sickness % Absence Rate	22/23	23/24
April	15.70	12.50
May	21.08	7.81
June	13.12	6.23
July	10.28	6.47
August	10.75	6.25
	14.19	7.85

Split by Nursing Type	%	Hours
Avg Untrained 23/24	0.95	11.50
Avg Trained 23/24	8.66	230.50
Short Term Sickness Avg wte	2.97	
Long Term Sickness Avg wte	5.48	

Bed Occupancy	22/23 Bed Complement	22/23 Allocated Bed Days	22/23 Occupied Bed Days	22/23 Bed Occupancy	23/24 Bed Complement	23/24 Allocated Bed Days	23/24 Occupied Bed Days	23/24 Bed Occupancy
April	16	480	413	86%	16	480	425	89%
May	16	496	402	81%	16	496	472	95%
June	16	480	424	88%	16	480	402	84%
July	16	496	373	75%	16	496	441	89%
August	16	496	381	77%	16	496	361	73%

Note:
Overspend to August £20,614 all due to over reliance on unregistered staff. Spend includes, bank, agency and overtime in excess of budget. A factor that may be driving the additional temporary spend, Sickness absence well above the 4% national target but significantly improved on previous year.

Appendix 4c – VKH AU1

April-August Variance Breakdown	Band 7 £	WTE	Band 6 £	WTE	Band 5 £	WTE	Band 4 £	WTE	Band 3 £	WTE	Band 2 £	WTE	Total
Vacancy					£259,382	11.91			£38,765	2.29			**£298,148**
Over-Establishment	-£4,605	-0.17	-£32,825	-1.25			-£11,811	-0.67			-£41,185	-2.61	**-£90,426**
Incremental Drift	-£11,543		£20,085		-£3,177		£4,327		-£5,264		£20,392		**£24,819**
Over-Time	-£4,833		-£8,006		-£21,729		-£5,395		-£13,214		-£4,999		**-£58,176**
Bank	-£2,673	-0.09	-£4,789	-0.18	-£46,684	-0.18	-£876	-0.05	-£34,468	-1.93	-£190,977	-10.54	**-£280,466**
Agency					-£338,915	-8.32					-£89,696	-3.15	**-£428,611**
Total	-£23,654	-0.26	-£25,535	-1.43	-£151,122	3.42	-£13,755	-0.71	-£14,181	0.36	-£306,465	-16.29	**-£534,712**
Actual M5 variance	-£31,319		-£12,510		-£153,531		-£23,716		-£16,337		-£309,404		**-£546,817** YTD Overspend
Difference Unexplained	-£7,665		£13,025		-£2,409		-£9,961		-£2,156		-£2,939		**-£12,105**

AU1 Admissions / Transfers In	22/23	23/24
April	672	678
May	644	843
June	657	919
July	627	1008
August	641	934
	3,241	4,382

AU1 Discharges / Tfr Out	22/23	23/24
April	263	298
May	229	344
June	245	351
July	240	405
August	249	326
	1,226	1,724

Avg LOS in unit (inc tfrs)	22/23	23/24
April	21	22
May	22	19
June	22	18
July	23	16
August	23	17
	22	18

Sickness % Absence Rate	22/23	23/24
April	9.14	5.34
May	5.00	3.34
June	6.35	4.78
July	8.51	9.45
August	8.00	7.31
	7.40	6.04

Split by Nursing Type	%	Hours
Avg Untrained 23/24	9.81	658.00
Avg Trained 23/24	4.79	297.50
Avg Admin 23/24	5.94	50.00
Short Term Sickness Avg wte	3.70	
Long Term Sickness Avg wte	2.85	

Bed Occupancy	22/23 Bed Complement	Allocated Bed Days	Occupied Bed Days	Bed Occupancy	23/24 Bed Complement	Allocated Bed Days	Occupied Bed Days	Bed Occupancy
April	29	870	842	97%	36	1080	937	87%
May	29	899	844	94%	37	1147	952	83%
June	29	870	842	97%	37	1110	888	80%
July	29	899	916	102%	37	1147	826	72%
August	29	899	868	97%	37	1147	821	72%

Note:
Overspend to August £546,817. Significant use of supplementary staffing despite no band 2 vacancies. Spend on bank, agency and overtime in excess of budget also for registered staff. A factor that may be driving the additional temporary spend, Sickness absence above the 4% national target but improved on previous year and 35% increase in admissions.

NHS Fife

Meeting:	**Executive Directors Group**
Meeting date:	**5 October 2023**
Title:	**Update on Nursing Workforce Capacity**
Responsible Executive:	**Janette Keenan, Executive Director of Nursing**
Report Author:	**Janette Keenan, Executive Director of Nursing**

1   Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

- Annual Delivery Plan
- Emerging issue
- Government policy / directive
- Legal requirement

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

In recent years, the healthcare landscape in Scotland has undergone significant change. Several underlying factors have given rise to challenges that inevitably impact on the capacity and resilience of our nursing workforce. This report seeks to provide information on the present status of the nursing workforce in NHS Fife and to address the complexities that are shaping our current situation. The report will explore the challenges faced by NHS Fife in terms of demand, supply, and retention.

2.2 Background

The population of Fife is ageing. The number of residents aged 65 and over is expected to increase by 30% between now and 2043, while the number of working age citizens will decrease by 10%. This demographic trend places an increased demand on healthcare services, especially in areas like chronic disease management, long-term care, and older people's specialities. As the patient profile changes, there is a need for a nursing workforce that is not only larger in number but also trained to provide the care that is required.

The rise in chronic illnesses, mental health issues, and complex health needs, coupled with the demographic shifts, has intensified the pressure on the nursing workforce. Patients nowadays often present with multiple, overlapping health issues that require a much more integrated approach to care.

Recruitment and retention have emerged as pressing issues. The challenges of maintaining a robust nursing workforce are multifaceted, stemming from factors like age profile, professional burnout and competitive job markets.

It is within this context of demographic challenges, evolving healthcare needs and workforce pressures that this review of NHS Fife's nursing workforce capacity is presented. This report aims to provide a comprehensive overview, identify gaps, and recommend actions to ensure that NHS Fife maintains high quality, safe patient care, even in the face of mounting pressures.

2.3 Assessment

Current Establishment

The current registered nursing workforce establishment (August 2023) is highlighted in Figure 1 and the establishment gap in Figure 2:
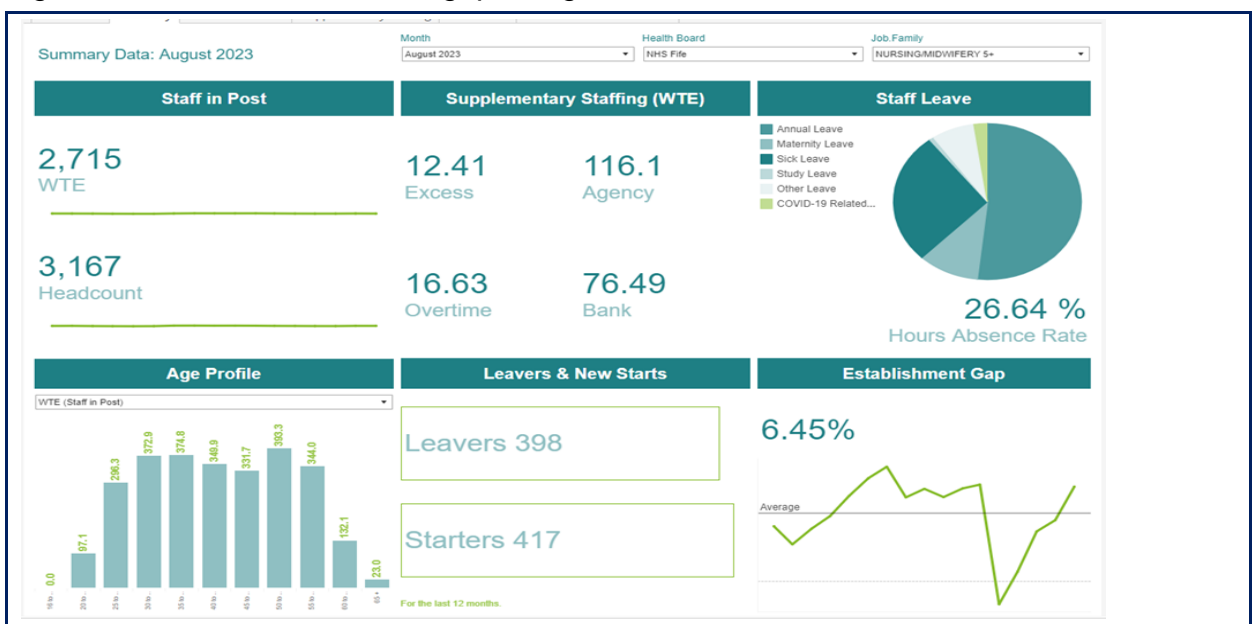
Figure 1

Figure 2

The current non-registered nursing workforce establishment (August 2023) is highlighted in Figure 3 and the establishment gap in Figure 4:
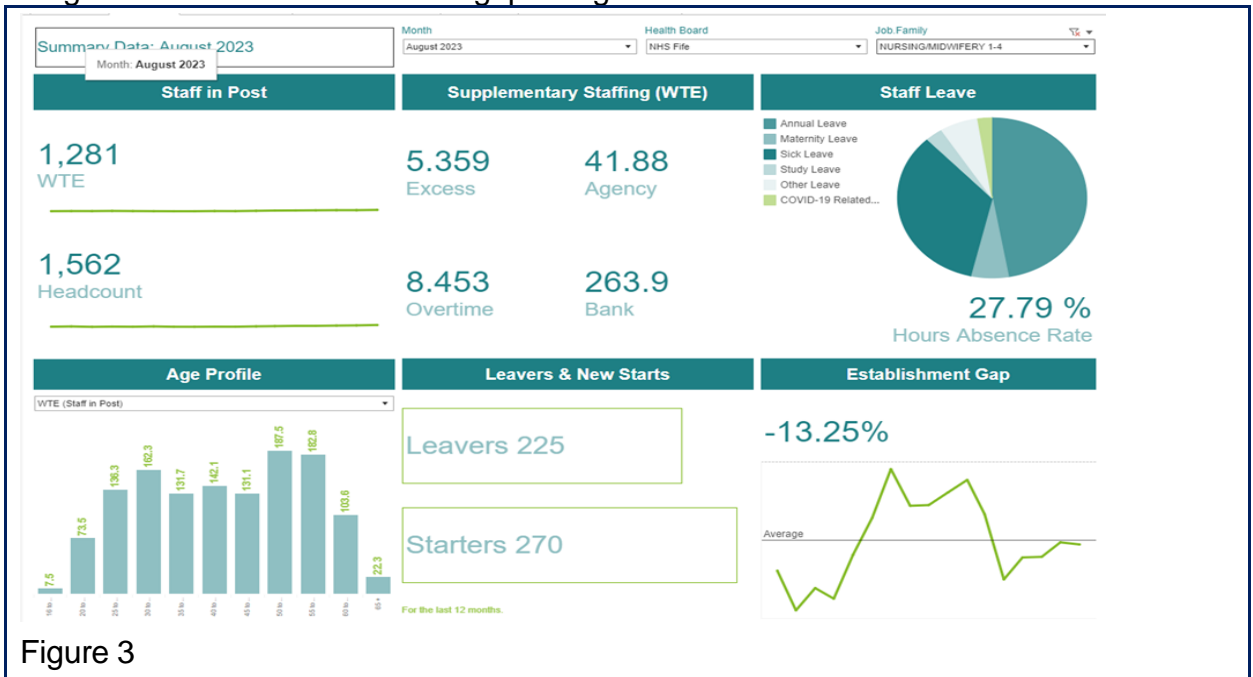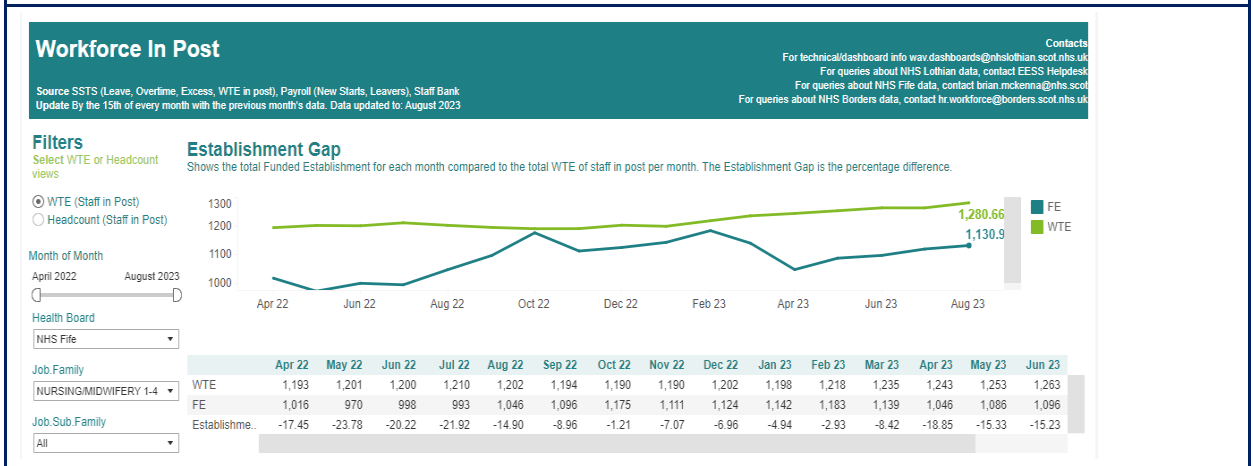

Figure 3

Figure 4

The infographics demonstrate an under-established gap in the registered nursing workforce and an over-establishment in the non-registered nursing workforce.

Supply Challenges

One of the key challenges is the supply of registered nurses. As previously discussed, there is a growing demand for nursing professionals due to an aging population, increased prevalence of chronic diseases, and advancements in healthcare technology.

However, the supply of nurses has not kept pace with this demand. Factors contributing to this challenge include the aging nursing workforce, limited enrolment in nursing programmes, and competition from other sectors.

SUPPLY CHALLENGE	COMMENT
Age profile	The median age for nurses in NHS Fife is 43 years, however **20%** of the nursing workforce is aged **over 55** (NES Turas Data June 2023). This percentage in higher is specific services with district nursing, learning disability and mental health nursing demonstrating that over 25% of nurses are aged 55 or over. There is a potential that registered staff over 55 opt to retire within the next few years: 20% of 2715 WTE = **543wte**
Student Intake	The shortfall of new nursing students starting their degrees in 2023 means that there will be fewer newly qualified practitioners (NQPs) in 2026. This compounds the reduction in numbers seen in 2021 and 2022. It means that the gap between the number of registered nurses needed and those entering the workforce is set to widen.

Significant reduction of 20% in student places that took place between 2010 and 2013 continues to impact workforce numbers. The increase in adult and mental health student places from 2013 – 2019 has returned intake only to pre-2010 levels.

In September, the number of applicants for nursing courses in Scotland, including the University of Dundee, in 2023 is 14% down compared to the same point last year. The target for student nurses is **4536** in Scotland; only **3300** places have been accepted this year (550 fewer than last year).

Student attrition rates also continue to cause concern with a significant drop out during training. |

SUPPLY CHALLENGE	COMMENT
Newly Qualified Practitioners	We begin recruiting students, who are due to graduate from September, in February and March each year. In March 2022, we recruited 180 wte students across Fife; this dropped to 155 WTE in June, but with less than **145 WTE** eventually joining us. This year, we again recruited 180WTE (this includes a rise of 10WTE in midwifery). As of September, the recruited numbers are: Mental Health 25 WTE; LD 0 WTE; Planned Care: 24.6WTE; Emergency Care 36.96 WTE; Community 16.17 WTE; Community Hospitals 16.7 WTE; a reduction on previous years with **119.43 WTE** expected to join us.
Vacancies	There are significant vacancy challenges. These vacancies arise due to retirements, resignations, and difficulties in attracting new nurses. Staff shortages can place additional strain on the remaining workforce, increase workload, and potentially compromise patient care. The vacancy rate is part of the NES published data. The vacancy gap being reported for Fife is **13.9%** for June 2023. NES data suggests 510.7 WTE vacancies. The published figure assumes that the establishment equates to staff in post plus all advertised vacancies. This methodology loses its accuracy due to how we advertise posts (bulk recruitment, speculative recruitment, student recruitment etc). Agreement was made with DoF, DoW and DoN to use **10%** as a realistic vacancy rate. The Divisions have declared registered nurse vacancies following recruitment initiatives (IR, NQP, AP) (AfC Band 5): HSCP **149.44** WTE (74.8 WTE vacancies in MH and LD); ECD **39.24wte**; Planned Care **7.41 WTE over recruited**.
Turnover	Turnover rate remains static between March and June at **13.5%** (NES data).

SUPPLY OPPORTUNITIES	COMMENT
International Recruitment	Recognised as medium-long term solution, this workstream has been a positive experience to date, working with Yeovil Trust Costs: £12k per nurse provided by SG. Actual cost £10,600 but this has further reduced as OSCE prep now carried out in house by PPD. No confirmation of continued funding by SG but service / organisation agreement is required to maintain pipeline; stop / start with Yeovil disrupts consistent flow. Currently **67** IRs in post: 42 in ECD; 22 in PCD and 3 in HSCP. There are 28 IRs in the pipeline: 7 (+1 vacancy) for PCD; 16 (+4 vacancies) in ECD. Work is being taken forward to support mental health. Of the IR nurses working in Fife; 48 are registered with the NMC; 13 have passed their OSCEs and awaiting NMC; 8 have OSCE dates in November; 8 still to be given OSCE date 8 Nurses commencing in September 2023 8 Nurses commencing in October 2023 Planning for 8 nurses to arrive in November 23 and January 24. International Recruitment Coordinator in post (Workforce Directorate) and PPD Facilitator in post (OSCE prep now all in-house) Can support 8 IRs per month (limiting factors: accommodation, OSCE support)
Return to Practice	We have **5** applicants for this year's programme.
Open University	**5** places have been made available to Fife: in discussion with OU for additional places.
HNC Route	**16** applicants for HNC- 2-year course allows entry to 2nd year of pre-reg nursing course
Assistant Practitioners	Cohort 1 (n=21) started PDA in April- should qualify January 24 Cohort 2 (n= 44) start PDA in August- should qualify May 24 Cohort 3 (n= 12) start PDA in January 25 Cohort 4 (n= tbc (ASD); 16 (HSCP)) commence October
Bands 2 – 4 career development framework	Supporting staff to develop in their careers will facilitate a sustainable workforce. Staff entering healthcare at band 2, achieving band 3 and potentially band 4. Discussions are taking place with HEIs around second year entry to nursing degree for band 4 Assistant Practitioners to allow them to become Registered Practitioners
Mass Recruitment Event	Event held at Fife Campus on 25th May 2023 After the event, 99 band 2, 3, and 5 candidates were appointable, but some did not meet criteria for visa or were not responding to our contact, so final number is approximately 85. Of those, 15 have started in post at end of August.
Retire and Return	Retire and return is being promoted by the Scottish Government as it will allow staff to easily access appropriate opportunities for employment within the organisation after they retire, ensuring their skills and experience are retained and benefitting NHS Fife as we continue to recover and remobilise after the pandemic.

2.3.1 Quality / Patient Care

A full nursing establishment is essential to ensure quality care:

- Patient Safety: Adequate staffing ensures that patient needs are promptly addressed. Understaffed wards and departments may lead to missed care, increased harms, medication errors, and delays in treatments or interventions.
- Improved Patient Outcomes: Research has consistently shown a direct correlation between appropriate nurse staffing levels and patient outcomes. Conditions such as urinary tract infections, pneumonia, sepsis, and mortality rates can be influenced by nurse-to-patient ratios.
- Decreased Burnout: Adequate staffing reduces nurse burnout. Overburdened nurses are more likely to experience stress, fatigue, and dissatisfaction, leading to decreased efficiency, increased errors, and higher turnover rates.
- Enhanced Patient Experience: A full nursing establishment ensures that patients receive timely care, personalised attention, and adequate support.
- Reduced Harms: Correct staffing can reduce the incidence of hospital-acquired conditions, such as pressure ulcers, falls, and infections.
- Increased Morale: When nursing teams are adequately staffed, it fosters an environment of mutual support, improved team dynamics, and higher morale. This positively impacts the overall quality of care delivered.
- Professional Development: With a full nursing establishment, nurses have more opportunities to mentor and be mentored, share knowledge, and engage in continuous learning and professional supervision. This ongoing development directly translates to enhanced care quality.

A full nursing establishment is a cornerstone of quality care, ensuring that patients are safe, receive the best possible outcomes, and have a positive healthcare experience.

2.3.2 Workforce

Workforce planning and management supports the well-being and professional development of nurses, leading to a more sustainable and effective healthcare system.

2.3.3 Financial

A report is being prepared by the Services, Workforce and Finance to highlight financial issues / impacts as part of a Supplementary Staffing Review.

2.3.4 Risk Assessment / Management

The Healthcare Staffing Scotland Act represents a pivotal move in ensuring that healthcare staffing, in this case within the nursing workforce, is both safe and appropriate to the needs of patients. This Act places a legal obligation on health boards to ensure that staffing levels are adequate for ensuring high-quality care, thereby prioritising patient safety and well-being. One of the key implications for the nursing workforce is that the Act emphasises evidence-based staffing decisions, driven by robust tools and methodologies. It mandates regular reporting and transparency in staffing decisions, promoting accountability at all levels. While this legislation underscores the commitment to quality healthcare provision, it also poses challenges. NHS Fife is now faced with the task of

regularly evaluating and justifying their staffing ratios, ensuring they align with patient needs, and securing resources to maintain the recommended staffing levels. Furthermore, the Act has reinforced the importance of continuous professional development, training, and skills enhancement for nurses, ensuring they are well-equipped to deliver quality care.

A 'Workforce Tools' schedule has been agreed. This year, to date, the tools have been run across most areas:

Acute Services Division: Tools run weeks of 3rd and 10th April. AU1 was highlighted as a risk but no recommendations to uplift or change current funded establishment in wards and departments.

EDEM: Aiming to run before the end of the year.

SCAMPS: Report being prepared

MHLD: have ran workload tools. Report being prepared but professional judgement tool indicates impact of vacancy levels.

Community have just completed the 2nd National Tool run and data is still be inputted into the tools. Family Nurse Partnership team were included and ran the tool for the first time. Over 4000 data entries were made with just under 400 staff recording their workload data.

CCSN are currently on the 1st week of the 2nd National run of the workload tools.

CNS 1st National run commences 16th October; 2nd run scheduled January 2024.

Real Time Staffing Assessment:

Mental Health teams are accessing and using the RTS resource on the TURAS platform daily.

Maternity inpatient services are accessing and using RTS resource on TURAS platform daily.

The Critical Care RTS has just been reviewed and refreshed. SBAR due from Healthcare Staffing Programme team. The resource now includes a launch date of 16th October.

Adult ICU/HDU

Paediatric ICU/HDU

Neonatal

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

An impact assessment has not been made.

2.3.6 Climate Emergency & Sustainability Impact

n/a

3.3.7 Communication, involvement, engagement and consultation

- Information received from Senior Nurses and Workforce Directorate to inform report

3.3.8 Route to the Meeting

2.4 Recommendation

- **Assurance** – EDG is asked to take assurance that all avenues are being explored to support capacity in nursing workforce
- **Discussion** – EDG is asked to support continuation of capacity work with Services, Workforce and Finance and merge workforce papers

4 List of appendices

The following appendices are included with this report:

N/A

Report Contact
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Executive Director of Nursing
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NHS Fife

NHS SCOTLAND

Meeting:	**Finance, Performance and Resources Committee**
Meeting date:	**14 November 2023**
Title:	**Finance Performance & Sustainability Report**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Author:	**Maxine Michie, Deputy Director of Finance**

1   Purpose

This report is presented for:

- Assurance

This report relates to:

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

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

- Safe
- Effective
- Person Centre

2   Report summary

2.1   Situation

This paper provides a presentation of the financial performance and financial sustainability of the Board at the end of September 2023 measured against the key planning assumptions within the Medium-term Financial Plan approved at the NHS Board meeting on 28 March 2023. The MTFP sets out an underlying deficit of £25.9m partly mitigated by a £15m cost improvement plan, with a projected residual gap of £10.9m. The medium-term plan detailed how the board will work towards delivering the financial improvement and sustainability required across the medium-term. This included assessment of the areas of greatest risk which will challenge the delivery of the plan.

2.2   Background

The Board financial position is sitting beyond the agreed Board risk appetite in relation to delivering value and sustainability.

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To deliver value and sustainability	6	4	2	-	-	◄►	Moderate

A £15.868m revenue overspend is reported for the six months to the end of September 2023 for Health Board retained Services. This position reflects the continuing impact of the historic and emerging financial pressures set out in the medium-term financial plan but also reflects the limited progress to deliver against the agreed £15m cost improvement programme. The areas of greatest financial challenge including risk and uncertainty are detailed in the main body of the paper.

2.3 Assessment

At the end of March 2023, the Scottish Government acknowledged the position outlined in our financial plan for 2023-24 and advised the Board to undertake the following actions by 30 June 2023.

- To provide an update on progress against actions set out in the financial recovery plan, including the work carried out in collaboration with the IJB and regional partners.
- Develop a plan to deliver 3% recurring savings in 2023-24 and develop options to meet any unidentified or high-risk savings balance.
- Development of other measures to be taken to further reduce the financial gap.
- Review of key underlying drivers of the deficit and specific risks as presented within the Financial Plan.
- Focus on addressing Covid-19 legacy costs, including additional bed capacity.

Significant work is ongoing in relation to our financial improvement and sustainability programme to mitigate the financial gap and deliver against SG's expectations laid out above. However, this work requires to be expedited with further measures identified to mitigate the increasing financial gap. Given the position reported at the end of September, it is clear that the organisation will require a level of brokerage to deliver a balanced financial position, we maintain close contact with the Scottish Government in this regard.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

Financial implications are detailed in the paper.

2.3.4 Risk Assessment / Management

The financial position has materially deteriorated in Q2 with very limited progress against the in-year cost reduction target. This position has been forensically reviewed to determine actions which can be taken to reduce the level of forecast overspend.

Despite ongoing attempts to reduce costs and a commitment to avoid any additional investment in our services, it is highly likely that the Board will require significant financial brokerage to break-even.

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

An impact assessment has not been carried out as it is not relevant to the content of this paper.

2.3.6 Climate Emergency & Sustainability Impact

There are no direct implications arising from this report.

2.3.7 Communication, involvement, engagement and consultation

This paper has been prepared following completion of the financial month end process in consultation with senior finance colleagues and Directorate Management Teams.

2.3.8 Route to the Meeting

EDG 3 November 2023.

2.4 Recommendation

- **Assurance**

3 List of appendices

None

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

1. Financial Position September 2023

1.1 This report details the financial position for NHS Fife to 30 September 2023. A £15.8m revenue overspend is reported for the first six months of the financial year for Health Board retained services. Despite the receipt of additional financial sustainability allocations for NRAC and New Medicines Funding from Scottish Government during June, the Board financial position continues to track beyond the agreed Board risk appetite in relation to delivering value and sustainability.

Revenue Financial Position as at September 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	287,866	143,087	154,739	-11,652
IJB Non-Delegated	9,545	4,960	4,746	214
Non-Fife & Other Healthcare Providers	98,689	49,377	53,414	-4,037
<u>**Non Clinical Services**</u>				
Estates & Facilities	93,466	46,392	47,161	-769
Board Admin & Other Services	72,161	27,639	27,788	-149
<u>**Other**</u>				
Financial Flexibility & Allocations	24,809	5,911		5,911
Income	-14,796	2,694	2,518	176
23-24 Cost Improvement Target	-12,420	-6,210	-648	-5,562
Sub-total Core position	**559,320**	**273,850**	**289,718**	**-15,868**
Financial Gap	-10,865	-5,433		-5,433
SG Sustainability Allocation	10,865	5,433		5,433
TOTAL HEALTH BOARD RETAINED SERVICES	**559,320**	**273,850**	**289,718**	**-15,868**

2. Health Board Retained Services

2.1 The financial position to 30 September continues to reflect financial pressures within our Acute Services Division and External Healthcare providers alongside limited progress across our cost improvement programme. The funding allocations relating to NRAC sustainability/parity and the new medicines funding totalling £15.152m have been reflected in the September financial position reported in the table above on a pro rata basis (£7.5m to September).

2.2 During September we received two letters from the Scottish Government in response to our Q1 review and the forecast outturn we submitted to SG at the end of August. We have highlighted the key risks to our financial position and the actions being taken to actively mitigate the level of increasing and emerging cost pressure. Current projections continue

to indicate a forecast outturn of £23m which is significantly more than the current financial plan position of £10.9m overspent. Both letters received requested we continue to identify more actions between now and the financial year end to improve our forecast outturn and move towards break even.

2.3 The key reasons for the deteriorating position relate to the level of challenge associated with delivering the in-year savings target in full and an increasing level of spend generally on supplementary medical and nursing staff which is tracking significantly higher than last financial year. The key reasons for the latter are the increasing and ongoing level of staff absence and the level of service pressure being experienced in our acute services in supporting operational performance and both quality and safety of care. There are also several funding reductions, specifically in relation to Stracathro, Planned Care and Diabetic Pumps which significantly add to the overall challenge. Additionally, whilst the New Medicines recent allocation is very welcome, our Acute prescribing costs are continuing to increase beyond the level of funding available.

2.5 The Acute Services Division reports an overspend of £11.652m. This is mainly driven by costs of supplementary staffing across both nursing and medical staffing budgets, significant overspends in surgical sundries and external SLAs for Laboratory services. Surge and Covid expenditure are also included within the Acute overspend with an ongoing focus to minimise the financial impact. Whilst during September there were some reductions in supplementary staffing across the Emergency Care directorate with the introduction of more cost-effective Gateway Doctors replacing Junior Doctor locum spend alongside a reduction in consultant locum spend within the Emergency department, the improvement was partially offset by other short-term requests for locum staffing particularly for sickness absence and new vacancies emerging. Additionally, the recruitment on Gateway doctors has supported the junior doctor rota to be compliant. The weekly nurse bank costs reported through acute services budgets in September where £0.058m less than the previous 4 weeks indicating a small improvement.

2.6 Included in the ASD position is an overspend on specialties defined as "large hospital services" which form part of IJB Set Aside budgets. At the end of September, set aside services are reporting an overspend of £5.883m which continues to be funded on a non-recurring basis by the board.

2.7 Service Level Agreements and contracts with external healthcare providers are £4.037m overspent. In the main this overspend is driven by increased costs from NHS Tayside which were previously funded directly by SG to NHS Tayside on behalf of NHS Fife along with high costs of SLAs and contracts with both NHS and independent providers for mental health services.

2.8 Corporate Directorates including Property and Infrastructure have seen little change to their position in September compared with prior months. The main areas of concern continue to be the impact of inflation across PPP contracts, energy, property maintenance and confirmation of funding allocations. Work will continue to reduce spend in line with available resources.

3. Financial Improvement & Sustainability Programme

3.1 Key to delivering our financial plan forecast outturn is the delivery of our financial improvement and sustainability programme. Scottish Government expect all Boards to engage with the national Sustainability and Value (S&V) programme, reflecting this work at a local level to support delivery of a cost reduction target of 3% per annum and productivity and related improvements in line with the programme aims. In line with our financial plan a

cost improvement target of £4.6m has been delegated to the partnership and £15m is the responsibility of Health Board retained services to deliver. At the end of September, progress to deliver on our cost improvement target has been very limited. Whilst a lot of actions have been taken forward to create the infrastructure required to support the delivery of cost efficiencies, we are significantly behind which pushes delivery into quarters 3-4 of the financial year.

3.2 As a result of limited progress to deliver cost reductions in line with the financial plan for 2023/24, it is essential that there is a continuing focus not only on the areas for cost improvement identified in the financial plan but also to bring forward as quickly as possible pipeline schemes and the other pieces of work which would bring resilience to the cost improvement target. It is clear from the September financial position the board needs to deliver on its £15m cost improvement programme despite the additional NRC and NMF received in June given the divergence between the actual financial position and the approved financial plan for 2023/24. The table below summaries efficiency savings delivered to date measured against the financial plan, £2.48m to September.

	RAG	Target per Fin Plan	Achieved M6	Projected
		£m	£m	£m
Temporary Staff Reduction		10.00	0.06	8.00
Surge Capacity Reduction		5.00	0.00	0.00
Corporate Overheads		0.00	0.00	0.00
Medicines		0.00	1.31	2.00
Vacancy Factor (Corporate)		0.00	0.06	0.14
Acute Services		0.00	0.27	0.93
Estate & Facilities		0.00	0.13	0.13
Major Contract Review		0.00	0.00	1.20
Balance Sheet Review		0.00	0.65	2.60
		15.00	2.48	15.00

Bank and Agency Staffing

3.3 In relation to reducing our spend on agency staffing there has been significant activity by services in responding to Scottish Government's directions on the use of agency staffing, DL (2023)14 Supplementary staffing Agency Controls.

3.4 In parallel with the work to reduce reliance on agency staffing there are also several initiatives underway to increase our substantive nursing staff levels. These include the work of the International Recruitment Oversight Group, the Healthcare Support Worker, and Assistant Practitioner (band 2-4) Career Development Framework Group and the recent block recruitment event. In addition, unregistered staff pools have been created within the Planned Care and Emergency Care directorates to support the underlying long-term vacancies. We have invested in substantive posts across our medical staff group which are expected to reduce locum spend from September onwards.

3.5 During June a "block recruitment" event took place with a view to recruit both registered and unregistered staff. The event provided to be a success predominately across unregistered staff and the process to enable successful candidates to commence employment with NHS Fife is underway with a small number of staff with commencement dates in July, August and in the Autumn months.

3.6 The spend on supplementary staffing spend for September remains high although there has been some reduction across medical NHS locum costs and nurse bank costs. Work to

identify why the investment actions have not had a significant impact to date on temporary staffing spend is almost complete but suggests that despite an increase in substantive postholders particularly within unregistered staff, the requests for temporary staffing have not reduced. As new staff continue to come into the organisation it is vital that the reliance on temporary staffing reduces to support affordability of the investments that have been made in permanent staff.

Reducing Surge Capacity

3.7 Given the pressure on acute services, the plan to reduce surge capacity within ward 6 at VHK by up to 50% over the summer months and relocate surge activity to ward 9 is no longer an option as demand over recent weeks has increased significantly and is anticipated to be sustained as we move into the winter months.

Corporate Overheads

3.8 In relation to reducing corporate overheads, several areas for consideration were presented to the FIS Programme Board. Further analysis is ongoing to move this work forward.

Medicines Optimisation

3.9 Work continues to drive out cost improvements across other spend categories including medicines with the Medicines Optimisation Board working to a target of £1m. Plans in place to drive out cost improvements have delivered £1.31m at the end of September. As savings to date have exceeded the original cost improvement target, the Director of Pharmacy has approved the target be increased to £2m. Progress against this increased level will be reported in the coming months.

Major Contract Review

3.10 Work also continues on a major contract review to deliver recurring cost reductions and is anticipated to be completed by the end of November. There is a level of confidence that this review will release significant and importantly, recurring cost reductions over the remaining term of the contract.

Digital Services

3.11 Work has been considered by the FIS Programme Board to deliver efficiencies in relation to paperless contact for some services and reviews of all digital contracts. This work will be taken forward alongside a wider review of corporate overheads.

3.12 **Balance sheet Review**
A review of the Balance sheet has confirmed financial flexibilities of £0.650m to date with scope to deliver a total of £2.6m by the end of the financial year. It is important to note that, whilst helpful, this flexibility is non-recurring in nature.

3.13 Delivery of the cost improvement target in full over the remaining months of the financial year will be very challenging. A concerted focus is required to expedite actions to reduce temporary staffing, remove legacy covid costs, reduce surge capacity, where it is safe to do so, and reduce corporate overheads.


4 Health & Social Care Partnership

4.1 Health services in scope for the Health and Social Care Partnership report are reporting a balanced budget at the end of September. Detailed financial reporting for the partnership sits with the IJB.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Fife Health & Social Care Partnership	418,414	214,111	214,111	0
TOTAL HEALTH DELEGATED SERVICES	**418,414**	**214,111**	**214,111**	**0**

5. Financial Forecast - Risk Assessment – Recovery Options

5.1 At the EDG meeting on 10 August the Director of Finance & Strategy presented on potential financial position recovery options following the Q1 review. Current projections indicate a forecast outturn of £23m if no further action is taken. Whilst this is an extremely challenging position, the EDG agreed that we must corporately develop and focus on further actions to manage the forecast position to get, as close to, or lower than, the current financial plan position of £10.9m overspent. The main cost areas driving this deteriorating position are set out in the diagram below.
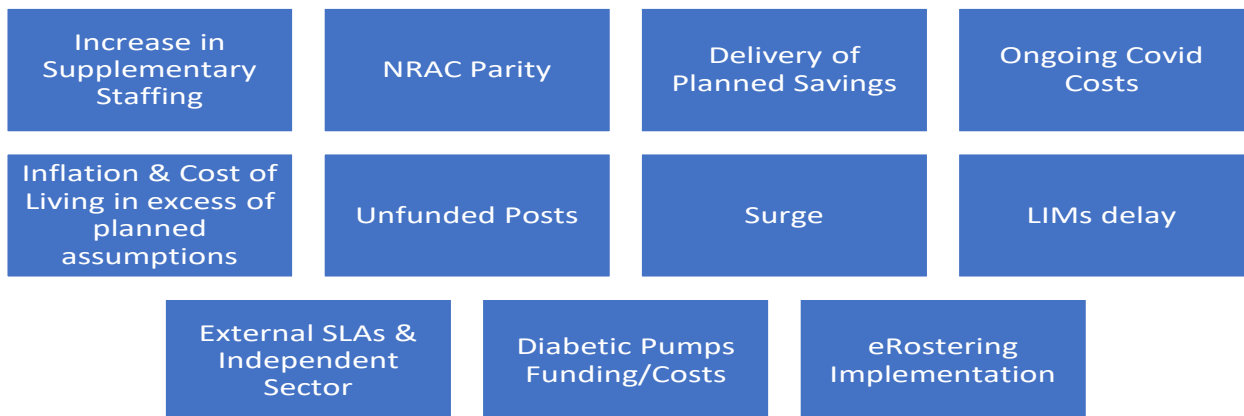
Managing the in-year position – Horizon 1

5.2 EDG agreed the need to consider the current financial year and the plans to work towards in-year financial balance as Horizon 1. There are a range of established projects as set out in section 3 which we must continue to progress.

5.3 EDG agreed to continue the focus on reducing supplementary staffing, particularly agency staff recognising that the target reduction in this area is proving hugely challenging. A different lens was agreed where agreement was reached to focus on determining the impact and effectiveness of the additional measures taken over the past 12 months to increase substantive staffing to enable a reduction in premium cost agency staffing. This will include reflection on the impact of International Recruitment, the introduction of the Assistant Nurse Practitioner role and the increase in ward based administrative staff. It was agreed that the importance of increasing the resilience of our core staffing levels remains a far superior option, in terms of patient care and staff wellbeing, as the same time as delivering cost reduction.

A number of further areas of focus for Horizon 1 are noted below.

External Service Commissioning

5.4 NHS Lothian have plans to change their current cost model for Service Level agreements to a Patient Level information and Costing system (PLICs) which provides increased accuracy for costing of services and activity. This planned change will increase our SLA with NHS Lothian by circa £1m per annum. We anticipate engaging with NHS Lothian on this issue over the next few months.

5.5 We are following up with Scottish Government colleagues the implications of the withdrawal of funding to NHS Tayside for Service Level agreements paid on behalf of NHS Fife. The size of the financial risk to the Board is £1.5m per annum.

Covid Cost Legacy

5.6 Whilst SG have confirmed there will be no Covid funding going forward apart from recurrent funding commitments for Vaccinations, Test and Protect activities, additional PPE requirements and some specific Public Health Measures and Public Health, we anticipate additional spend will continue to be incurred by the board in managing both the pandemic and its impact on services. A group has been established within the Acute Services division to review and reduce legacy Covid expenditure as far as possible without compromising patient safety or staff wellbeing.

Acute Medicines

5.7 The extent of the cost increases associated with new secondary care medicines remains a risk and will continue to be reviewed.

Taking a Medium-Term Approach (Horizons 2&3)

5.8 EDG confirmed commitment to progressing the Horizon 1 areas noted above but also undertook to assess the viability of a range of other options to seek to deliver greater value and, where possible, cost reduction over the more medium term. In relation to Horizon 2 options being explored include Service Redesign, Estates Review, Reducing Corporate Overheads, Optimising Digital Opportunities and review of Waste systems. The main focus agreed for Horizon 3 is driving forward the Values Based Healthcare discussion with clinicians to determine whether there are opportunities to realise greater value from the c£900m revenue budget based on considering how services might be delivered in the future. The latter is a discussion which is emerging in most Boards and at a national level, but which will require public and political engagement.

6. Capital

6.1 The total anticipated capital budget for 2023/24 is £11.551m and is summarised in the table below. This reflects a Capital Resource Limit (CRL) of £7.764m as advised by the Scottish Government plus anticipated allocations for several specific projects. The distribution of the formulary budget allocated by SG was discussed in detail and agreed at FCIG meetings in April and May 2023. The Scottish Government have indicated that capital funding availability will be limited until 2026/27 and until then the focus is to fund projects that have been previously approved and committed to. The most significant financial risk for the capital plan is the lack of funding to progress capital investment priorities including the development and improvement of our estate alongside our capital equipment stock.

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2023/24 £'000
Statutory Compliance/Backlog Maintenance	1,500	252	1,500
Clinical Prioritisation	1,450	310	1,450
Capital Equipment	1,240	185	1,240
Digital & Information	500	335	500
Kincardine Health Centre			-
Lochgelly Health Centre			-
Mental Health Review	1,000	112	1,000
QMH Upgrade	1,114	905	1,114
HEPMA	1,707	272	1,707
LIMS	420	247	420
GreenSpace Project	150	-	150
Fleet Decarbonisation	486	-	486
Switch-onFleet Funding	386	-	386
Project Team	271	162	271
Capital Repayment to SG	200	-	200
To be allocated	1,613	-	1,613
Capital to revenue	(486)	0	(486)
Total Capital Expenditure 2023/24	**11,551**	**2,780**	**11,551**

6.2   A relatively low level of capital expenditure has been incurred for the period reported which is not unusual at this early stage in the financial year with most of the capital expenditure generally occurring in the latter half of the financial year due to tender lead in times.

7   Recommendation

7.1   EDG is asked to discuss and take assurance on the information provided in relation to the:

- Health Board retained reported core overspend of £15.868m
- Progress with the Financial Improvement and Sustainability Programme
- HSCP balanced position
- Financial Forecast Risk Assessment – Recovery Options
- Progress on the capital programme.

NHS Fife

Meeting:	**Finance, Performance & Resources Committee**
Meeting date:	**14 November 2023**
Title:	**Integrated Performance & Quality Report**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Author:	**Bryan Archibald, Planning & Performance Manager**

1   Purpose

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

- Assurance

This report relates to:

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

2   Report Summary

2.1   Situation

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

2.2   Background

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

We have now transitioned to the Annual Delivery Plan for 2023/24. Improvement actions have been included in the IPQR: statuses for these actions are being collated and will be included in the IPQR and redistributed prior to going to the Committees. This streamlines

local reporting for governance purposes with quarterly national reporting to the Scottish Government.

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

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

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

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

2.3 Assessment

Performance has been hugely affected during the pandemic. To support recovery, NHS Fife is progressing the targets and aims of the 2023/24 Annual Delivery Plan (ADP), which was submitted to the Scottish Government at the end of July 2023. New targets are being devised for 2023/24.

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

WT = Waiting Times
RTT = Referral-to-Treatment
TTG = Treatment Time Guarantee (measured on Patients Waiting, not Patients Treated)
DTT = Decision-to-Treat-to-Treatment

Operational Performance – Acute Services / Corporate Services

Measure	Update	Target	Current Status
IVF WT	Monthly	90%	Achieving
4-Hour Emergency Access	Monthly	95%	Not achieving
New Outpatients WT	Monthly	95%	Not achieving
Diagnostics WT	Monthly	100%	Not achieving
Patient TTG	Monthly	100%	Not achieving
Cancer 31-Day DTT	Monthly	95%	Not achieving

Cancer 62-Day RTT	Monthly	95%	Not achieving
Detect Cancer Early	Quarterly	29%	Not achieving
FOI Requests	Monthly	85%	Achieving
DD (Bed Days Lost)	Monthly	5%	Not achieving

Finance

Measure	Update	Forecast	Current Status
Revenue Resource Limit	Monthly	£23m	High level of risk in relation to the delivery of our full savings target programme for the year and the management of existing and emerging cost pressures
Capital Resource Limit	Monthly	£11.551m	Capital expenditure progressing in line with the agreed plan.

2.3.1 Quality/ Patient Care

IPQR contains quality measures.

2.3.2 Workforce

IPQR contains workforce measures.

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

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

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

Not applicable.

2.3.6 Climate Emergency & Sustainability Impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

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

The Finance, Performance & Resources extract of the Position at September IPQR will be available for discussion at the meeting on 14 November.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 19 October and approved for release by the Director of Finance & Strategy.

2.4 Recommendation

The report is being presented to the FPR Committee for:

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

3 List of appendices

None

Report Contact
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Fife Integrated Performance & Quality Report

FINANCE, PERFORMANCE & RESOURCES

Position (where applicable) at September 2023
Produced in October 2023

Introduction

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

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

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

The IPQR comprises the following sections:

   a. **Corporate Risk Summary**
   Summarising key Corporate Risks and status.

   b. **Indicatory Summary**
   Summarising performance against National Standards and local KPI's. These are listed showing current, 'previous' and 'previous year' performance, and a benchmarking indication against other mainland NHS Boards, where appropriate. There is also a column indicating performance 'special cause variation' based on SPC methodology.

   c. **Projected & Actual Activity**
   Comparing projected Scheduled Care activity to actuals.

   d. **Assessment**
   Summary assessment for indicators of continual focus.

   e. **Performance Exception Reports**
   Further detail for indicators of focus or concern. Includes additional data presented in tables and charts, incorporating SPC methodology, where applicable. Deliverables, detailed within Annual Delivery Plan (ADP) 2023/24, relevant to indicators are incorporated accordingly.

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

MARGO MCGURK
Director of Finance & Strategy
16 October 2023

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

a. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	2	3	-	-	▲	High
To improve the quality of health and care services	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		

Risk Key

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

Movement Key

▲ Improved - Risk Decreased
◄► No Change
▼ Deteriorated - Risk Increased

Summary Statement on Risk Profile
The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.
Mitigations are in place to support management of risk over time with some risks requiring daily assessment.
Assessment of corporate risk performance and improvement trajectory remains in place.

b. Indicator Summary

Section	Indicator	Target 2023/24 2023/24 TBC	Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Benchmarking	
Clinical Governance	Major/Extreme Adverse Events - Number Reported	N/A	Month	Aug-23	31	○	▲	▲	●	
	Major/Extreme Adverse Events - % Actions Closed on Time	50%	Month	Aug-23	48.4%	●	▼	▼	●	
	HSMR	N/A	Year Ending	Mar-23	0.96	●	—	—	●	
	Inpatient Falls	6.95	Month	Aug-23	6.70	○	▲	▼	●	
	Inpatient Falls with Harm	1.44	Month	Aug-23	1.36	○	▲	▲	●	
	Pressure Ulcers	0.89	Month	Aug-23	0.77	○	▲	▲	●	
	SAB - HAI/HCAI	18.8	Month	Aug-23	14.0	○	▼	▼	●	QE Jun-23
	C Diff - HAI/HCAI	6.5	Month	Aug-23	3.5	○	▼	▼	●	QE Jun-23
	ECB - HAI/HCAI	33.0	Month	Aug-23	38.4	○	▲	▼	●	QE Jun-23
	S1 Complaints Closed in Month on Time	80%	Month	Aug-23	42.6%	●	▼	▼	●	2021/22
	S2 Complaints Closed in Month on Time	50%	Month	Aug-23	11.1%	○	▼	▲	●	2021/22
	S2 Complaints Due in Month and Closed On Time	N/A	Month	Aug-23	10.9%	●	▼	▲	●	
Operational Performance	IVF Treatment Waiting Times	90%	Month	Jun-23	100.0%	●	◀▶	◀▶	●	
	4-Hour Emergency Access (A&E)	95%	Month	Sep-23	73.3%	○	▼	▲	●	Aug-23
	4-Hour Emergency Access (ED)	82.5%	Month	Sep-23	65.0%	●	▼	▲	●	Aug-23
	Patient TTG % <= 12 Weeks	100%	Month	Aug-23	41.0%	●	▼	▼	●	Jun-23
	New Outpatients % <= 12 Weeks	95%	Month	Aug-23	44.7%	●	▼	▼	●	Jun-23
	Diagnostics % <= 6 Weeks	100%	Month	Aug-23	47.2%	●	▲	▼	●	Jun-23
	Cancer 31-Day DTT	95%	Month	Aug-23	90.6%	○	▼	▼	●	QE Jun-23
	Cancer 62-Day RTT	95%	Month	Aug-23	77.1%	○	▼	▼	●	QE Jun-23
	Detect Cancer Early	29%	Year Ending	Dec-22	27.6%	●	▼	▲	●	2020, 2021
	Freedom of Information Requests	85%	Month	Sep-23	86.5%	●	▲	▲	●	
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Sep-23	10.7%	●	▼	▲	●	QE Dec-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Sep-23	6.7%	○	▼	▲	●	QE Dec-22
	Antenatal Access	80%	Month	Aug-23	81.8%	●	▼	▼	●	CY 2022
Finance	Revenue Resource Limit Performance	(£23m)	Month	Sep-23	(£15.868m)	●	—	—	●	
	Capital Resource Limit Performance	£11.551m	Month	Sep-23	£2.278m	●	—	—	●	
Staff Governance	Sickness Absence	4.00%	Month	Aug-23	6.91%	○	▼	▼	●	YE Jun-23
	Personal Development Plan & Review (PDPR)	55%	Month	Sep-23	41.3%	●	▲	▲	●	
	Vacancies - Medical & Dental	N/A	Quarter	Jun-23	9.6%	●	▲	▼	●	
	Vacancies - Nursing & Midwifery	N/A	Quarter	Jun-23	11.4%	●	▲	▲	●	
	Vacancies - AHPs	N/A	Quarter	Jun-23	8.3%	●	▲	▲	●	
Public Health & Wellbeing	Smoking Cessation (FY 2023/24)	473	YTD	May-23	44	●	—	—	●	YT Dec-22
	CAMHS Waiting Times	90%	Month	Aug-23	69.4%	○	▼	▼	●	QE Jun-23
	Psychological Therapies Waiting Times	90%	Month	Aug-23	64.8%	○	▼	▼	●	QE Jun-23
	Drugs & Alcohol Waiting Times	90%	Month	Jun-23	82.8%	●	▼	▼	●	QE Jun-23
	COVID Vaccination (Winter, Age 65+)	85%	Month	Sep-23	6.1%	●	—	—	●	
	Flu Vaccination (Winter, Age 65+)	85%	Month	Sep-23	8.9%	●	—	—	●	
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Jun-23	93.8%	○	▲	▼	●	QE Jun-23
	Immunisation: MMR2 at 5 Years	92%	Quarter	Jun-23	89.8%	○	▲	▼	●	QE Jun-23

Performance Key
- 🟩 on schedule to meet Standard/Delivery trajectory
- 🟧 behind (but within 5% of) the Standard/Delivery trajectory
- 🟥 more than 5% behind the Standard/Delivery trajectory

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

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

Benchmarking Key
- 🟢 Upper Quartile
- 🟡 Mid Range
- 🔴 Lower Quartile
- ⚫ Not Available

c. Projected and Actual Activity

		Month End			Quarter End	Month End			Quarter End	Quarter End	Quarter End
		Apr-23	May-23	Jun-23	Jun-23	Jul-23	Aug-23	Sep-23	Sep-23	Dec-23	Mar-24
ED 4-hour Performance (VHK only)	Projected	67.9%	69.1%	70.6%		71.8%	73.1%	74.6%			
	Actual	64.7%	66.5%	71.3%		69.0%	72.2%	65.0%			
	Variance	-3.2%	-2.6%	0.7%		-2.8%	-0.9%	-9.6%			
Elective Activity Diagnostics	Projected	5,121	5,121	5,121	15,363	5,121	5,121	5,121	15,363	15,363	15,363
	Actual	4,640	4,985	4,768	14,393	5,048	5,422				
	Variance	-481	-136	-353	-970	-73	301				
Elective Activity New Outpatients	Projected	7,573	7,372	7,364	22,309	7,565	7,340	7,432	22,337	22,274	22,308
	Actual	6,092	7,583	7,550	21,225	6,414	7,942				
	Variance	-1,481	211	186	-1,084	-1,151	602				
Elective Activity TTG	Projected	1,138	1,139	1,139	3,416	1,144	1,144	1,145	3,433	3,487	3,492
	Actual	957	1,204	1,242	3,403	918	1,294				
	Variance	-181	65	103	-13	-226	150				
Long Waits Diagnostics > 26 weeks	Projected	140	122	109	109	94	79	63	63	10	0
	Actual	164	171	171	171	152	165				
	Variance	24	49	62	62	58	86				
Long Waits New Outpatients > 104 weeks	Projected	0	0	0	0	0	0	74	74	212	352
	Actual	0	0	1	1	1	2				
	Variance	0	0	1	1	1	2				
Long Waits New Outpatients > 78 weeks	Projected	77	87	150	150	213	276	339	339	849	1358
	Actual	73	92	85	85	117	186				
	Variance	-4	5	-65	-65	-96	-90				
Long Waits TTG > 104 weeks	Projected	17	15	16	16	21	43	67	67	173	351
	Actual	14	15	20	20	20	20				
	Variance	-3	0	4	4	-1	-23				
Long Waits TTG > 78 weeks	Projected	99	128	159	159	203	258	305	305	547	893
	Actual	79	88	84	84	99	127				
	Variance	-20	-40	-75	-75	-104	-131				
Arthroplasty 4 joint sessions	Projected				25.0%				25.0%	25.0%	25.0%
	Actual	6.0%	12.0%	12.0%	10.0%	17.0%	14.0%				
	Variance				-15.0%						
Same Day Procedures Knee Arthroplasty	Projected				1.9%				1.9%	1.9%	1.9%
	Actual	0.0%									
	Variance				-1.9%						
Same Day Procedures Hip Arthroplasty	Projected				4.3%				4.3%	4.3%	4.3%
	Actual	15.2%									
	Variance				-4.3%						
Cancer Waiting Times 31-Day	Projected				93.8%				94.1%	94.3%	94.5%
	Actual	97.9%	94.5%	97.6%	96.5%	94.7%	90.6%				
	Variance				2.7%						
Cancer Waiting Times 62-Day	Projected				81.9%				82.8%	85.0%	85.4%
	Actual	84.4%	75.3%	74.4%	77.5%	77.9%	77.1%				
	Variance				-4.4%						
CAMHS 18 Weeks RTT	Projected	85.0%	85.0%	85.0%		85.0%	85.0%	70.0%			
	Actual	85.3%	84.8%	76.2%		71.0%	66.5%				
	Variance	0.3%	-0.2%	-8.8%		-14.0%	-18.5%				
CAMHS Waiting List <= 18 weeks	Projected	213	209	216	216	230	218	228	228	235	200
	Actual	249	268	224	224	201	179				
	Variance	36	59	8	8	-29	-39				
CAMHS Waiting List > 18 weeks	Projected	71	89	116	116	113	133	98	98	42	0
	Actual	43	48	70	70	82	90				
	Variance	-28	-41	-46	-46	-31	-43				
Psychological Therapies 18 Weeks RTT	Projected	67.5%	69.4%	66.1%		65.2%	65.1%	73.5%			
	Actual	56.2%	58.5%	55.5%		53.4%	54.3%				
	Variance	-11.3%	-10.9%	-10.6%		-11.8%	-10.8%				
Psychological Therapies Waiting List <= 18 weeks	Projected	888	888	888	888	888	888	888	888	888	888
	Actual	1448	1602	1460	1460	1408	1497				
	Variance	560	714	572	572	520	609				
Psychological Therapies Waiting List > 18 weeks	Projected	1394	1575	1660	1660	1625	1591	1569	1569	1680	1604
	Actual	1128	1136	1173	1173	1227	1260				
	Variance	-266	-439	-487	-487	-398	-331				
Psychological Therapies Waiting List > 52 weeks	Projected	255	237	219	219	201	183	165	165	111	57
	Actual	248	286	273	273	262	262				
	Variance	-7	49	54	54	61	79				

d. Assessment

OPERATIONAL PERFORMANCE

To improve the quality of health and care services	5	5	-	-	-	◄►	Moderate

		Target	**Current**
4-Hour Emergency Access	*National Standard: 95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer*	**95.0%**	**73.3%**
	Local target by March 2024: 82.5% of ED patients to wait less than 4 hours from arrival to admission, discharge or transfer	**82.5%**	**65.0%**

Performance in September decreased from 79.0% to 73.3%, below the 95% national target and just below the 24-month average of 73.9%.

Unplanned attendances decreased slightly from 7888 in August to 7819 in September though average per day increased to 261 (+7 compared to month previous; +14 compared to year previous). Planned attendances saw a decrease from 454 in August to 394 in September.

The number of 8-hour breaches almost doubled from 285 in August to 543 in August; and 12-hour breaches almost tripled from 27 in August to 76 in September. These figures are notably better than breaches reported in September 2022 (785 for 8hr; 275 for 12hr).

In terms of Breach reasons, 'Wait for a bed' saw an increase from 402 to 771 (highest since Mar-23): as a percentage of total breaches in September, this accounted for 36.9% (previous 9 months averaged 33.8%). 'Wait for diagnostic test or results' remained high at 197: as a percentage of total breaches in September, this accounted for 9.4% (previous 9 months averaged 8.3%).

Performance in for Victoria Hospital Emergency Department in September decreased from 72.2% to 65.0%. Unplanned attendances increased slightly from 5918 in August to 5953 in September (+35 compared to month previous; +246 compared to year previous). Planned attendances saw a decrease from 199 in August to 183 in September.

==Service Narrative not received.==

Patient TTG (Waiting)	*All patients should be treated (inpatient or daycase setting) within 12 weeks of decision to treat*	**100%**	**41.0%**

Monthly performance decreased from 42.3% in July 2023 to 41.0% in August, The lowest since August 2021.

Waiting list numbers continue to trend upwards for waits of 'over 12 week with a rise of 647 since April 2023, with a slight reduction in 'within 12 weeks'. Waits 'over 26 weeks' & 'over 52 weeks' continue to trend upwards. Waits 'over 78 weeks' saw an increase from 99 in July to 127 in August. Waits 'over 104 weeks' remained at 20, showing no movement since June, this is below projected figures.

The overall waiting list increased by 2% from July to August.

The available core capacity (including that funded through waiting times allocation from SG) is unable to meet the demand which has been greater than projected for the first 5 months of 2023. Activity for the same period has been less than projected mainly in Cardiology, Gynaecology, Plastics, Surgical Paediatrics, Breast, and Vascular. This has been due to a combination of vacancies reduced demand in some specialities (Vascular and Breast) and planned reductions as a result of reconfiguration of services (Orthopaedics and Gynaecology).

The main specialities of concern for long waits remain Orthopaedics, General Surgery, Urology, Gynaecology and Plastic Surgery. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 78 weeks, however, as routine waiting times increase there are proportionally more patients being assessed as urgent in some specialities which is leading to increasing waits for routine patients.

There has been a continued improvement in maximising the use of capacity for day cases at Queen Margaret Hospital and efforts continue to look for productive opportunities to maximise throughput in theatres and to validate the waiting lists.

New Outpatients	*95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment*	**95%**	**44.7%**

Monthly performance continues to decrease, reducing from 46.9% in July 2023 to 44.7% in August. All waits saw increases: 'over 52 weeks' increased by 18%, though this remains below the projected figures. Waits 'over 78 weeks' saw an increase from 117 to 186 (59%). There is a recorded instance of a wait 'over 104 weeks.

The largest number of over 78 weeks waits are in Gastroenterology & Neurology

The overall waiting list increased by 1% from July to August.

The available core capacity is unable to meet the demand which has been greater than projected for the first 5 months of 2023 and is now above that in 2019. Activity for the same period has been less than projected mainly in Dermatology, ENT, Gynaecology, Neurology, Respiratory and Vascular due to a combination of vacancies, sickness absence and/or clinic capacity not able to be fully remobilised.

It is anticipated that without any additional funding and ongoing pressures in staff absence and vacancies there will continue to be a deterioration in waiting times in line with projections. The specialities showing the greatest and/or fastest increases in numbers of longer waiting patients (>52 weeks) are Vascular, General Surgery, ENT, Urology, Cardiology, Gastroenterology, Endocrinology, Neurology, Respiratory and Gynaecology. There are also some specialities which have improved their overall performance; Medical Paediatrics, Ophthalmology (cataracts) and several subspecialities (hand, shoulder and foot and ankle) in orthopaedics. The focus continues to be on urgent and urgent suspicious of cancer patients as well as the long waiting patients, however, as routine waiting times increase there are proportionally more patients being assessed as urgent in some specialities which is leading to increasing waits for routine patients.

There has been a continued focus on productive opportunities to maximise use of capacity and to validate the waiting lists as well as recruiting to vacant consultant posts.

Diagnostics	*100% of patients to wait no longer than 6 weeks from referral to key diagnostic test*	**100%**	**47.2%**

Monthly performance increased from 44.3% in July 2023 to 47.2% in August, this is the first increase since February 2023. For patients waiting less than 6 weeks.

Endoscopy saw a small increase in performance (from 46.2% to 47.2%) and Imaging saw an increase (from 44.1% to 47.1%). Endoscopy waiting list has decreased from 817 in July to 753 in August.

In terms of waiting list numbers, Imaging has decreased to 8599. MRI saw numbers increase from 1360 in July to 1422 in August. CT saw a decrease of 254 (from 1352 to 1098) the third successive month of decrease; Ultrasound saw a slight increase to 6079 the highest recorded monthly number. The diagnostic waiting list overall decreased from 9589 in July to 9352 in August.

The number of those waiting over 6 weeks continues to increase, from 5120 in June to 5356 in July, however this is less than the projected figure of 5836.

In Radiology the available core capacity is unable to meet the demand which has been greater than projected for the first 5 months of 2023 and is now 7% greater than in 2019. Activity for the first 5 months of 2023 has been more than projected mainly in MRI and CT due to additional MRI van capacity funded centrally and the unexpected presence of CT van required for emergency capacity. Activity for Ultrasound has been less than projected due to continued challenges with vacancies. As projected capacity in radiology is not meeting the increasing demand and as the proportion of urgent outpatient referrals increases and the demand for inpatient scans continues waiting times for routine outpatient imaging will deteriorate for all modalities. In line with projections there are now patients waiting over 26 weeks in radiology (in ultrasound) and this is projected to worsen over the coming year and our performance in comparison to other Boards in Scotland is now significantly worse than it was in 2019. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been experiencing long waits. Clinical validation of the waiting lists continues with action taken to expedite referrals as required. Efforts continue to recruit to the vacant ultrasound posts.

In Endoscopy demand for new tests has been slightly lower than expected and slightly less than in 2019 prior to the pandemic. Activity for the first 5 months has been less than projected, however, the capacity figure includes all of the available endoscopy capacity which is used flexibly to manage emergency, Urgent, urgent suspicious of cancer, surveillance and new referrals. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been experiencing long waits. As the proportion of new urgent and urgent surveillance referrals has increased the waiting times for routine patients has not improved as anticipated and there continue to be patients waiting over a year for an endoscopy but performance in comparison to other Boards is good. Clinical validation of the waiting lists continues with action taken to expedite referrals as required.

Cancer 31-Day DTT	*95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment*	**95%**	**90.6%**

Monthly performance in August 2023 decreased from 94.7% in July to 90.6% which is below target.

The number of eligible referrals increased from 132 in July to 138 in August, the highest since August 2021.

There were 13 breaches in August 2023, 9 attributable to Urology (6 for 'Prostate' 2 'Bladder' 1 for 'Other') and 4 attributable to 'Breast'.

The most recent quarterly publication from Public Health Scotland, covering the quarter ending June 2023, showed that NHS Fife was in the mid-range of all Mainland Health Boards.

There were nine urology breaches in August, two bladder, 6 prostate and 1 urology other. All urology breaches were surgical and dependant on theatre and surgeon capacity. Robotic surgery capacity remains an issue, however, additional theatre sessions are taking place and we can assess the impact of these additional sessions.

	Target	Current

Additionally, breaches were seen within Breast, all 4 patients affected by theatre capacity and absence. Range 3-84 days with an on average breached by 25 days.

		Target	Current
Cancer 62-Day RTT	*95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral*	**95%**	**77.1%**

Monthly performance in July 2023 decreased from 77.9% in July to 77.1% in August.

The number of eligible referrals decreased from 95 in July to 83 in August.

There were 19 breaches in August 2023 with 13 of these (56.5%) attributable to Prostate.

The most recent quarterly publication from Public Health Scotland, covering the quarter ending June 2023, showed that NHS Fife was in the mid-range of all Mainland Health Boards.

Urgent suspected cancer referrals remain stubbornly high, particularly in breast, colorectal and urology. In terms of performance urology continues to be our biggest challenge with 16 breaches seen. The main reasons attributing to breaches were delays between many steps throughout the pathway, except for waits to 1st outpatient appointment. The CRUK nurse-led pathway pilot was initiated in August, to improve waits from referral to MDT, impact will be measured in due course.

The range of breaches for prostate 6 - 201 days, average 65 days.

There were further breaches seen, two lung, two breast, two H&N and one UGI OG. These breaches were due to lack of resources in radiology and SACT, extensive staging, investigations and theatre capacity within these increasingly complex pathways. Range for all breaches 1- 201 days, average 48 days.

		Target	Current
Delayed Discharges	*The % of Bed Days 'lost' due to Patients in Delay (excluding those marked as Code 9) is to reduce*	**5.0%**	**6.7%**

The percentage of bed days lost to 'standard' delays increased slightly to 6.7% between August and September 2023. This is above the 5% target and just above the 24-month average of 6.6%. The number of bed days lost to 'Code 9' delays in September decreased by 10 compared with August (>1%).

The number of bed days lost 'Excluding Code 9' increased by 164 in September compared with August (+9.4%).

Comparing year-on-year, the numbers in delay at census point was similar for standard delays (< 2% difference) but less in Sep-23 for 'Code 9' delays (7.5% difference).

Community saw lower numbers of 'Code 9' and 'Standard' delays than were seen in Sep-22.

MH/LD continue to see higher numbers of 'Code 9' delays than was seen in the corresponding month the previous year (average for Nov21-Sep22 was 9.5; average for Nov22-Sep23 was 14).

During week commencing 18-Sep, The Hub recorded 127 discharges and this was followed up by 123 the week of 02-Oct. The weekly profile continues to see performance maintained between 90 and 100 exits from the Acute setting. Comparing year-on-year, this has increased by 40 more patients per week being discharged home or to a homely setting. Integrated discharge teams in Acute and Community continue to ensure Planned Day of Discharge (PDD) is effective and efficient: however, there has been an increase in assessment bed referrals; and deteriorating Covid picture in the community hospitals have impacted on flow, especially patients discharging to long-term care. We also have to recognise the challenges of care home placement for patients with high complexed needs that has significantly impacted on flow: limited capacity throughout care homes also continues to remain challenging. All of these challenges identified have contributed to the increase in bed days lost between August & September. Multi-disciplinary team working continues with all hubs having a multi-professional presence on site to support holistic timely assessment for patients. Daily and weekly whole system verification continues and a targeted piece of work remains in place for all 51X codes. Plans continue to progress PDD within planned care. A Test of Change continues with the Front Door and Hub team collaboratively working with Acute colleagues to support criteria-led discharge and this has had a positive impact on weekend flow and opening OPEL position at the start of the week. Plan for TOC to implement electronic referral process to the VHK Hub to support 24-hour and 7-day request for service.

FINANCE

	To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate

		Forecast	**Current**
Revenue Expenditure	*Work within the revenue resource limits set by the SG Health & Social Care Directorates*	**(£23m)**	**(£15.868m)**

A £15.8m revenue overspend is reported for the first six months of the financial year for Health Board retained services and includes the Scottish Government additional funding relating to NRAC parity and New Medicine Funding which has been allocated to the position.

The main drivers of the overspend continue to be spend on supplementary staffing, external SLAs, ongoing Covid Legacy costs and the cost of surge. Inflation and the cost-of-living pressures are more than the levels identified in the Financial Plan. Moreover, we continue to be challenged to deliver the in year savings programme.
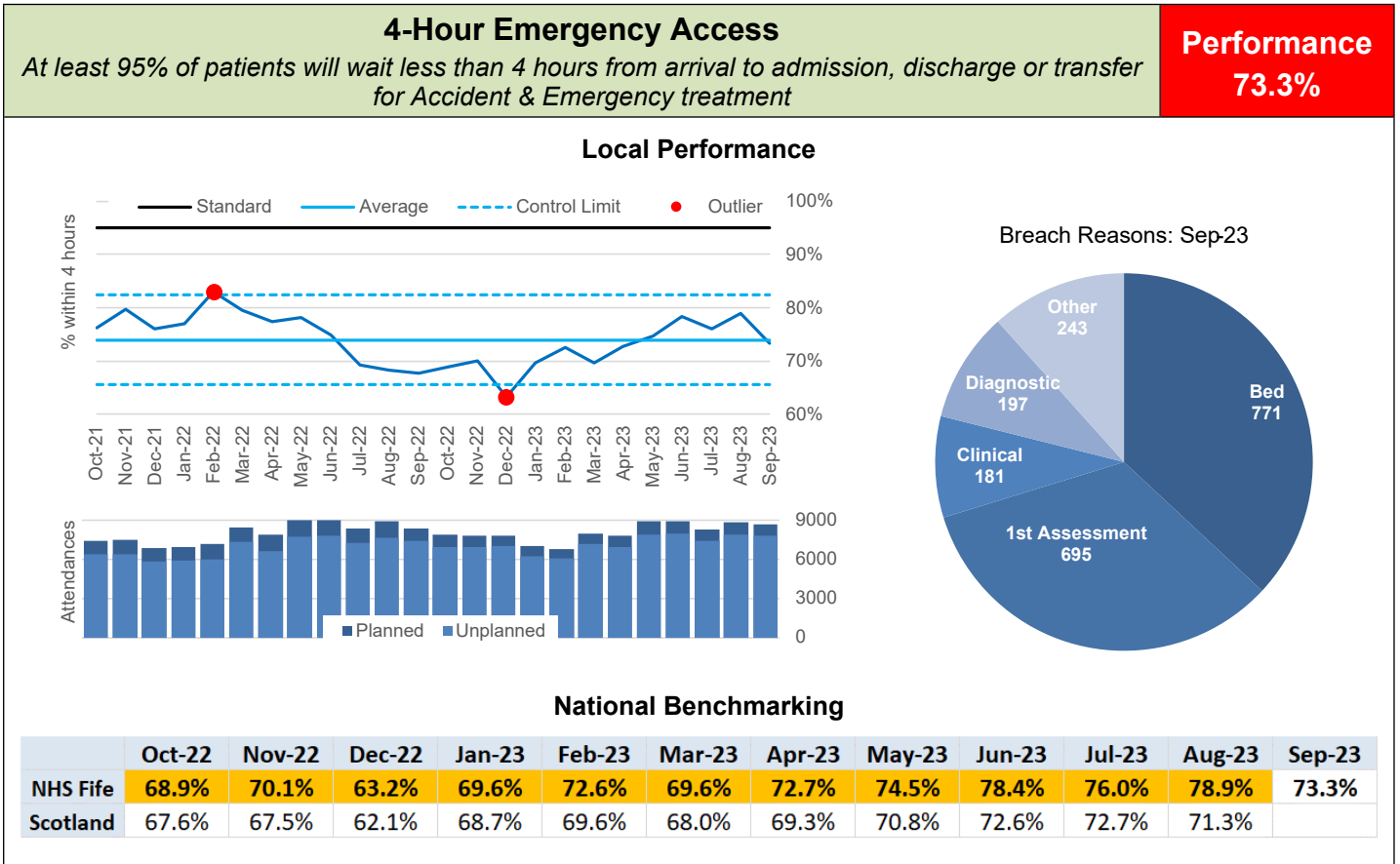
Current projections continue to indicate a forecast outturn of £23m which is significantly more than our current approved financial plan position of £10.9m overspent. Following our Q1 review with Scottish Government, they have requested we continue to identify more actions between now and the financial year end to improve our forecast outturn and move towards break even.

Capital Expenditure	*Work within the capital resource limits set by the SG Health & Social Care Directorate*	**£11.551m**	**(£2.278m)**

The Capital Forecast for August 2023 reflects Capital Resource Limit (CRL) of £7.764m as advised by Scottish Government plus anticipated allocations for several specific projects as discussed at FCIG. A relatively low level of capital expenditure has been incurred for the period which is not unusual at this relatively early stage in the financial year. The majority of capital expenditure generally occurs in the latter half of the financial year. Spend to September includes completion of the refurbishment works within theatres at QMH.

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

e. Performance Exception Reports

4-Hour Emergency Access *At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident & Emergency treatment*	Performance 73.3%

Local Performance

Standard — Average — Control Limit --- Outlier ●

% within 4 hours

Oct-21, Nov-21, Dec-21, Jan-22, 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, Mar-23, Apr-23, May-23, Jun-23, Jul-23, Aug-23, Sep-23

Attendances — Planned ■ Unplanned

Breach Reasons: Sep-23

- Bed 771
- 1st Assessment 695
- Other 243
- Diagnostic 197
- Clinical 181

National Benchmarking

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
NHS Fife	68.9%	70.1%	63.2%	69.6%	72.6%	69.6%	72.7%	74.5%	78.4%	76.0%	78.9%	73.3%
Scotland	67.6%	67.5%	62.1%	68.7%	69.6%	68.0%	69.3%	70.8%	72.6%	72.7%	71.3%	

Key Deliverable	End Date

Off track	At risk	On track	Complete	Suspended	Proposed

		End Date
Develop and scope ambulatory models of care supporting early supported discharge and admission prevention		**Sep-23**
Key Milestones	Relocation of Haematology Day Unit to VHK site and increase treatment capacity to provide a sustainable service meeting legislative guidelines and future-proof patient services for Haematology patients in Fife	Apr-23
	Outcome report and future demand/capacity planning based on results of the 22/23 Ambulatory Care SLWG	Apr-23
	Detail requirements by specialty and workforce requirements to support	Apr-23
	Scope option appraisals and submit for approval	Jun-23
	Approval	Oct-23
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach		**Mar-24**
Key Milestones	ED Staffing model proposal to EDG	Jan-24
	In collaboration with HSCP, develop an in reach model for people requiring mental health support UCAT. Develop an in reach model for people requiring addictions support for recovery and crises management	Mar-24
	In collaboration with HSCP, develop appropriate alternatives to attendance at A&E, minimise the need for admission, and reduce length of stay and increase options and processes for timely and appropriate discharge	Oct-23
Improve Same Day Emergency Care and rapid assessment pathways		**Jun-24**
Key Milestones	Sustainable staffing model in RTU	Jan-24
	Develop and integrated pathway between RTU and OPAT/ECAS with seamless pathways from Primary Care	Sep-23
	Expansion of ECAS out of hours	Jun-24
	Increase to 7-day service OPAT	Jun-24

|		
Develop a workforce and delivery model that is financially sustainable		**Oct-23**
Key Milestones	Establish a Finance and Workforce Group	Jun-23
	Conduct an options appraisal to determine a sustainable workforce model that will provide value for money: Review inward referral routes and scrutinise current model against role descriptions	Dec-23
	Develop options appraisal for submission to FNC SOG.	Dec-23
	Identify upskilling opportunities for the FNC to strengthen confidence and build capacity of staff	Dec-23
	Delivery of the model agreed following appraisal and ratification at FNC SOG.	Dec-23
Improve existing pathways and develop new pathways that ensure patients receive the right care at the right time		**Oct-23**
Key Milestones	Establish a Pathways Group	Jun-23
	Establish a FNC Clinical Governance Group	Jun-23
	Improve and increase number of pathways FNC can access: Review existing pathways in and out of the Flow Navigation Centre (FNC) and identify new opportunities and areas for expansion	Jul-23
	Develop robust verification process to identify opportunities for pathway development/improvement	Jul-23
	Progress pathway development/improvement after ratification at FNC Clinical Governance Group	Sep-23
	Review list of identified pathways for development and present prioritisation for progression to the FNC Strategic Oversight Group (SOG) for ratification	Oct-23
	Develop internal communication plans to ensure people access are in the right place, at the right time	Oct-23
	Test, evaluate, and implement pathways using a data driven and QI approach	Oct-23
Develop data metrics and KPIs that assure and promote confidence in the effectiveness of the FNC		**Oct-23**
Key Milestones	Establish a Data and Digital Group	Jun-23
	Develop an improvement plan for data collection and reporting ensuring confidence and assurance in the data: Scrutinise the current methods of data collection and reporting and identify opportunities for improvement with Flow Navigation Centre and Planning and Performance teams - Understand local and national sources for data collection - Review business case submitted by FNC for implementation of Trak Care interface with Adastra to improve data collection - Submit exploration conclusions and recommendations to Flow Navigation Centre (SOG for ratification)	Dec-23
	Work with FNC Clinical Care Governance and Assurance (CCGA) group on agreement of definitions for 'front door', 'redirection', and 'admission avoidance' to provide consistency and clarity for data	Jul-23
	Draft KPI's to be submitted to FNC SOG	Dec-23
	Develop KPI dashboard for FNC following approval	Oct-23
Improve scheduling processes within FNC increasing the use of Near Me where appropriate and further utilise the Rapid Triage Unit (RTU) as a means of scheduling patients		**Dec-23**
Key Milestones	Work with the FNC Pathways Group to identify opportunities for scheduling in line with pathways development	Dec-23
	Work with the FNC to ensure they are technically able to book appointments for patients in to MIU / ED	Sep-23
	Work with FNC Clinical Governance group to identify digital requirements within manual process for scheduling Hot Clinics	Dec-23
	Embrace use of digital technology for virtual consultations through increasing the use of Near Me: Review referral processes within FNC and identify opportunities for appropriate use of Near Me - Provide training to refresh / upskill staff in use of Near Me	Dec-23

OPERATIONAL PERFORMANCE

Patient TTG We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed	**Performance 41.0%**

Local Performance
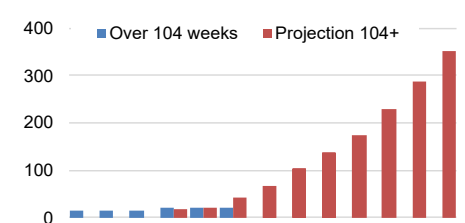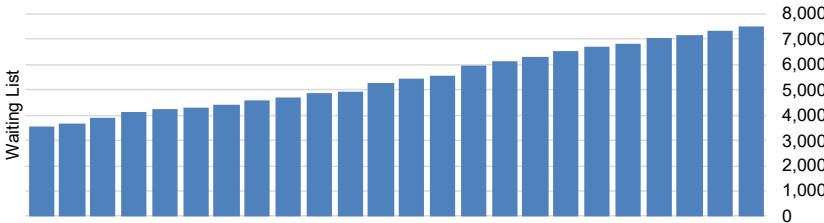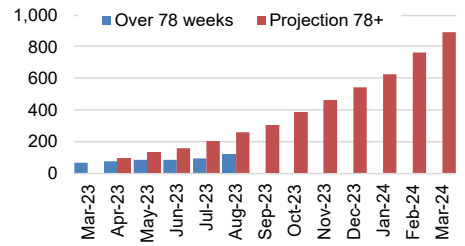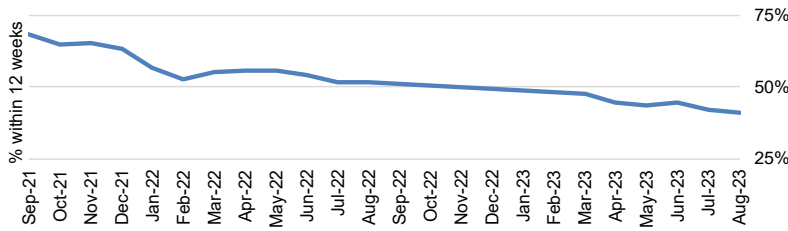
National Benchmarking

	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23
NHS Fife	65.0%	52.0%	69.4%	69.3%	65.0%	57.1%	55.6%	52.2%	51.3%	47.8%	45.1%
Scotland	37.8%	35.6%	39.8%	38.4%	35.4%	34.7%	32.0%	32.2%	31.7%	32.3%	32.2%

Key Deliverable		End Date

Off track	At risk	On track	Complete	Suspended	Proposed

Enhance Theatre efficiency		**Mar-24**
Key Milestones	Improve ERAS visibility and development of robust mechanisms for reporting	Mar-24
	Engagement with national drives toward standard high volume same procedure lists (Cataracts)	Oct-23
	Reduce unwarranted variation and adopt minimum standards per procedure across theatre productivity, day case activity and start and finish times	Dec-23
	Roll-out of Buddy Health digital platform in Orthopaedics for Preassessment	Oct-23

Develop, Enhance and re-invigorate Regional Networks		**Dec-23**
Key Milestones	Development of regional working with OMFS	Dec-23
	Regional Network with Tayside for Vascular	Dec-23
	Regional working with Tayside for Plastic Surgery	Dec-23
	Regional Working with Lothian for routine surgery of childhood	Dec-23
	Good links with Lothian and SE Networks for Cancer	Dec-23
	Regional working with Forth Valley for Breast Service	Oct-23
	Refresh small volume SLAs to streamline decision making	Dec-23

| **Operationalise NTC**		**Mar-24**
Key Milestones	Operationalise Lothian patients being treated in NTC	Nov-23
	Development of a regional network to help support image guided injection	Mar-24
	Identify high volume pathways for redesign	Mar-24
Maximising Scheduled Care capacity		**Mar-24**
Key Milestones	Explore re-allocation QMH to reduce high volume backlog in specialties	Oct-23
	Deliver actions within System Flow Improvement Plan to protect planned care capacity (SSSU)	Mar-24
	Identify and remove barriers to optimise BADS procedures within a day case setting in QMH	Mar-24
	Capital investment to create procedure room in QMH Day Surgery facility	Sep-23
Validation of waiting lists for patients waiting over 52 weeks including engagement with the National Elective Co-ordination Unit (NECU) to support validation		**Oct-23**
Key Milestones	Contact with NECU team	Apr-23
	Procure Electronic system for administrative Validation	Apr-23
	Agree implementation plan with Digital team	Oct-23
	Date set for NECU team to present to Senior Leaders in Acute Division	Sep-23
	Obtain NECU protocols	Sep-23
	Amend local systems and processes in line with NECU protocols	Oct-23
	Implement Digital solution	Oct-23
Embedding potential alternatives for treatment		**Apr-24**
Key Milestones	Meet with HSCP to look at waiting well options - using orthopaedics as test	Apr-23
	Test access to 'The Well ' for orthopaedics	May-23
	Evaluate data from initial test of Change for Orthopaedics to understand resource implications	Oct-23
	Develop a plan of how to scale up test of change	Nov-23
	Access to 'The well' for priority specialities	Mar-24

OPERATIONAL PERFORMANCE

New Outpatients	Performance 44.7%
95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	

Local Performance
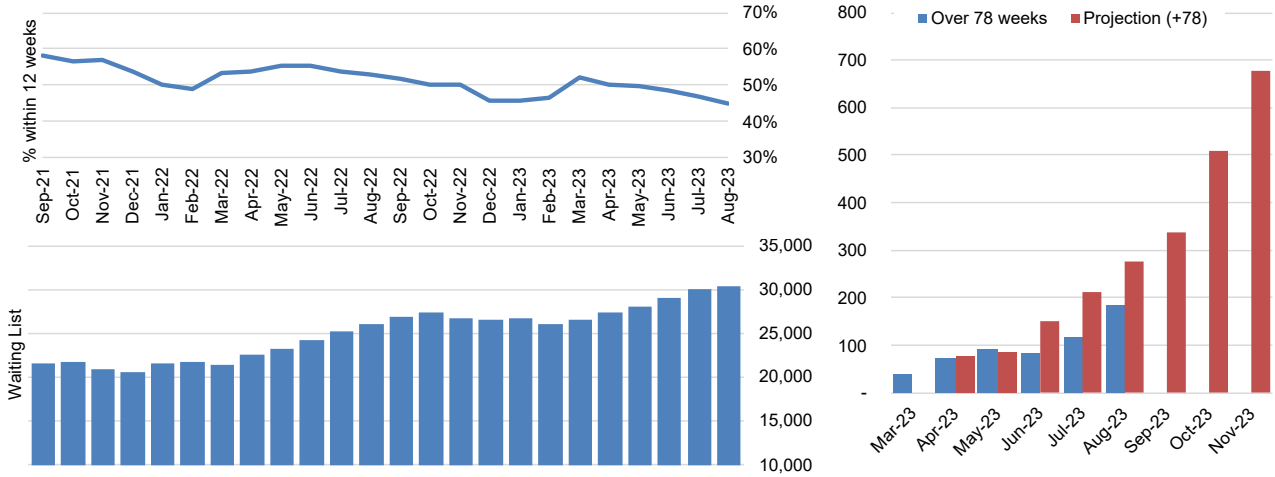
National Benchmarking

	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23
NHS Fife	57.0%	52.6%	62.2%	57.9%	53.5%	53.4%	54.8%	51.0%	45.6%	51.5%	48.1%
Scotland	48.0%	48.5%	53.8%	48.9%	47.1%	50.1%	49.5%	47.0%	44.1%	47.1%	45.5%

Key Deliverable		End Date
Off track	At risk On track Complete Suspended	Proposed

Review and redesign Outpatient capacity to maximise capacity and timely access		Oct-23
Key Mileston	Engagement with national ENT Access QI project	Oct-23
	Review processes to optimise space and templates in line with Royal College recommendations	Oct-23

| Implement robust ACRT processes		Dec-23
Key Milestones	Engage with services establish contacts and agree which sub-specialties are suitable	Apr-23
	Establish implementation group and prioritise services	May-23
	Work with 11 services to map patient pathways	Oct-23
	Commence review of outcomes and communications for 2 services (Dermatology, Urology), roll out in one service (Dermatology)	Dec-23

Implement robust PIR processes		Dec-23
Key Milestones	Engage with services establish contacts and agree which sub-specialties are suitable	Apr-23
	Establish implementation group and prioritise services	May-23
	Work with 11 services to map patient pathways	Oct-23
	Commence review of outcomes and communications for 2 services (Dermatology, Urology), roll out in one service (Dermatology)	Dec-23

OPERATIONAL PERFORMANCE

Diagnostics Waiting Times	Performance
No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests appointment	**47.2%**

Local Performance
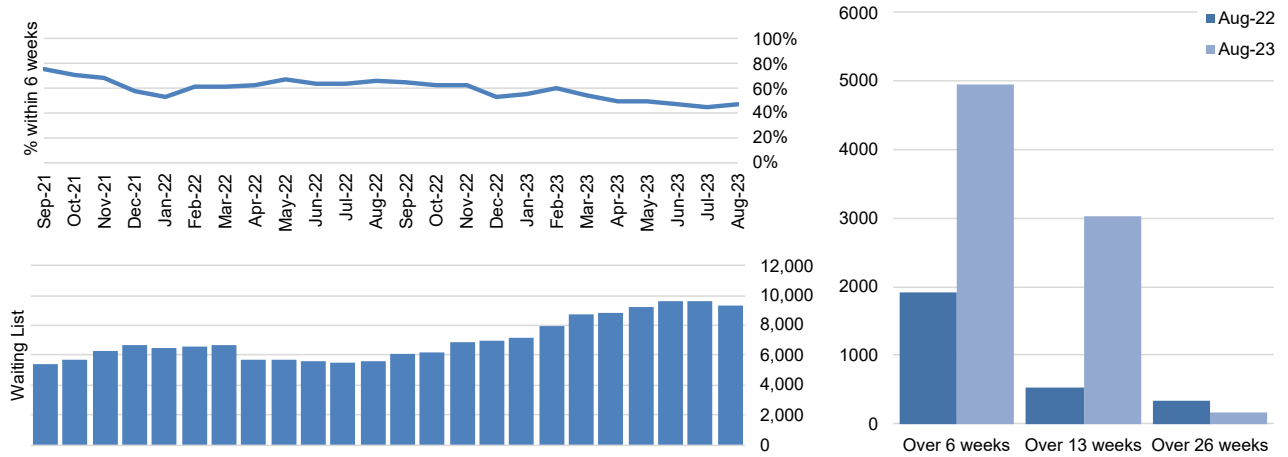
National Benchmarking

	Dec-20	Mar-21	Jun-21	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23
NHS Fife	96.0%	80.7%	90.7%	75.8%	57.9%	61.7%	63.6%	64.7%	53.4%	54.7%	47.0%
Scotland	55.9%	61.4%	62.6%	57.8%	49.6%	49.6%	47.5%	47.9%	45.9%	52.1%	49.9%

Key Deliverable		End Date

Off track	At risk	On track	Complete	Suspended	Proposed

Expanding Endoscopy capacity and workforce		**Dec-23**
Key Milestones	Develop MDT Improvement Project Team to identify areas for streamlining to national drivers as well as local needs	Dec-23
	Testing and delivery of improved booking processes	Dec-23
	Implementation of Nurse Cystoscopy pathway	Dec-23
	Recruitment of full-time education co-ordinator and introduction of monthly training session for all Endoscopy staff	Dec-23
	Development of existing RCDS pathways	Oct-23
	Review and re-vetting of Surveillance backlog	Oct-23
To achieve additional capacity to meet 6 week target for access to 3 key Radiology diagnostic tests (MR,CT&US)		**Mar-25**
Key Milestones	Confirm waiting times funding allocation for 2023/24	Dec-23
	Determine capacity gap for MR,CT,US based on WT funding for additional activity	Dec-23
	Access funding streams e.g. cancer waiting times funding to support the delivery of additional activity in CT	Dec-23
	Develop equipment and workforce plan	Mar-24

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
77.1%

Breaches; QE Jun -23

Key Deliverable	End Date

Off track	At risk	On track	Complete	Suspended	Proposed

| Adoption of the Framework for Effective Cancer management to improve delivery of Cancer Waiting Times		**Mar-24**
Key Milestones	Work toward implementation of the Effective Breach Analysis SOP	Mar-24
	Undertake a deep dive in relation to prostate performance and explore a nurse led model within the service	Oct-23
	To embed the Realistic Medicine Framework into Cancer Services	Mar-24
	Continue to review cancer pathways to reduce waits between steps in the pathway, including agreement of specific milestones to improve efficient escalation	Mar-24
	Review protocol and guidance for GP direct access to CT	Oct-24
	Scope the opportunity for community pharmacists to develop a referral pathway for lung and head & neck	TBC
	Audit GP referrals	Mar-24
	Introduce ACRT into cancer services	Mar-24
	Develop the Regrading Framework	Dec-23
	Ensure all MDT Terms of Reference are up to date	Oct-23
	Improved digital tracking solution	Mar-24
To ensure routine adherence to optimal diagnostic pathways		**Mar-24**
Key Mileston	Recruit to additional cancer lung posts	Dec-23
	Measure improvement	Dec-23
	Recruit to urology posts	Aug-23

OPERATIONAL PERFORMANCE

Delayed Discharges (Bed Days Lost)
We will limit the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied

Performance 6.7%

Local Performance

Census
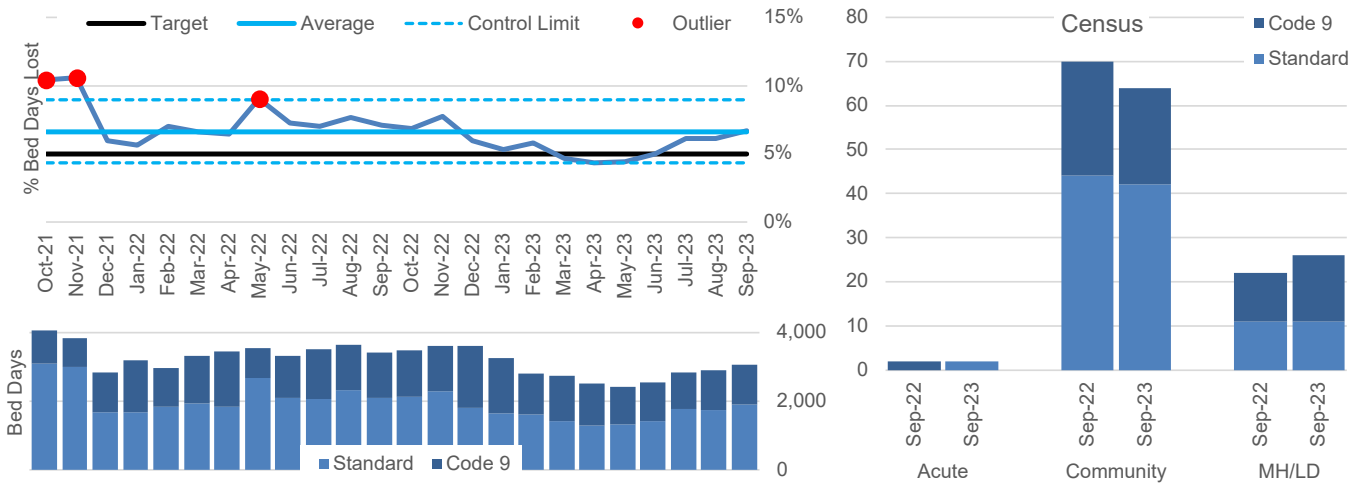
National Benchmarking

% Bed Days Lost		Quarter Ending										
		2020/21			2021/22				2022/23			
		SEP	DEC	MAR	JUN	SEP	DEC	MAR	JUN	SEP	DEC
NHS Fife	Standard	6.8%	5.4%	5.7%	9.2%	10.4%	9.0%	6.4%	7.6%	7.3%	6.8%
	All	10.1%	9.6%	10.9%	14.4%	14.8%	12.4%	11.1%	11.8%	11.8%	11.6%
Scotland	Standard	5.1%	4.8%	4.6%	5.0%	6.7%	7.1%	7.2%	7.2%	7.9%	8.0%
	All	7.1%	7.3%	7.3%	7.4%	9.3%	9.6%	10.3%	10.2%	10.7%	11.1%

Key Deliverable		End Date
Off track		
At risk		
On track		
Complete		
Suspended		
Proposed		

	Key Deliverable	End Date
	Improve flow within the VHK site, reducing length of stay and number of patients boarding. Accurate PDD to inform planning for discharge, coordinated with the Discharge Hub	**Nov-23**
Key Milestones	Develop weekend discharge support team to improve flow across 7 days including criteria led discharge capability	Nov-23
	Improved use of electronic systems to improve flow including electronic bed requests	Nov-23
	Effective use of PDD data to pre plan occupancy of discharge lounge	Nov-23
	Early intervention: enhancing workforce skillsets to support new models of care ensuring early discharge and prevention of admission and local frameworks for frailty	**Mar-24**
Key Milestones	Enhance skills in Community Nursing to further support early discharge and prevention of admissions through administration of IV antibiotics	Dec-23
	Enhance outpatient parenteral antibiotic therapy service delivered by Hospital at Home	Dec-23
	To build the capacity of the existing MCN service to include an MCN for Frailty	Dec-23
	To increase direct referrals from Scottish Ambulance Service to the Community Respiratory Service for exacerbations of chronic respiratory conditions to reduce unnecessary admissions to acute hospitals	Dec-23
	Review and redesign of Assessment and Rehabilitation Centre model	Mar-24

			Dec-23
	Discharge without Delay: PPD goals in community hospitals; transforming roles / skill mix		**Dec-23**
Key Milestones	Care at Home Assessment Practitioners, social workers and MHOs to be based within the Community Hospitals across Fife, working with the Patient Flow Co-ordinators, Physio's and OT's to identify and assess early those requiring support from Care at Home to return to their own home, ensuring PDD's are met		Oct-23
	Increase capacity of Fife Equipment Loan Store Service (FELS) to deliver and collect community equipment on behalf of Fife residents in a timely manner. This critical service will support timely hospital discharge and prevention of admission to hospital or long term care whilst meeting the current demands (Nov23) move to DwD on first driver		Nov-23
	Transformation of Community Nursing roles to meet the needs of the community: increase number of ANPs (role in identifying and treating frailty) and unregistered B4; fully utilising B2&3 and working closely with Care at Home to support where possible and reduce footfall		Dec-23
	Reduce delayed discharge by further embedding Planned Day of Discharge using a criteria led discharge approach		Dec-23
	Bed Base: reduce the dependency on inpatient rehabilitation and deliver it at home or in a homely setting		**Dec-24**
Key Miles	Deliver enhanced care and rehabilitation community services to support the delivery of care within the right environments for the people of Fife		Dec-24
	Home First: people of Fife will live long healthier lives at home or in a homely setting		**Dec-24**
Key Milestones	Continue to build the SPOA model within Specialist Palliative Care Services, working with the ambulance service to prevent unnecessary admission to hospital for end of life patients		Oct-23
	Enhance integration and collaboration with Hospital at Home and Acute Services to ensure early supported discharge of step down referrals are facilitated in a timely manner		Dec-23
	Implement measurement and reporting tool for the successful implementation of the Home First vision		Dec-23
	Look at frequent admission patients and explore reasons for failed admission to strengthens discharge planning		Dec-23
	Enable Prevention and Early Intervention through creation of new pathways and single point of access to coordinate care in the community		Dec-24

NHS Fife

NHS SCOTLAND

Meeting:	**Finance, Performance and Resources Committee**
Meeting date:	**14 November 2023**
Title:	**Financial Improvement and Sustainability Programme Progress Report**
Responsible Executive:	**Margo McGurk, Director of Finance and Strategy**
Report Author:	**Maxine Michie, Deputy Director of Finance**

1   Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

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

2.2   Background

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

2.3   Assessment

The Financial Improvement and Sustainability (FIS) board meets monthly and at its October meeting, FIS received an update on the status of the FIS Programme to the end of September as detailed in the table below.

Cost Improvement Schemes	Target per Financial Plan £m	Confirmed Sept £m	Projected £m	Remaining Target to be confirmed	RAG	Recurring
Temporary Staff Reduction	10.00	0.31	7.94			
Surge Capacity Reduction	5.00	0.00	0.00			
Corporate Overheads	0.00	0.00	0.00			
Medicines	0.00	1.31	2.00			
Vacancy Factor (Corporate)	0.00	0.14	0.14			
Public Health	0.00	0.01	0.01			
Acute Services	0.00	0.83	0.93			
Estates & Facilities	0.00	0.13	1.33			
Balance Sheet Review	0.00	2.65	2.65			
Total	**15.00**	**5.38**	**15.00**	**9.62**		**2.56**

By the end of September anticipated cost improvement plans (CIP) of £5.38m were confirmed as delivered, however only £2.56m is confirmed on a recurring basis. The absence of recurring savings creates increased challenge in subsequent years as targets not achieved on a recurring basis will require to be carried forward.

Temporary Staffing
Despite the range of actions being taken to invest in increasing substantive staffing levels, the spend on temporary staffing has remained high, in fact spending more this financial year than in the previous year. Following a deep dive during September into the expenditure on temporary staffing, particularly nursing and medical staff, the following was confirmed.

- Following investment in permanent consultant posts, a reduction in temporary staff locum spend was noted in September. The time lag between decision to invest and permanent staff being place reflects the time taken to recruit into posts.
- Investing in Gateway Doctors rather than junior medical locums commenced in August providing a more cost-effective approach to managing gaps in rotas and provides a future cohort of staff to potentially fill available vacancies at the end of their two year period with NHS Fife. This approach to filling rota gaps has also enabled junior doctor rota compliance.
- Despite a significant increase in the numbers of unregistered staff recruited, we have seen only a very small change in the deployment of temporary unregistered staff across services.

A reduction of £0.912m in medical costs is expected by the end of March following the actions taken as described above. Work is also now underway to identify the next steps to move away from the reliance on temporary staffing as permanent staffing numbers increase and to confirm the potential reductions in costs which could be delivered before the financial year end.

Surge Capacity
Initial plans to reduce surge capacity have been impacted by the outcomes of the HIS inspection and patient demand as we move into winter. At this point in time savings are no longer anticipated from reducing surge capacity and alternatives continue to be pursued.

Corporate Overheads
Although no target was confirmed to 2023/24 work continues to identify and assess potential cost improvements within corporate overheads. Additionally, support and data

from the national Finance Delivery Unit has been requested to enable us to benchmark and potentially identify opportunities that may deliver in this financial year but primarily looking towards 2024/25.

Medicines

Work continues to drive out cost improvements across other spend categories including medicines with the Medicines Optimisation Board working to a target of £1m. Plans in place to drive out cost improvements have delivered £1.31m at the end of September. As savings to date have exceeded the original cost improvement target, the target has, with agreement, been stretched to £2m to secure maximum impact.

Estates & Facilities

Work continues on a major contract review to deliver recurring cost reductions and is anticipated to be completed by the end of November. There is a level of confidence that this review will release significant and importantly, recurring cost reductions over the remaining term of the contract.

Acute Services

Whilst savings on medical and nursing staffing along with medicines savings will be delivered across the acute services division, the division has continued to look at other opportunities and have delivered several procurement savings, reductions in legacy covid expenditure and reductions in travel expenditure.

Balance Sheet Review

A review of the Balance sheet has confirmed financial flexibilities of £2.6m to be delivered by the end of the financial year. It is important to note that, whilst helpful, this flexibility is non-recurring in nature.

Outlook

At the mid-way point of the financial year 36% of the in-year target has been confirmed and in delivery. Significant work remains to identify and achieve the remaining balance of £9.62m. A strong focus is required to expedite actions to reduce temporary staffing, remove legacy covid costs, and reduce corporate overheads. Reprioritisation of available funding is also likely to be required to contain costs and move towards cost reduction.

2.3.1 Quality, Patient and Value-Based Health & Care

Quality of care and service provision is underpinned by a sustainable financial strategy. We need to optimise the impact of our resources to ensure our services are sustainable and meet our population's needs which is a key objective of our cost improvement programme.

2.3.2 Workforce

There are no immediate workforce implications associated with this report. However, effective allocation of resources and in-year management of costs supports staff health and wellbeing and is integral to delivering against the aims of the workforce plan.

2.3.3 Financial

Financial implications are considered in the main body of the report.

2.3.4 Risk Assessment / Management

Delivering a balanced financial position and financial sustainability in the medium-term continues to be reported as high risk in the NHS Board's corporate risk register, and is beyond the Board's agreed risk appetite for value and sustainability. Delivery of the £15m cost improvement plan remains particularly challenging with other opportunities in addition to the three initial focus areas already identified now required to provide resilience to delivery of the total target.

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

An impact assessment has not been conducted as it is not relevant to the content of this paper. However all cost reduction plans will individually include the appropriate impact assessment considerations.

2.3.6 Climate Emergency & Sustainability Impact

There are no direct implications arising from this report.

2.3.7 Communication, involvement, engagement and consultation

This paper has been prepared following the October Financial Improvement and Sustainability Board and reflects the position presented and discussed at the board.

2.3.8 Route to the Meeting

This paper has been discussed with the Director of Finance and Strategy.

2.4 Recommendation

2.5

This paper is provided to members for:

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

3 List of appendices

N/A

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NHS Fife

Meeting:	**Finance Performance and Resources Committee**
Meeting date:	**14 November 2023**
Title:	**Procurement Key Performance Indicators**
Responsible Executive:	**Margo McGurk, Director of Finance and Strategy**
Report Author:	**Kevin Booth, Head of Financial Services & Procurement, Paula Lee, Head of Procurement**

1   Purpose

This is presented to the Committee for:

- Assurance

This report relates to a:

- Annual Operational Plan

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

- Effective

2   Report summary

2.1   Situation

The suite of procurement Key Performance Indicators (KPI's) up to 31 July 2023 were presented to and reviewed by the Procurement Governance Board on 30 August 2023 and are presented to the committee for assurance.

2.2   Background

To ensure that procurement performance is visible to stakeholders across NHS Fife, a comprehensive set of KPI's was agreed as part of the Procurement Strategy 2019–2024.

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 £16.8m, and as of 31 July 2023 the total purchase order spend was £67m. There was an increase in volume noted in April in comparison to April 2022 which was due to the creation of annual based orders, which are receipted and paid monthly, rather than the previous process of creating a new purchase order each month.

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 £13m. To date there have been 50 high value orders at a value of £51m. £39.7m of which relates to PFI provider spend.

Low Value Orders

Pecos purchase orders with a value less than £50k are identified as low value. The average monthly number of these orders is 2,390 with a value of £55k. To date there have been 9,560 low value orders at a value of £221k. 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 July 2023, the overall validated procurement saving for Health Board retained spend was £394k this comprised:

- £258k for direct cash releasing cost savings, £36k of which relates to competitive procurement for specific print documents, £31k for changing to reusable slide sheets, and £31k for switching contract provider for lancets and tourniquets.
- £136k for cost avoidance, £93k of which relates to the capital purchase of theatre equipment via national framework NP173 and £43k by switching contract supplier for national framework NP344 for Injection Equipment.

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 July 2023, the cost pressure was £427k resulting in a net cost pressure of £34k.

The main contract areas contributing to these cost pressures are:

- Catering Products £202k
- Paper Products £87k
- Continence Products £37k

- Waste Management £33k

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

Quick Quotes Published

The number of Quick Quotes awarded in Public Contracts Scotland (PCS) as of 31 July 2023 was 7, with projects ranging from Pharmacy Isolators, Pre-printed Envelopes, Neonatal Cannulation Packs, Rheumatology Services, and Legal Service to Digital & Information projects.

Contract Awards Published

The number of Contracts (£50k and above) awarded to 31 July 2023 was 11 with a value of £2.9m, including the following projects:

- £733k – HEPMA
- £567k – EMIS Licence Renewal
- £500k – GP Medical Services
- £353k – Enterprise User Licence
- £254k – Tiara 9 Support & Maintenance
- £201k – VMWare Remote Support
- £195k – Datix Licence
- £150k – Liberty Contact Centre and Subscription Service
- £130k – Dental Chairs
- £105k – Microtech Maintenance
- £100k – Taxi Services

Tender Waivers

As of 31 July 2023, 2 formal tender waivers were approved totalling £1,056,730. One for GI Manometry equipment (£56,730) unique to specific supplier and linked to existing infrastructure/ systems, and one for Endoscopy services (£1m) to provide continuity of care with existing provider for final year of service.

Payment Performance

The current cumulative performance as of 31 July 2023 for payment performance was:

- 87% by Value and 82% by Volume paid within 10 days which represents a 3% and 19% improvement on the same period last year

- 94% by Value and 92% by Volume paid within 30 days which represents a 1% and 3% improvement on the same period last year.

Catalogue Lines

The percentage of Pecos purchase order lines process, via preloaded catalogues, averages at 90% per month a 1% increase on the same period last year.

Contract Lines and Value

The percentage of lines processed via Pecos purchase orders, which have been contracted, averages at 63% and £1.2m per month. To date the cumulative value of contracted lines is £4.9m representing a 1% increase for the same period last year.

National Distributed Services (NDS) Spend

The average monthly purchase order spend via the NDS is £856k, and to date is £3.4m.

Complaints/Customer Feedback

There have been no formal complaints raised in relation to Procurement services.
The Procurement Helpdesk, Customer Satisfaction report shows the following results based on feedback comments as of 31 July 2023.

Feedback	Previous Report	Current Report
Excellent	63%	76%
Good	20%	18%
Satisfactory	8%	5%
Poor	9%	2%

The information above only relates to satisfaction rates and comments received, the poor responses relate to 3 tickets (0.1%) from a total of 2,697 helpdesk tickets completed.

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: 4 days – GP custom order. 10 days – Sourcing product via quotation from Supply Chain.	There have been 3 poor responses since the last report.

	19 days – Addition of New Supplier.	

2.3.1 Quality / Patient Care
The efficiency and effectiveness of the procurement function supports to deliver high quality patient care.

2.3.2 Workforce
The procurement KPI performance are shared with the procurement team, and any significant issues or improvements are fed back through the Business Assurance group.

2.3.3 Financial
The performance against procurement KPI's support the Finance Directorate in the oversight of financial control.

2.3.4 Risk Assessment / Management
The monitoring of the procurement KPI's is a key component of our controls 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 Board ambitions as an Anchor Institute ensuring the improved flow of funds to the local suppliers where possible.

2.3.6 Climate Emergency & Sustainability Impact
Effective procurement contributes towards the Board response to the climate emergency and improving system sustainability.

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 procurement process.

2.3.8 Route to the Meeting
The monthly procurement KPI's were reviewed at the Procurement Governance Board and endorsed for distribution to the committee on 30 August 2023.

2.4 Recommendation

- **Assurance**

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – PGB Monthly KPIs 2023-2024

1 PGB Monthly KPIs
2023-2024.xlsx

Report Contact

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Procurement Governance Board
MONTHLY KPI SUMMARY

NHS Fife

Our Values			
Care and Compassion	Dignity and Respect	Openness, Honesty & Responsibility	Quality and Teamwork

FY 2032-2024

Current Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Purchase Order Spend	£45 172 015	£9 460 365	£5 171 789	£7 317 083									£67 121 252
Previous Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Purchase Order Spend	£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
Current Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Number	20	11	11	8									50
Value	£40 946 121	£5 332 432	£1 043 989	£3 771 498									£51 094 040

Monthly Purchase Order Spend

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Value	£1 692 226	£0	£384 897	£838 178									£2 915 301
Previous Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Contract Notices Published	5	1	4	2	4	4	2	3	1	3	0	1	30
Value	£721 118	£108 082	£300 444	£474 865	£351 174	£1 542 579	£352 497	£395 893	£103 555	£593 053	£0	£82 046	£5 025 306
Current Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Number	1	0	0	1									2
Value	£1 000 000	£0	£0	£56 730									£1 056 730
Previous Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Number	2	0	0	1	0	1	1	0	3	1	0	3	12
Value	£245 526	£0	£0	£99 188	£0	£164 718	£859 865	£0	£208 795	£60 000	£0	£3 808 993	£5 447 085

Monthly High Value Orders ≥ £50,000

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Excellent	76 %	79 %	84 %	64 %									75,8%
Good	24 %	15 %	10 %	23 %									18,0%
Satisfactory	0 %	4 %	6 %	8 %									4,5%
Poor	0 %	2 %	0 %	5 %									1,8%
Formal Complaints													0
Previous Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Cumulative
Excellent					54 %	35 %	67 %	43 %	70 %	86 %	75 %	78 %	63,5%
Good					13 %	37 %	22 %	32 %	20 %	7 %	20 %	9 %	20,0%
Satisfactory					2 %	15 %	11 %	13 %	4 %	2 %	5 %	8 %	7,5%
Poor					31 %	13 %	2 %	12 %	6 %	5 %	0 %	5 %	9,3%

Monthly Low Value Orders < £50

NHS Fife

NHS SCOTLAND

Meeting:	**Finance, Performance & Resources Committee**
Meeting date:	**14 November 2023**
Title:	**Update on Corporate Risks Aligned to the Finance, Performance & Committee**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Author:	**Pauline Cumming, Risk Manager, NHS Fife**

1   Purpose

This report is presented for:

- Assurance

This report relates to:

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

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

This paper provides an update on the risks aligned to this Committee since the last report on 19 September 2023. Members are invited to:

- note details of the corporate risks as at 30 October 2023 set out at Appendix No. 1.
- review all information provided against the Assurance Principles at Appendix No. 2. and the Risk Matrix at Appendix No. 3.
- consider and be assured of the mitigating actions to improve the risk levels.
- conclude and comment on the assurance derived from the report.

2.2   Background

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

- relevance
- proportionality

- reliability
- sufficiency

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

2.3 Assessment
Strategic Risk Profile

- The profile is unchanged. 18 risks - 13 high and 5 moderate level. See Table 1 below.
- No risks have been closed.
- 1 potential new corporate risk has been identified relating to 'Preparation for the Implementation of the Health and Care (Staffing) (Scotland) Act 2019'. This will be considered by the Staff Governance Committee on 9 November 2023.

Table 1 Strategic Risk Profile

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.

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

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

Strategic Priority	Overview of Risk Level				Risk Movement	Corporate Risks	Assessment Summary of Key Changes
To improve the quality of health and care services	3	-	-	-	◄►	• 6 - Whole System Capacity • 7 - Access to outpatient, diagnostic and treatment services • 8 - Cancer Waiting Times	
To deliver value and sustainability	2	1	-	-	◄►	• 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 13 & 14.

Key Updates

Risk 13 - Delivery of a balanced in-year financial position

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

Deep Dive Reviews

Deep dive reviews continue to be commissioned by the governance committees, with the focus agreed by the Responsible Executive, in consultation with the Chair and Committee members, or via a recommendation from EDG or the Risks & Opportunities Group (ROG). The current schedule is as follows:

Deep Dive	Scheduled Committee Meeting
Risk 8 - Cancer Waiting Times	14 November 2023
Risk 15 - Prioritisation and Management of Capital Funding	16 January 2024

This is the second Cancer Waiting Times deep dive reported to the Committee, following an initial review presented in November 2022.

Based on our experience and learning from the last year, the ROG will make recommendations on the role of the 'deep dive' during the lifecycle of a risk, along with criteria for future reviews. These will form part of a ROG update paper to EDG on 2 November 2023, and will be presented to the Committee in due course for consideration and feedback.

Corporate Risk Reporting

The Corporate Risk Register will continue to be updated to match the Committee cycle, including through review at ROG and its recommendations to the EDG.

The format and content of the corporate risk reports, including deep dive reviews, will continue to evolve. We will also continue to monitor the implementation of the Assurance Levels and identify areas that require further development.

The Committee is advised that an Audit & Risk Committee Development (ARC) session with the topic 'Reviewing Progress and Effectiveness of Risk Management Arrangements and Reporting', took place on 12 October 2023. In summary, the focus included the developments undertaken in the last 12 months to improve corporate risk reporting, consideration of the ARC's responsibilities in this area and the role of the ROG in supporting effective risk management.

The ROG will consider outputs and possible developments from the session and submit recommendations to EDG and the governance committees as appropriate.

Next Steps

The ROG will continue to deliver 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 support staff health and wellbeing, and the quality of health and care services.

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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

Risk Appetite

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

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

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

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

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

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

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

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

- EDG on 2 November 2023.

2.4 Recommendation

- The Committee is asked to take **Assurance** from this report which contains the latest position in relation to the management of corporate risks linked to this Committee. Members are asked to take a "reasonable" level of assurance that, all actions, within the control of the organisation, are being taken to mitigate these risks as far as is possible to do so.

3 List of appendices

The following appendices are included with this report:

- Appendix No.1,Summary of Corporate Risks Aligned to the Finance, Performance & Resources Committee as at 30 October 2023
- Appendix No. 2, Assurance Principles
- Appendix No. 3, Risk Matrix

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Summary of Corporate Risks Aligned to the Finance, Performance & Resources Committee as at 30 October 2023

		To improve the quality of health and care services						
No	**Risk Description**	**Mitigation**	**Current Risk Level**	**Target Risk Level & Rating by dd/mm/yy**	**Current Risk Level Trend**	**Risk Appetite Moderate**	**Risk Owner**	**Primary Committee**
6	**Whole System Capacity** There is a risk that significant and sustained admission activity to acute services, combined with challenges in achieving	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 by 30/04/24	◀▶	Above	Director of Acute Services	Finance, Performance & Resources

	timely discharge to downstream wards and/or provision of social care packages, that the management of Acute hospital capacity and flow will be severely compromised.							
7	**Access to outpatient, diagnostic and treatment services** There is a risk that due to demand exceeding capacity, compounded by unscheduled care pressures, NHS Fife will see	Planning for 2023/24 has been completed in line with planning guidance letter received on 06/02/23. Confirmed funding 20% less than committed staff costs. Agreement by EDG to continue with original plan acknowledging the gap in funding. Planned capacity for OP is 96% and for IP/DC is 99% of that delivered in 2019/20. Reduction is due in the main to clinical staff vacancies. Demand for OP and IP Imaging both is increasing year on year. Capacity is not meeting current demand for OP/IP/DC or Diagnostics.	High 20	It is still not possible to unable to provide a target risk and date given the uncertainty over level of funding	◀▶	Above	Director of Acute Services	Finance, Performance & Resources

	deterioration in achieving waiting time standards. This time delay will impact clinical outcomes for the population of Fife.	The Integrated Planned Care Programme Board is overseeing the productive opportunities work and this along with ongoing waiting list validation seeks to maximise available capacity. 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. 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. Discussions continue with Scottish Government around the need for additional funding to help reduce the waiting times for long waiting routine patients.						
8	**Cancer Waiting Times** There is a risk that due to increasing patient referrals and complex cancer	The prostate project group continues with actions identified to improve steps in the pathway. The nurse-led model went live in August 23. A deep dive into urology performance challenges is being undertaken. The initiation of the lung pathway has been improved to reduce waits between steps in the pathway including integration with the	High 15	Mod 12 by 30/04/24	◀▶	Above	Director of Acute Services	Finance, Performance & Resources

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.	Single Point of Contact Hub. Weekly meetings with Scottish Government (SG) and quarterly monitoring of the Effective Cancer Management Framework continue. The Effective Cancer Management Framework has been updated and actions have been identified for 2023-24. 65% of the actions have been completed An action plan has been developed and is progressing well to implement the Effective Breach Analysis Standard Operating Procedure in to NHS Fife. Work has commenced to take forward the Re-grading Framework which has now been published. An action plan has been developed based on the recommendations. A 6 month review of the Single Point of Contact Hub confirms there has been a reduction in DNAs. Further evaluation will be commenced September 2023. Patient and staff evaluation questionnaires have been sent out and an exercise to assess reduction in patient calls to CNS and feedback from staff users of the service. The Cancer Framework and delivery plan has been launched and priorities are currently being agreed for 2023-24.	

		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.						

To deliver value and sustainability

No	Risk Description	Mitigation	Risk Level	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Risk Appetite Moderate	Risk Owner	Primary Committee
13	**Delivery of a balanced in-year financial position** There is a risk that due to the ongoing impact of the pandemic combined with the very challenging financial context both	The EDG considered the outcome of the Q1&Q2 Financial Performance and Forecast report and has concluded the there is a need to explore further areas for efficiency savings and productive opportunities in light of the current challenge in delivering against the 3 planned areas of focus. A range of potential schemes has been identified which EDG has committed to exploring and recommending action on over the coming months. The financial position has materially deteriorated in Q2 with very limited	High 16	Mod 12 by 31/03/24	◄►	Above	Director of Finance & Strategy	Finance, Performance & Resources

	locally and nationally, the Board will not achieve its statutory financial revenue budget target in 2023/24 without further planned brokerage from Scottish Government.	progress against the in-year cost reduction target. This position has been reviewed to determine actions which can be taken to reduce the level of forecast overspend. Despite ongoing attempts to reduce costs and a commitment to avoid any additional investment in our services, it is highly likely that the Board will require significant financial brokerage to break-even.						
14	**Delivery of recurring financial balance over the medium-term** There is a risk that NHS Fife will not deliver the financial improvement and sustainability programme actions required to ensure sustainable	Strategic Planning and Resource Allocation process will continue to operate and support financial planning. The FIS Programme will focus on medium-term productive opportunities and cash releasing savings. The Board will maintain its focus on reaching the full National Resource Allocation (NRAC) allocation over the medium- term. Scottish Government have received and supported our 5-year medium-term financial plan which includes significant cost savings across all 5 years, ongoing brokerage and commencement of repayment in the latter	High 16	Mod 12 by 31/03/24	◄►	Above	Director of Finance & Strategy	Finance, Performance & Resources

		financial balance over the medium-term.	years of the plan. On 23 October we received a 3-year financial plan commission from Scottish Government. Work is underway to review financial planning assumptions to support completion of this work which requires to be submitted by mid-January 2024.						
15	**Prioritisation & Management of Capital funding** There is a risk that lack of prioritisation and control around the utilisation of limited capital and staffing resources will affect our ability to deliver the PAMS and to support the developing Population Health and Wellbeing Strategy.	Infrastructure developments prioritised and funded through the NHS Board capital plan. Annual Property and Asset Management Strategy (PAMS) report submitted to F, P&R, NHS Board and Government. A further iteration will be presented to the Board in September 2023. Fife Capital Investment Group (FCIG) reviewed the 2022/23 position which showed full utilisation of significant capital allocation and agreed initial allocations for 2023/24 with agreement of all stakeholders.	Mod 12	Mod 8 (by 01/04/26 at next SG funding review)	◄►	Within	Director of Property & Asset Management	Finance, Performance & Resources

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 of Effectiveness of Risk Mitigation

- Relevance
- Proportionality
- Reliable
- Sufficient

Chairs Assurance Report

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

Year End Report

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

General Questions:

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

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

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

Level of Assurance:

Substantial Assurance	Reasonable Assurance	Limited Assurance	No Assurance

Document developed from diagram produced by NHS Lanarkshire based on principles compiled by the Assurance Mapping Group of members of Boards covered by the FTF Internal Audit Service, 2022

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Risk Assessment Matrix

Figure 1

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

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

▢ Very Low Risk (VLR)

▢ Low Risk (LR)

▢ Moderate Risk (MR)

▢ High Risk (HR)

Likelihood of Recurrence Ratings

Figure 2

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

Figure 3: Consequence Ratings

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

NHS Fife

NHS SCOTLAND

Meeting:	**Finance, Performance and Resources Committee**
Meeting date:	**14th November 2023**
Title:	**Deep Dive – Cancer Waiting Times**
Responsible Executive:	**Claire Dobson, Director of Acute Services**
Report Author:	**Claire Dobson, Director of Acute Services**
	Kathy Nicoll, Cancer Transformation Manager

1   Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Government policy / directive
- NHS Board Strategy

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

As part of the Finance, Performance and Resources Committee work plan a series of deep dives into the committee's associated corporate risks was agreed. This report provides the deep dive associated with Risk 8 – Cancer Waiting Times.

The report and deep dive seeks to provide the committee with a reasonable level of assurance.

2.2   Background

In October 2008, the Scottish Government published Better Cancer Care – An Action Plan. The statements in the Action Plan formed the basis for the current standards for cancer waiting times. There are two waiting time standards for cancer in Scotland. The 62-day standard is the time taken from receipt of urgent suspicion of cancer (USC)

referral to start of first treatment for newly diagnosed primary cancers. Patients can be urgently referred by a primary care clinician or general dental physician; referred through a national cancer screening programme; direct referral to hospital where the signs and symptoms are consistent with the cancer diagnosed in line with the Scottish Referral Guidelines for example self-referral to A&E.

The 31-day standard is from the decision to treat to start of first treatment for newly diagnosed primary cancers, regardless of route of referral.

The performance anticipated from the standard is that 95% of all patients diagnosed with cancer should begin treatment within 31 days of decision to treat, and 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral.

The standards are based on the ten main cancer types: Breast, Colorectal, Head and neck, Lung, Lymphoma, Ovarian, Melanoma, Upper Gastro-Intestinal (Hepato-Pancreato-Biliary (HPB) and Oesophago-Gastric (OG), and Urological (prostate, bladder, other) and Cervical.

The corporate risk associated with Cancer Waiting Times is described as:

"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".

This risk was identified through the Acute Cancer Services Delivery Group, recognising the impact on Cancer Performance due to increases in the number of patients referred with an Urgent Suspicion of Cancer (USC) particularly seen in the breast, colorectal and urology tumour specific sites with demand exceeding capacity for specialist investigations and treatments. Cancer pathways and treatments are also becoming more complex.

2.3   Assessment

The deep dive review is provided and presented to the Committee that a reasonable level of assurance can be provided through the progress and activities outlined in the management actions.

Deep Dive Review

Corporate Risk Title	Cancer Waiting Times (CWT)			
Strategic Priority	To improve the quality of health and care services			
Risk Appetite	MODERATE			
Level of Risk Assurance	**Substantial Assurance**	**Reasonable Assurance**	**Limited Assurance**	**No Assurance**

Confirm Assurance Level (Add a Yes)		Yes		
Risk Description	There is a risk that 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.			
Root Cause (s)	There is a continuing increase in the number of patients referred with an Urgent Suspicion of Cancer (USC) particularly seen in the breast, colorectal and urology tumour specific sites with demand exceeding capacity for specialist investigations and treatments. Increased complexity of cancer pathways – with more complex diagnostic pathways as a result of stratified models of care. Increasing complexity of treatment options to deliver targeted care e.g. robotic surgery options, expanding systemic anti-cancer treatment (SACT) options There are an increased number of patients living with a cancer diagnosis with care now more akin to long term disease management which places a strain on the capacity required for ongoing and follow up care (outpatient, inpatient and diagnostic capacity). People diagnosed with cancer is increasing due to the growing and aging population There is a clear link between deprivation and cancer diagnosis- cancer incidence is 30% higher in the most deprived areas compared to the least deprived areas. Around 40% of cancers are thought to be preventable. With lifestyle choices including smoking, diet and alcohol consumption is some of the key determinants.			
Current Risk Rating ([LxC] & Level (e.g. High Moderate, Low)	**Likelihood -** 5	**Consequence -** 3		**Level** HIGH -15
Target Risk Rating([LxC] & Level (e.g. High, Moderate, Low)	**Likelihood -** 4	**Consequence -** 3		**Level** MODERATE-12 **Target Date** 30/04/24
Management Actions				
Action			**Status**	**Impact on Likelihood/ Consequence**

Launch of NHS Fife Cancer Framework 2022-2025 and annual review of delivery plans. Optimal Pathways and integrated care are included in the framework along with viewing CWT targets as a minimum standard. Lung and prostate have been selected as pathways for priority review (lung and prostate are amongst the 5 most common cancers in Fife). The next optimal pathway to be rolled out is Head and Neck.	Significant level of delivery challenge	**Reduce likelihood and consequence**
Adoption of the Framework for Effective Cancer Management with local actions for 2023-24 agreed	On track	**Reduce likelihood and consequence**
Patient representation on governance and project groups to ensure the patient remains at the heart of service improvement.	Completed	**Nil**
Expansion of Single Point of Contact Hub (SPOCH) for centralised support for urological bowel and lung cancers and management of the negative qFIT pathway. SPOCH aims to improve patient experience by providing a central contact point for contact for patients going through a cancer pathway. This supports patient experience and also helps with early identification of potential delays before they are picked up at the patient tracking meeting.	On track	**Reduce likelihood and consequence**
The Rapid Cancer Diagnosis Service (RCDS) for vague symptoms is now embedded and has expanded into tumour specific sites (Upper GI, HPB and Colorectal). Functions within the pathways have been integrated with SPOCH to optimise staff and avoid duplication of effort.	On track	**Reduce likelihood and consequence**
Implementation of the Effective Breach Analysis (EBA) Standard Operating Procedure is being developed through the Acute Cancer Services Delivery Group with actions agreed. The aim is to understand reasons for breach to wider inform service improvement and prevent avoidable breaches through effective escalation.	On track	**Reduce likelihood**
Introduction of the nurse-led Rapid Access Diagnostic Clinic (RADC) in prostate aims to reduce the waits from referral to MDT for a specific range of prostate patients referred urgent suspected cancer.	On track	**Reduce likelihood**
Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PIR) are being introduced in RCDS and Breast services and is under review in other services as part of the Centre for Sustainable Change (CfSD) national pathways review	Significant level of delivery challenge	**Reduce likelihood and consequence**
CWT funding secured to reduce the backlog of patients awaiting prostatectomy and maintain waits of two weeks for both patients referred with a suspicion of breast cancer and those for CT scan.	On track	**Reduce likelihood**
Close monitoring of non-recurring investment to support improvement in cancer waiting times performance to ensure any slippage is redirected for continued improvement	On track	**Reduce likelihood**
Implementation of Regrading Framework to ensure the right patient is on the right pathway at the right time and improved communication between primary and secondary	On track	**Reduce likelihood consequence**

care. Action plan drafted and questionnaire to understand vetting habits.				
Adoption of the Optimal Lung Cancer Pathway and review of the Optimal Head and Neck Cancer Pathway (once finalised) to reduce waits to diagnosis and treatment. Many improvements seen at the point of initiation of the pathway	Significant level of delivery challenge	**Reduce likelihood**		

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

2.3.1 Quality, Patient and Value-Based Health & Care

PERFORMANCE:

	Q1 2023	Q2 2023	Q2 2023 NATIONAL PERFORMANCE	Q2 2023 ANALYSIS
62 day	69.4%	78.8%	73.7%	NHS Fife performance improved from Q1 and above national level
31 day	92.7%	96.7%	95.2%	NHS Fife performance improved from Q1, meeting 31 day target and exceeding national performance

Urgent Suspicion of cancer referrals are a priority for all service areas. Referrals are however increasing as is complexity of care and treatments. The number of people diagnosed with cancer is increasing due to the growing and aging population

There are an increased number of patients living with a cancer diagnosis with care now more akin to long term disease management which places a strain on the capacity required for ongoing and follow up care (outpatient, inpatient and diagnostic capacity).

Where a patient is at risk of breaching the cancer the target a Cancer Tracker will highlight this to the Multi-disciplinary team to expedite the patient pathway where possible. Pathway breaches are reviewed by clinical teams and steps taken to minimise any worsening or deterioration in a patient's condition. However, even within the cancer pathway clinical prioritisation must take place due to levels of demand.

2.3.2 Workforce

Workforce issues such as vacancies, availability and absence can impact on performance levels within cancer waiting times. These issues are managed closely to minimise any

adverse impact. Elements of Fife's cancer pathways rely on support from tertiary centres that are also experiencing the workforce challenges described.

New posts to improve the patient journey have been introduced such as Patient Navigators.

2.3.3 Financial

Each year NHS Fife receives monies to improve cancer waiting times (£730K). To access this funding services are asked to submit bids demonstrating how waiting times will improve for patients. Resource is then allocated based on priority and improvement potential. This year the majority of resource has been allocated to Breast Cancer Services and to Urology.

Where slippage is identified in any of the funded schemes monies are reallocated to another area.

These monies have been allocated by Scottish Government on a non-recurring basis. However from 2024/25 this funding will be recurring.

2.3.4 Risk Assessment / Management

The Risk Management approach continues to be maintained via the Corporate Risk Register, with additional risk reporting and presentation being provided to the Acute Cancer Services Delivery Group and the Cancer Strategy and Governance Group.

Cancer Waiting Times performance will continue to vary due to demand and capacity. Actions are in place to provide reasonable assurance to the committee.

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

An EQIA has been carried out in relation the NHS Fife's Cancer strategy.

There is a clear link between deprivation and cancer diagnosis- cancer incidence is 30% higher in the most deprived areas compared to the least deprived areas. Therefore,

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 communication and feedback received from Services providing cancer care, the Cancer transformation Team and the Acute Cancer Services Delivery Group.

2.3.8 Route to the Meeting

This paper has been considered by the following groups as part of its development:

Executive Directors' Group – 2nd November 2023
Cancer Strategy and Governance Group – 3rd November 2023

2.4 Recommendation

This paper is provided to members for:

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

3 List of appendices

None

Report Contact
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NHS Fife

Meeting:	**Finance, Performance & Resources Committee**
Meeting date:	**14 November 2023**
Title:	**Review of General Policies & Procedures**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Author:	**Gillian MacIntosh, Head of Corporate Governance & Board Secretary / 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 response to an internal audit report produced in March 2013, and after a subsequent recommendation from the Audit & Risk Committee regarding the level of risk to the Board from any delay in reviewing policies in line with target dates, management agreed that a more robust approach to enforcing policy reviews was required. The Finance, Performance & Resources Committee therefore 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 Finance, Performance & Resources Committee in May 2023 and work continues in tackling 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. Although steady progress is being made in improving the position, there are a number of General Policies and Procedures that remain overdue. This has been the subject of recent discussion at the Executive Directors' Group (EDG).

It has been recognised that a significant amount of work is still required to address the historic backlog, and that there are opportunities for some individual procedures to be combined into one overarching policy document (including the Health & Safety Policy), and for some obsolete procedures to be removed. This approach is currently being trialled within Estates and is expected to show results in the near future. Furthermore, work has begun on potentially moving to an integrated management software system, to include general policies, and the possibilities of utilising the Q-Pulse quality management system, to remove the bureaucracy around manual management and follow-up of reviews, is presently being explored.

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

At a recent EDG meeting, it was identified that the two largest services with policy review backlogs were Digital & Information and Estates, though the overall risk exposure was identified as relatively low, since the majority of out-of-date policies only require general updating of a minor nature rather than substantive revision. That being the case, however, some outstanding policies could be brought into date after relatively minor review and alteration. Directors have agreed to help push these reviews forward, to improve the overall position by the next reporting cycle.

Current Position

In October 2023, of the 56 General Policies, 13 (23%) remain beyond their due date, and are listed below. Review work is underway within departments for 8 (14%) of General Policies, and 35 (63%) of General Policies are up to date. One out-of-date policy is currently going through the approval process to be removed.

No.	Responsible Director	Policy No.	Policy Title	Review Date	Status
FINANCE					
1.	Director of Finance & Strategy	GP/R7	Risk Register and Risk Assessment Policy	1 December 2018	Overdue
DIGITAL & INFORMATION					
2.	Medical Director/ Associate Director D&I	GP/B2	e-Health Remote Access	1 November 2022	Priority
3.	Medical Director/ Associate Director D&I	GP/E7	Non-NHS Equipment Policy	1 May 2019	Under Department Review
4.	Medical Director/ Associate Director D&I	GP/I4	e-Health Procurement Policy	1 May 2019	Under Department Review
5.	Medical Director/ Associate Director D&I	GP/M5	Mobile Device Management Policy	1 May 2019	Under Department Review
6.	Medical Director/ Associate Director D&I	GP/S8	D&I Incident Management Policy	1 November 2020	Under Department Review
7.	Medical Director/ Associate Director D&I	GP/R8	Health Records and Destruction	1 June 2023	Under Department Review
8.	Medical Director/ Associate Director D&I	GP/R9	Health Records	1 September 2023	Under Department Review
DIRECTOR OF NURSING					
9.	Director of Nursing	GP/A2	Use of Independent Advocacy	22 December 2021	Overdue
ESTATES & FACILITIES					
10	Director of Property & Asset Management	GP/H4	Hospitality Policy	1 April 2019	Overdue
11.	Director of Property & Asset Management	GP/P7	Care of Patients Personal Laundry	1 September 2020	Overdue
12.	Director of Property & Asset Management	GP/W1	Waste Management	22 March 2021	Under Department Review
13.	Director of Property & Asset Management	GP/W4	Window Management	9 July 2021	Overdue
14.	Director of Property & Asset Management	GP/M2	Control of Mercury	9 July 2021	Overdue
15.	Director of Property & Asset Management	GP/C1	Confined Spaces	18 May 2022	Overdue
16.	Director of Property & Asset Management	GP/E3	Electrical Safety	21 September 2023	Overdue
17.	Director of Property & Asset Management	GP/C4	Control of Contractors	1 October 2023	Overdue
HEALTH & SAFETY					
18.	Director of Property & Asset Management	GP/S2	Smoking	1 March 2016	Under Department Review
MEDICAL DIRECTOR					
19.	Medical Director/ Associate Director	GP/P3	Picture Archiving and Communication System	1 March 2020	Overdue
20.	Medical Director/ Associate Director	GP/R3	Research Fraud & Misconduct	12 September 2021	Overdue
21.	Medical Director/ Associate Director	GP/I1	Management of Intellectual Properties	1 October 2022	Overdue

The workplan, which lists all General Policies & Procedures and their due dates, is available through Stafflink.

More work is required to be carried out to identify General Procedures which are not currently available on Stafflink, to ensure these are uploaded and fully accessible to staff.

Website Programme

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 is being taken forward as a priority.

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

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

2.3.4 Risk Assessment / Management

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

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 was revised in late 2022, in order to capture more expertise from across the organisation.

2.3.8 Route to the Meeting

A version of this paper was considered by the Executive Directors' Group on 2 November 2023.

2.4 Recommendation

The Committee is asked to take **assurance** from the update.

Report Authors

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FINANCE, PERFORMANCE AND RESOURCES COMMITTEE

ANNUAL WORKPLAN 2023/24

Governance - General							
	Lead	**09/05/23**	**11/07/23**	**19/09/23**	**14/11/23**	**16/01/24**	**12/03/24**
Minutes of Previous Meeting	**Chair**	☞	☞	☞	☞	☞	☞
Action List	**Chair**	☞	☞	☞	☞	☞	☞
Escalation of Issues to NHS Board	**Chair**	☞	☞	☞	☞	☞	☞

Governance Matters							
	Lead	**09/05/23**	**11/07/23**	**19/09/23**	**14/11/23**	**16/01/24**	**12/03/24**
Annual Assurance Statement 2022/23	**Board Secretary**	☞					
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	☞ Bank & Agency Spend	☞ No Deep Dive Reviewing Critical Pathways	☞ Cancer Waiting Times	☞ Prioritisation & Management of Capital funding	☞
Delivery of Annual Workplan 2023/24	**Board Secretary**	☞	☞	☞	☞	☞	☞
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**						☞

	Lead	09/05/23	11/07/23	19/09/23	14/11/23	16/01/24	12/03/24
							Approval
Strategy / Planning							
Annual Delivery Plan 2023/24	**Director of Finance & Strategy**		⚑	⚑	**Removed**	Removed	Removed
ADP Quarterly Performance Report 2023/24	**Director of Finance & Strategy**				⚑ **Q2**		⚑ **Q3**
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**		⚑	**Removed**	⚑	⚑	⚑
Medium Term Financial Plan	**Director of Finance & Strategy**				**Removed**		**Removed**
Population Health & Wellbeing Strategy – 2023/24 Mid-Year Review	**Director of Finance & Strategy**				**Removed**		
Orthopaedic Elective Project	**Director of Nursing**	⚑		**Removed**		Removed	Removed
Primary Care Strategy Progression	**Director of Health & Social Care**		**Removed**				
Property & Asset Management Strategy (PAMS)	**Director of Property & Asset Management**			⚑			
Strategic Planning & Resource Allocation Process 2024/25	**Director of Finance & Strategy**				**Removed**		⚑
Control of Entry Pharmaceutical List	**Director of Pharmacy & Medicines / Director of Health & Social Care**			⚑			
Project Hydra	**Director of Property & Asset Management**					⚑	⚑

Quality / Performance

	Lead	09/05/23	11/07/23	19/09/23	14/11/23	16/01/24	12/03/24
Financial Position – Mid-Year Review 2023/24	**Director of Finance & Strategy**			Removed			
Integrated Performance & Quality Report	**Exec. Leads**	⚑	⚑	⚑	⚑	⚑	⚑
Financial Performance & Sustainability Report *(Added to workplan June 2023)*	**Director of Finance & Strategy**		⚑	Removed	⚑	⚑	⚑
Labs Managed Service Contract (MSC) Performance Report	**Director of Acute Services**		Deferred to next meeting	⚑			
Procurement Key Performance Indicators	**Head of Financial Services & Procurement**	⚑		Removed	⚑		⚑
Tender Process for 2C GP Practices *(also goes to PHWC)*	**Director of Health & Social Care**	⚑ Private Session		⚑ Private Session			

Annual Reports

	Lead	09/05/23	11/07/23	19/09/23	14/11/23	16/01/24	12/03/24
Annual Procurement Report 2022/23	**Head of Financial Services & Procurement**				Deferred to next meeting	⚑	

Linked Committee Minutes

	Lead	09/05/23	11/07/23	19/09/23	14/11/23	16/01/24	12/03/24
Fife Capital Investment Group	**Chair**	⚑ 18/01 & 01/03	⚑ 19/04 & 26/05	⚑ 16/08	⚑ 27/09	⚑ 08/11	⚑ 13/12 & 24/01
Procurement Governance Board	**Chair**	⚑ 22/02	⚑ 28/04	⚑ 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 Sub-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	19/09/23	14/11/23	16/01/24	12/03/24
Receipt of Business Cases		**As required**					
Consideration of awards of tenders		**As required**					
Asset Disposals		**As required**					
Audit Report – Post Transaction Monitoring	**Internal Audit**			Deferred to next meeting	Removed		
Mental Health Estates Initial Agreement	**Medical Director**		Deferred to next meeting	Deferred to next meeting	Deferred to next meeting	⚑	
Primary Care Premises Framework	**Director of Property & Asset Management**			⚑			
Financial Performance Report	**Director of Finance & Strategy**			⚑			
Additional Agenda Items (Not on the Workplan e.g. Actions from Committee)							
	Lead	09/05/23	11/07/23	19/09/23	14/11/23	16/01/24	12/03/24
Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme	**Director of Pharmacy & Medicine**	⚑ Private Session		⚑ Private Session			
Community Asset Transfer (CAT) - Lucky Ewe Appeal	**Director of Property & Asset Management**	⚑ Private Session		⚑ Private Session			
Potential PFI Re-financing – VHK Phase 3	**Director of Property & Asset Management**		Deferred to next meeting	⚑ Private Session	Removed		
Planned Care Programme Report *(Action from July Committee meeting)*	**Director of Acute Services & Medical Director**			⚑			
Bank & Agency Staffing - Phased Approach Report *(Action from July Committee meeting)*	**Director of Workforce**				⚑		
Automated Prescription Locker boxes	**Director of Pharmacy & Medicine**				⚑		

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Development Sessions								
	Lead							
FPR Development Session • Primary Care Premises Strategy and the findings of this review	**Director of Finance & Strategy**	☞ **c/f** **30/03/23**						

NHS Fife

NHS SCOTLAND

Meeting:	Finance, Performance & Resources Committee
Meeting date:	14 November 2023
Title:	ADP Quarterly Performance Report 2023/24 – Q2
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1   Purpose

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

- Assurance

This report relates to:

- Annual Delivery Plan 2023/24 Q2 Progress

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

- Safe

- Effective

- Person Centred

2   Report Summary

2.1   Situation

The Annual Delivery Plan (ADP) 2023/24 was submitted in draft to the Scottish Government (SG) on 8 June 2023 and resubmitted on 26 June.

Formal sign off of the ADP from Scottish Government was received on 11 August 2023.

This paper is to update the EDG on the progress against deliverables within the ADP as of September 2023. This update is to be submitted to the Scottish Government by 27 October 2023.

2.2   Background

The guidance for Annual Delivery Plan (ADP) 2023/24 and Medium-Term Plan (MTP) 2023/26 was received on 28 February 2023. This guidance was intended to support a more integrated and coherent approach to planning and delivery of health and care services, setting out prioritised high-level deliverables and intended outcomes to guide detailed local, regional and national planning, and inform improvement work.

2.3   Assessment

Services have been providing updates to the ADP on a monthly basis with position as of June (Q1) and September (Q2) 2023 submitted to Scottish Government on 27 October. Detailed reports for each Directorate/Division up to September (Q2) 2023 have also been circulated to Executive Directors.

The status of deliverables is based on categories below:

|	
Purple	**Suspended/Cancelled**
Blue	**Complete/Target met**
Green	**On Track**
Amber	**At risk, requires action**
Red	**Unlikely to complete on time/meet target**

The status reported against each deliverable is the progress against actions rather than outcomes. For example, improvement actions for staff absence could be **'completed'** or **'on track'** but the intended outcome of decreasing rate of sickness absence may not be achieved. Work will commence in Q3 to quantify the impact on outcomes aligned to each deliverable.

ADP for Fife contains 200 deliverables with 69% (138) **'on track'** as of September (Q2) 2023.
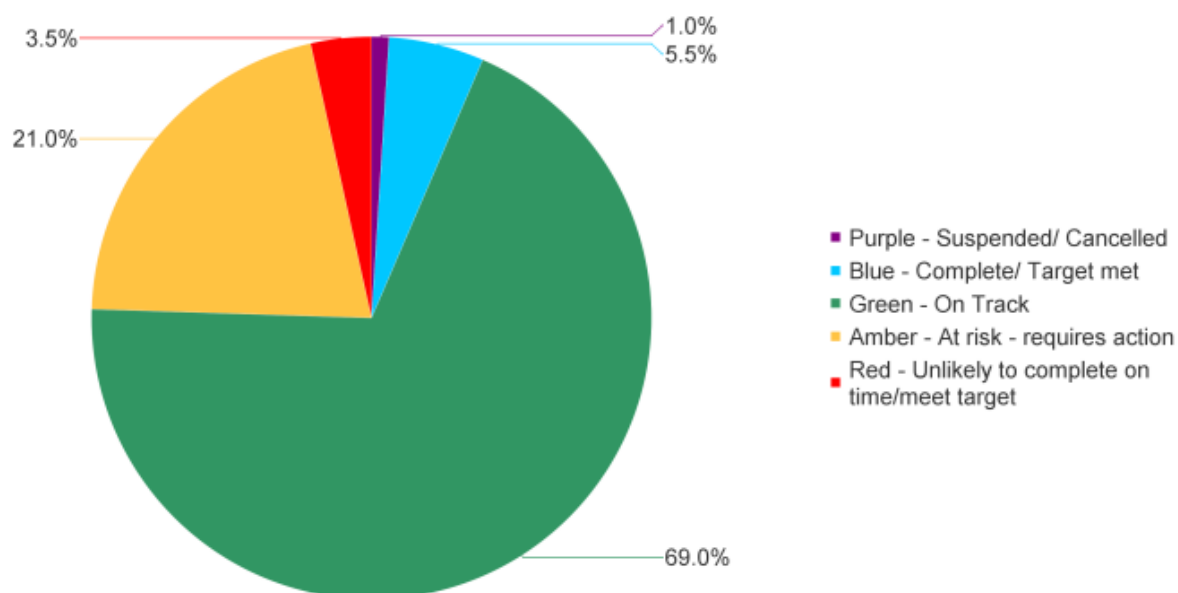
Deliverables **completed (11)** by end of September (Q2) 2023:

- Implementation of Cancer Framework in NHS Fife to support delivery of Recovery and Redesign: An Action Plan for Cancer Services

- Continued roll out of RCDSs

- Embed referral, where clinically appropriate, to Maggie's rehabilitation service and use of national prehabilitation website in cancer pathways

- To secure recurring baseline funding to cover the current operating Non-Pay costs associated with NHS Fife's application support and maintenance funding

- To secure recurring baseline funding to cover the current additional Pay costs associated with operating the new capabilities and comply with increased levels of regulation and compliance

- Core Infrastructure Replacements as per Capital Plans revised and submitted to FCIG

- Ensuring a robust Primary Care Premises Strategy is in place

- Ensuring the necessary Health & Safety Resources are in place together with robust arrangements for mandatory training

- Reviewing the use of taxi contracts across the organisation

- Continue to deliver the Medical Certification of the Cause of Death (MCCD) service

- Implement IPC Interim Strategy 2023-25

Deliverables **suspended/cancelled (2)** by end of September (Q2) 2023:

- Hospital Pharmacy Redesign - introduction of automation in hospital Pharmacy stores, dispensaries and clinical areas. Centralisation of Pharmacy stores

- Kincardine and Lochgelly Health Centres

Deliverables that are **unlikely to complete on time (7)**:

- Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach

- Roll out of Digital Pathology

- Improve existing pathways and develop new pathways that ensure patients receive the right care at the right time

- Develop data metrics and KPIs that assure and promote confidence in the effectiveness of the FNC

- Improve scheduling processes within FNC increasing the use of Near Me where appropriate and further utilise the Rapid Triage Unit (RTU) as a means of scheduling patients

- Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets

- Committed to controlling, reducing and preventing Healthcare Associated Infections (HAI) and Antimicrobial Resistance (AMR) in order to maintain individual safety within our healthcare settings

Deliverables currently **at risk (42)** of being delivered on time and requiring action:

- Develop and scope ambulatory models of care supporting early supported discharge and admission prevention
- Develop, Enhance and re-invigorate Regional Networks
- Operationalise NTC
- Expanding Endoscopy capacity and workforce
- Implement robust ACRT processes
- Implement robust PIR processes
- Embedding potential alternatives for treatment
- Improved Fife-wide ADHD pathways for Children & Young people
- To achieve additional capacity to meet 6-week target for access to 3 key Radiology diagnostic tests
- Best Start
- To meet the recommendations of the WHP by end Dec 2024
- Delivery of New Laboratory Information system (LIMS)
- To ensure routine adherence to optimal diagnostic pathways
- Translation and implementation of agreed Business case Options for Co-badged Clinical Trials Unit/Clinical Research Facility with University of St Andrews
- National & Local Priority - Hospital Electronic Prescribing and Medicines Administration (HEPMA)
- National - eRostering
- National - LIMS Implementation
- Delivery of year one of the QI Network
- Support delivery of SPRA (Strategic Planning and Resource Allocation)
- IPQR Digitisation
- Post successful implementation of the SE Payroll Consortium arrangement

- Ensuring the most effective and appropriate use of Medical Devices
- Digital medicines management programme
- Implementation of the Pharmacotherapy Service
- Deliver a more effective BCG and TB programme
- Deliver a VAM Covid response in alignment with SG guidance
- Pandemic Preparedness: Critical to major incident levels
- Bank Governance – Enhanced Management & Staff Bank Consolidation
- Delivering Anchor Institution workforce aims - Promoting employability priorities
- Create and Nurture a Culture of Person-Centred Care
- Implement IPC Workforce Strategy 2022-24
- Fife Psychology Service will increase capacity to improve access to PTs, eliminate very long waits and meet & maintain the 18-week RTT standard
- Improve compliance with CAPTND dataset
- Increase mental health services spend to 10% of NHS frontline spend by 2026 and plans to increase the spend on the mental health of children and young people to 1%
- Developing the skills of practitioners and professionals to identify and support carers at the earliest possible point in time
- Improve sustainability of Primary Care
- Increase capacity for providing in-hours routine and urgent dental care
- Fife will eliminate Hepatitis C as a public health concern
- Implement new referral management and electronic patient records system (TrakCare/Morse) within P&PC Physiotherapy service.
- Local Enhanced Services Review
- Expand on current system wide Urgent Care Infrastructure to develop more integrated, 24/7 urgent care models
- Child and Adult weight management programmes: Develop a sustainable workforce within the resources available via regional funding award

Summary status as of September (Q2) 2023 is detailed by Recovery Driver in table below.

Q2 Status	Purple - Suspended/ Cancelled	Blue - Complete/ Target met	Green - On Track	Amber - At risk - requires action	Red - Unlikely to complete on time/ meet target	TOTAL
1. Primary and Community Care	1		19	10		30
2. Urgent and Unscheduled Care			9	1	4	14
3. Mental Health			10	3		13
4. Planned Care			4	6		10
5. Cancer Care		3	8	3	1	15
6. Health Inequalities			13	3		16
7. Innovation Adoption			4			4
8. Workforce			15	3		18
9. Digital	1	3	12	5		21
10. Climate			9			9
Other		5	35	8	2	50
TOTAL	2	11	138	42	7	200

Relevant deliverables have also been mapped to NHS Fife Corporate Objectives for 2023/24. Further detail on these can be found in Appendix.

2.3.1 Quality/ Patient Care

Preparation and delivery of the ADP are key to ensuring high quality patient care.

2.3.2 Workforce

Workforce planning is key to the ADP process.

2.3.3 Financial

Financial planning is key to the ADP process.

2.3.4 Risk Assessment/Management

Risk assessment is part of ADP process.

2.3.5 Equality and Diversity, including health inequalities

Equality and Diversity is integral to any redesign based on the ADP process.

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

Appropriate communication, involvement, engagement and consultation within the organisation throughout the ADP process.

2.3.8 Route to the Meeting

The ADP Q2 update was presented at EDG on 19 October and subsequently approved for submission by the Chief Executive.

2.4 Recommendation

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

- Discussion – the ADP 2023/24 Q2 update submitted to the Scottish Government

List of appendices

1. Annual Delivery Plan 2324 Q2 Update (QE Sep-23)

Report Contact

Susan Fraser

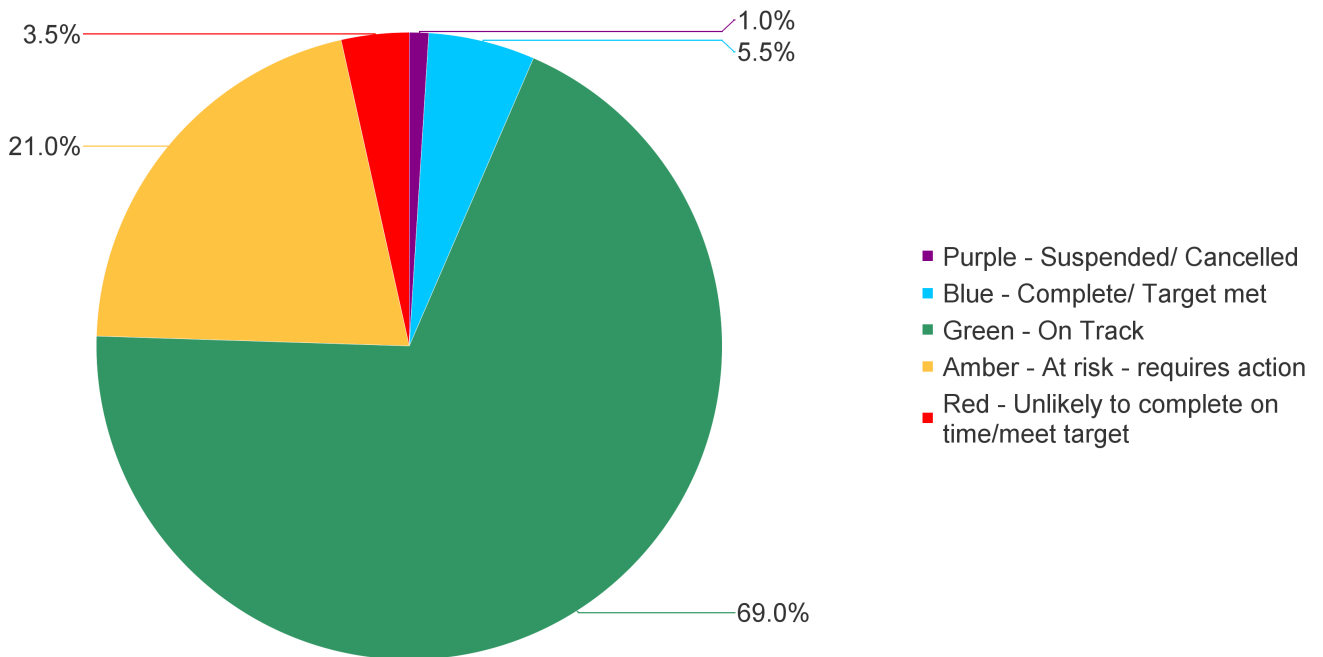Associate Director of Planning and Performance

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Bryan Archibald

Planning and Performance Manager

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Annual Delivery Plan 2023/24 Progress - Summary

Q2 Status	Purple - Suspended/ Cancelled	Blue - Complete/ Target met	Green - On Track	Amber - At risk - requires action	Red - Unlikely to complete on time/ meet target	TOTAL
1. Primary and Community Care	1		19	10		**30**
2. Urgent and Unscheduled Care			9	1	4	**14**
3. Mental Health			10	3		**13**
4. Planned Care			4	6		**10**
5. Cancer Care		3	8	3	1	**15**
6. Health Inequalities			13	3		**16**
7. Innovation Adoption			4			**4**
8. Workforce			15	3		**18**
9. Digital	1	3	12	5		**21**
10. Climate			9			**9**
Other		5	35	8	2	**50**
TOTAL	**2**	**11**	**138**	**42**	**7**	**200**

- Purple - Suspended/ Cancelled
- Blue - Complete/ Target met
- Green - On Track
- Amber - At risk - requires action
- Red - Unlikely to complete on time/meet target

1.0%
5.5%
3.5%
21.0%
69.0%

Annual Delivery Plan 2023/24 Progress - Corporate Objectives

SP1.1 Progress BC for the mental health services

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Refreshed Mental Health Strategy for Fife for 2023 - 2027	Complex & Critical Care	Green - On Track
Mental Health strategy (Medical Director)	Property & Asset Management	Green - On Track

SP1.2 Delivery of MAT standards

Deliverable	Dir/Div	Deliverable Q2 RAG Status
More 'one stop shop' drop-ins in the heart of communities where the prevalence/need is high and access to support and treatment is low A visible one stop shops/approach in Cowdenbeath and Kirkcaldy	Business Enabling	Green - On Track
A sustained lived/living experience panel (including family members) with coproduction approaches in place for the development of ADP strategy, policy and service development. Representation of those with alcohol and drug lived and living experience in other forums beyond alcohol and drug strategic groups and services	Business Enabling	Green - On Track
The Medication Assisted Treatment Standards fully implemented in the ADP system of care as measured by processes, numerical and experiential measures. National Treatment in Target Measure met and sustained	Business Enabling	Green - On Track
Public Health Priority 4: National Drugs Mission Priorities; MAT treatment standards; Fife NFO strategy; Fife ADP strategy	Public Health	Green - On Track

SP1.3 Develop a prevention and early intervention strategy/ delivery plan

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Developing a system wide Prevention and Early intervention strategy which will underpin delivery of the HSCP strategic plan and the NHS Fife Population Health and Wellbeing Strategy	Primary & Preventative Care	Green - On Track

SP1.4 Develop a primary care strategy/ delivery plan

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Develop Strategic vision across all of Primary Care	Primary & Preventative Care	Green - On Track

SP1.5 Develop and deliver system wide medicines safety prog

Deliverable	Dir/Div	Deliverable Q2 RAG Status
High-Risk Pain Medicines Programme Establish a whole system approach to address the issue of High-Risk Medicines prescribing (as an element of Drug related deaths) across Fife	Pharmacy & Medicines	Green - On Track
Contribute to NHS Fife's High Risk Pain Medicines Patient Safety Programme to support appropriate prescribing and use of High-Risk Pain Medicines and ensuring interventions take into consideration the needs of patients who are at risk of using or diverting High Risk Pain Medicines	Public Health	Green - On Track

SP2.1 Implement redesign and quality improvement mental health services

Deliverable	Dir/Div	Deliverable Q2 RAG Status
CAMHS will build capacity in order to deliver improved services underpinned by these agreed standards and specifications for service delivery.	Complex & Critical Care	**Green - On Track**
Partners within Fife HSCP will continue to build capacity across services in order to achieve the standards set within the National Neurodevelopmental Specification for children and young people	Complex & Critical Care	**Green - On Track**
Reprovision of unscheduled care/crisis care provision for patients presenting out of hours with a mental health crisis	Complex & Critical Care	**Green - On Track**
Community Mental Health Teams for Adult and Older Adult services that are responsive to need and reduce admission by offering alternative pathways	Complex & Critical Care	**Green - On Track**
Development and Implementation of an Adult Neurodevelopmental Pathway with clear links to CYP NDD Pathway.	Complex & Critical Care	**Green - On Track**
Mental Health and Wellbeing in Primary Care and Community Settings - development and delivery of service provision in line with Scottish Government reports and planning guidance relating to the remobilisation and redesign of MH services in the context of the COVID-19 pandemic.	Complex & Critical Care	**Green - On Track**

SP2.2 Review and redesign Front Door model of care

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach	Emergency Care	**Red - Unlikely to complete on time/ meet target**
Improve existing pathways and develop new pathways that ensure patients receive the right care at the right time.	Urgent & Unscheduled Care	**Red - Unlikely to complete on time/ meet target**
Improve scheduling processes within FNC increasing the use of Near Me where appropriate and further utilise the Rapid Triage Unit (RTU) as a means of scheduling patients.	Urgent & Unscheduled Care	**Red - Unlikely to complete on time/ meet target**

SP2.3 Deliver ambulatory care model supporting admission avoidance and early appropriate discharge

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Develop and scope ambulatory models of care supporting early supported discharge and admission prevention	Emergency Care	**Amber - At risk - requires action**
Improve Same Day Emergency Care and rapid assessment pathways	Emergency Care	**Green - On Track**

SP2.4 Develop QMH ambulatory care and day surgery

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Enhance Theatre efficiency	Planned Care	**Green - On Track**
Review and redesign Outpatient capacity to maximise capacity and timely access	Planned Care	**Green - On Track**
Maximising Scheduled Care capacity	Planned Care	**Green - On Track**
Expanding Endoscopy capacity and workforce	Planned Care	**Amber - At risk - requires action**

SP2.5 improve patient experience response process

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets	Nursing Directorate	**Red - Unlikely to complete on time/ meet target**
Deliver Patient Experience focused work across NHS Fife, gathering patient feedback and lived experiences	Nursing Directorate	**Green - On Track**
Digital Solution for reporting Live Patient Experience (Complaint) data	Nursing Directorate	**Green - On Track**

SP3.1 Collaborate with University of St Andrews to develop the ScotCOM medical school

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Development of Medical Education Strategic Framework	Quality & Care Governance	**Green - On Track**

SP3.2 Develop and deliver action plan to support safe staffing legislation

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Implement Safe Staffing legislation; Preparation of the board to meet requirements of Health Care Staff enactment by April 2024	Nursing Directorate	**Green - On Track**

SP3.3 Develop and deliver a sustainability plan for the nursing and midwifery

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Develop a Nursing and Midwifery Strategic Framework 2023 - 25; establishment of shared governance model Framework based on CNO and NHS Fife priorities, Recover to Rebuild, Courage of Compassion, Three Horizon Model	Nursing Directorate	**Green - On Track**

SP3.4 Deliver actions from workforce strategy to support patient care and staff wellbeing

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Development and implementation of the NHS Fife Workforce Plan for 2022-2025	Workforce	Green - On Track
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation	Workforce	Amber - At risk - requires action
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Recruitment Shared Services Implementation Consolidation & enhanced International Recruitment service	Workforce	Green - On Track
Delivery of Staff Health & Wellbeing Framework aims for 2023 to 2025	Workforce	Green - On Track
Further developing agile working and use of digital solutions in Directorate through investment in Workforce Analytics provision to support series of org. priorities, including Safe Staffing and eRostering Programmes	Workforce	Green - On Track
Growth of OH services and establishment of resources to assure function sustainability meets the changing needs of the organisation and supports the delivery of care goals through a variety of services including mental health / wellbeing / fatigue management support.	Workforce	Green - On Track
Development of improved digital processes i.e. online pre-employment and management referrals programmes	Workforce	Green - On Track
Delivery of the eRostering Implementation Programme in conjunction with Digital & Information.	Workforce	Green - On Track

SP3.5 Develop and deliver leadership framework to increase team performance

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Create and Nurture a Culture of Person Centred Care	Workforce	Amber - At risk - requires action

SP4.1 Deliver year one actions of the financial improvement and sustainability programme

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Review Opportunities to contribute to the success of the SPRA process and FIS board to secure value and sustainability	Finance	Green - On Track

SP4.2 Implement actions to support climate emergency

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Set out a plan to reduce medical gas emissions through implementation of national guidance	Pharmacy & Medicines	**Green - On Track**
Set out approach to implement the Scottish Quality Respiratory Prescribing guide across primary care and respiratory specialities to improve patient outcomes and reduce emissions from inhaler propellant	Pharmacy & Medicines	**Green - On Track**
Decarbonisation of Fleet in line with Targets	Property & Asset Management	**Green - On Track**
Achievement of Waste Targets as set out in DL(2021) 38	Property & Asset Management	**Green - On Track**
Reduction of Medical Gas Emissions through implementation of national guidance	Property & Asset Management	**Green - On Track**
Action plan for the National Green Theatres Programme	Property & Asset Management	**Green - On Track**
Set out approach to develop and begin implementation of a building energy transition programme to deliver energy efficiency improvements, increase on-site generation of renewable electricity and decarbonise heat sources.	Property & Asset Management	**Green - On Track**
Outline plans to implement an approved Environmental Management System.	Property & Asset Management	**Green - On Track**
Work with partners to increase efforts to reduce the impact of climate change on our population	Public Health	**Green - On Track**

SP4.3 Develop the digital medicines programme

Deliverable	Dir/Div	Deliverable Q2 RAG Status
National & Local Priority - Hospital Electronic Prescribing and Medicines Administration (HEPMA)	Digital & Information	**Amber - At risk - requires action**
Local - Medicines Automation - Multi Phases (Query if contained in Pharmacy SPRA?)	Digital & Information	**Green - On Track**
Digital medicines management programme Implementation of Hospital Electronic prescribing system (HEPMA) to all inpatient and outpatient services alongside review and upgrade of stock control system and electronic discharge/ meds rec solution	Pharmacy & Medicines	**Amber - At risk - requires action**
Hospital Pharmacy Redesign Introduction of automation in hospital Pharmacy stores, dispensaries and clinical areas. Centralisation of Pharmacy stores. * note, this is a joint project with capital planning and D&I	Pharmacy & Medicines	**Purple - Suspended/ Cancelled**

CC1.1 Develop a corporate communication and engagement plan

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Develop and Implement the Corporate Communication Strategy	Comms	**Green - On Track**
Develop and Implement the Public Participation and Community Engagement Strategy	Comms	**Green - On Track**

CC1.2 Develop the strategic plan to secure teaching health board status

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Development of the strategic plan to deliver teaching Health Board Status in partnership with the University of St Andrews	Quality & Care Governance	**Green - On Track**

CC1.3 Deliver Anchors ambitions working collaboratively with partners

Deliverable	Dir/Div	Deliverable Q2 RAG Status
Work with the Chief Executive of NHS Fife to establish NHS Fife as an Anchor Institution in order to use our influence, spend, employment practices to address inequalities.	Public Health	**Green - On Track**
Delivering Anchor Institution workforce aims - Promoting employability priorities	Workforce	**Amber - At risk - requires action**

NHS Fife

Meeting:	**Finance, Performance and Resources Committee**
Meeting date:	**14 November 2023**
Title:	**Fife Capital Investment Group Report 2023/24**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Author:	**Maxine Michie, Deputy Director of Finance**

1   Purpose

This is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

2   Report Summary

2.1   Situation

The total anticipated capital budget for 2023/24 is £11.551m and is summarised in the table below. This reflects a Capital Resource Limit (CRL) of £7.764m as advised by the Scottish Government plus anticipated allocations for several specific projects. The distribution of the formulary budget allocated by SG has been discussed in detail and agreed at FCIG meetings in April and May 2023. The Scottish Government have indicated that capital funding availability will be limited until 2026/27 and until then the focus is to fund projects that have been approved and committed to by SG.

Funding	Annual Budget £m	Spend Sept 2023 £m	Forecast Outturn £m
Core Capital Resource Limit	7,764	2,780	7,764
Capital To Revenue	(486)	0	(486)
National Equipping Board allocation	504	0	504
Greenspace Funding - QMH	150	0	150
Anticipated Allocations	3,619	0	3,619
Total Capital Expenditure 2023/24	**11,551**	**2,780**	**11,551**

The anticipated allocations still to be received include several Digital & Information Projects including HEPMA and LIMS and other ongoing projects. Additional monies have been secured since the beginning of the financial year, including £0.504m for equipment following successful bids to the National Infrastructure and Equipping Board over the summer period, £0.150m for a Greenspace project £0.486m to support decarbonising the commercial fleet. During October we revised and updated the 5-year capital equipment plans and submitted to the National Infrastructure and Equipping Board to secure funding for 2024/25. We await the outcome of any decisions which are unlikely to come before until the end of the calendar year when there is more certainty around available funding following completion of the Scottish Government budget setting exercise in December.

2.2 Assessment

As in previous financial years, capital expenditure is largely incurred in the second half of the financial year. At this time in the year no significant risks are being identified but risks do remain with long lead in times within the supply chain and continued inflationary challenges. Capital expenditure to September totals £2.78m and is summarised in the table below.

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2023/24 £'000
Statutory Compliance/Backlog Maintenance	1,500	252	1,500
Clinical Prioritisation	1,450	310	1,450
Capital Equipment	1,240	185	1,240
Digital & Information	500	335	500
Kincardine Health Centre			-
Lochgelly Health Centre			-
Mental Health Review	1,000	112	1,000
QMH Upgrade	1,114	905	1,114
HEPMA	1,707	272	1,707
LIMS	420	247	420
GreenSpace Project	150	-	150
Fleet Decarbonisation	486	-	486
Switch-onFleet Funding	386	-	386
Project Team	271	162	271
Capital Repayment to SG	200	-	200
To be allocated	1,613	-	1,613
Capital to revenue	(486)	0	(486)
Total Capital Expenditure 2023/24	**11,551**	**2,780**	**11,551**

HEPMA – Following lengthy negotiations, and significant engagement from CLO, the HEPMA Contract has now been agreed and final signing should conclude in the coming weeks. The supplier costs remain within the funding envelope identified in the FBC presented to this committee in July 2022. Local implementation costs require confirmation and there may be an increase in costs as a consequence of the time required to reach this stage in the contractual process. Any additional costs required will impact 2024/25 capital

plan and would require a reprioritisation of the plan to ensure additional costs arising are adequately funded.

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

Queen Margaret Day Surgery Unit – The work has now completed and the additional capacity became operational in September 2023. The Planned Care Directorate continue to develop plans to optimise use of the additional facilities the upgrade works will provide.

Clinical Prioritisation - Spend to date primarily relates to the external reconfiguration works at ED on the VHK site, room upgrades within Outpatients at the VHK site and works within AU1 and Theatres within Phase 3.

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

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

2.2.2 Workforce
The effective prioritisation of capital supports improvements to safe and effective working environments for our staff and patients.

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

2.2.4 Equality and Diversity, including health inequalities
All capital schemes follow the appropriate equality and diversity impact assessment process.

2.2.5 Climate Emergency & Sustainability impact
There are no direct climate emergency and sustainability implication arising from this report. However, several sustainability projects are included in our capital expenditure programme.

2.3.6 Communication, involvement, engagement and consultation
All capital schemes require appropriate communication and engagement through FCIG, FCIG subgroups and specific project groups established for approved projects.

2.3.7 Route to the Meeting
Fife Capital investment group

2.3 Recommendation
This paper is presented to the Committee for:

- Assurance

3   List of appendices

N/A

Report Contact
Maxine Michie
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FIFE CAPITAL INVESTMENT GROUP MEETING
(Meeting on 27 September 2023)
No issues were raised for escalation to the Finance, Performance & Resources Committee.

NHS
Fife

MINUTE OF FIFE CAPITAL INVESTMENT GROUP MEETING

Wednesday 27 September 2023 at 11:00am
on MS Teams

Present: Margo McGurk, Director of Finance & Strategy / Deputy Chief Executive (MMcG) **(Chair)**
Neil McCormick, Director of Property & Asset Management (NMcC)
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)
Janette Keenan, Director of Nursing (JK)
Lisa Cooper, Head of Primary & Preventative Care Services (LC)
Wilma Brown, Employee Director (WB)
Ben Hannan, Director of Pharmacy & Medicines (BH)
Maxine Michie, Deputy Director of Finance (MMi)

In Attendance: Morwenna Wood, Consultant Nephrologist (MW)
Donna Galloway, General Manager (DG)
Kerrie Donald, Executive Assistant to Director of Finance & Strategy (KD)

1.0	**WELCOME AND APOLOGIES** Apologies were received from; Dr Chris McKenna (Medical Director), Rose Robertson (Assistant Director of Finance), Claire Dobson (Director of Acute Service) and Alistair Graham (Associate Director of Digital & Information).	
2.0	**NOTES OF PREVIOUS MEETING** The note of the previous meeting held on 16 August 2023, was approved, and agreed as an accurate record.	
3.0	**ROLLING ACTION LIST / MATTERS ARISING** There are no outstanding actions.	
4.0	**MINUTES OF OTHER COMMITTEES** **4.1 Clinical Contingency Group** The minute of the meeting held on 10 August 2023 was noted by the group. NMcC confirmed a balance remains within Clinical Contingency and work required within Phase 1 following the HIS inspection is underway. Following a query, it was advised orders to upgrade ward 5 have been placed and work is due to start by week beginning 2 October, with an estimated finish date of February 2024. Maintenance work within ward 9 has also been completed however ward 6 requires a significant upgrade which will require all patients to be relocated from the ward to allow work	

	to be completed. Existing funding allocations are currently being reviewed to allow the work to take place this financial year. Following discussion regarding updating the audiology equipment and booths, NMcC advised Scottish Government are visiting all health boards to view their audiology equipment and highlight where equipment does not meet the national standards. It was agreed for PB and BJ to review the specifications of equipment required, costs and lead times. An update is to be provided to FCIG and CEMG. **4.2 Capital Equipment Management Group** The minute of the meeting held on 3 August 2023 was noted by the group. PB highlighted the group had recently updated the Terms of Reference and noted the October meeting has been cancelled due to a high number of apologies. It was noted 4 ERFs remain outstanding however are currently being expedited.	**PB / BJ**
5.0	**PLANNING** **5.1 Medical Education** MW introduced the paper highlighting the request is for expansion of current facilities to include a medical education area within Cameron Hospital, expansion and development of the current Education Centre within VHK and additional student accommodation. MMcG thanked MW for the in-depth paper and highlighted this request is a strategic priority for NHS Fife however as the total ask is £2.16m, the project would need approval from the Board. Following discussion regarding finance for the project, it was agreed for MW, TG, BJ, MMi and Chris Sharkey (Finance Business Partner) to meet and discuss the paper in detail to finalise the financial requests and the possibility of changing the revenue funding from NSS to capital funding. **5.2 Project Hydra** NMcC noted Project Hydra is the replacement of medium temperature hot water pipes within phase 3 of VHK due to a defect in the original construction resulting in the pipes leaking. It was noted the project company have agreed to replace all pipework at no cost to NHS Fife. NMcC advised the main entrance to A&E was closed to allow for work to be completed however is now open and effected teams are kept up to date with any possible disruption expected ensuring all risks are sufficiently managed.	**MW / TG / BJ/ MMi**
6.0	**GOVERNANCE** **6.1 Ambulatory Care Update** Updated to be provided at November meeting.	
7.0	**PERFORMANCE** **7.1 Capital Expenditure Report** TG provided an overview of the Capital Expenditure Report noting £900k has been allocated against work for the Mental Health ward 5 at QMH. All statutory compliance has been allocated with several projects starting in October. Clinical Prioritisation has a balance remaining and a further 2 schemes have recently been approved. Capital funding of £2.261m is also anticipated however not yet received. NMcC highlighted NHS Fife are waiting to see if we have been successful in securing decarbonisation grants for the laundry and school of nursing buildings. Any updates will be provided to FCIG for assurance.	

8.0	**FCIG DEVELOPMENT TOPIC** Following discussion, it was agreed the next FCIG development session would take place during the November meeting with the majority of time dedicated to the topic. It was noted possible topics for the session could include discussion around the whole system initial agreement or environmental sustainability however it was agreed for members to email NMcC with any topic's they wish to discuss.	**ALL**
9.0	**ISSUES TO BE ESCALATED TO EDG** N/A	
10.0	**AOCB** Following a query from MMi, NMcC highlighted of the 22 blocks in Fife that have been survived by the national programme to identify any risks with RAAC, 21 have been surveyed however 1 building, which is currently sitting empty, has not been surveyed due to safety issues. Of the 21 surveyed, there are no buildings effected at Whyteman's Brae or VHK however 3 blocks have been identified at Lynebank and another at Kirkcaldy Health Centre and QMH which will all require rectification work. It was highlighted of the 21 buildings surveyed; none require to be evacuated nor do they pose any immediate concern. NMcC noted a paper on the current position will be taken to the November Clinical Governance Committee however will be presented to FCIG prior to the Committee for assurance.	
11.0	**DATE OF NEXT MEETING** Wednesday 8 November 2023, 2pm – 3:30pm, via MS Teams	

FINANCE, PERFORMANCE & SCRUTINY COMMITTEE
(Meeting on 15 September 2023)
No issues were raised for escalation to the Finance, Performance & Resources Committee.

Fife Health & Social Care Partnership
Supporting the people of Fife together

UNCONFIRMED MINUTE OF THE FINANCE, PERFORMANCE & SCRUTINY COMMITTEE
FRIDAY 15TH SEPTEMBER 2023 AT 10.00 AM VIA MICROSOFT TEAMS

Present:	Alastair Grant, NHS Non-Executive Board Member [Chair] Colin Grieve NHS Non-Executive Board Member John Kemp, NHS Non-Executive Board Member Cllr Dave Dempsey Cllr David Alexander - left meeting at 10.45 am 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 Lisa Cooper, Head of Primary and Preventative Care Services Vanessa Salmond, Head of Corporate Services *In attendance*: William Penrice, Service Manager, Performance Management & Quality Assurance Avril Sweeney, Manager, Risk Compliance Tracy Hogg, Finance Manager HSCP Gillian Muir, Management Support Officer (Minutes)
Apologies for Absence:	Ben Hannan, Director of Pharmacy and Medicines Margo McGurk, Director of Finance Helen Hellewell, Associate Medical Director Lynn Barker, Associate Director of Nursing

No.	Item	ACTION
1.	**WELCOME AND APOLOGIES** Alastair Grant welcomed everyone to the meeting. Apologies were noted as above and 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 interest were noted.	
3.	**MINUTE OF PREVIOUS MEETING – 6TH JULY 2023** The minutes of the last meeting were agreed as an accurate record of discussion.	
4.	**MATTERS ARISING / ACTION LOG** The action log was reviewed. All actions noted have been actioned and are complete.	
5.	**FINANCE**	
5.1	**Finance Update** The Committee considered a report from Audrey Valente, Chief Finance Officer detailing the financial position (provisional outturn) of the delegated and managed services as at 31st July 2023. Noting that the forecast for the Partnership is currently a deficit of £4.893m, a slight movement from May's position of £4.751m. Committee also noted included within the projected outturrn position an update in relation to savings which were approved by the IJB in March 2023 and the use of Reserves brought forward from March 2023. Audrey Valente highlighted that The Integration Scheme requires a recovery plan to be produced to balance the budget total should there be a projected overspend and directed members to paragraph 9.2 of the report (Forward Planning) which provides details of the proposed actions the Partnership plans to take. Committee noted that £3.7m of the actions noted were in relation to earmarked reserves. This requires Scottish Government approval as the Partnership will be requesting they are given some flexibility to repurpose funds to alleviate pressure in the wider system. Although approval is awaited there does appear to be support for this course of action. It was also noted that the unachieved savings have increased from the position reported in May and a further £1m has been utilised from the £10m reserves.	

		The discussion was opened up to Committee members who provided their comments and feedback on the report. Items raised for discussion included a query regarding the timescale for hearing back from the Scottish Government and if there was a date we have to hear back from Scottish Government for our own accounting purposes?	
		Decision The Committee 1. Took assurance that there is robust financial monitoring in place. 2. Agreed onward submission to the IJB for approval of the financial monitoring position as at July 2023. 3. Agreed onward submission to the IJB for approval of the use of reserves and proposed recovery actions as at July 2023.	
5.2		**DEEP DIVE REVIEW REPORT FOR IJB RISK 26 PRIMARY CARE SERVICES** The Committee considered a report from Lisa Cooper, Head of Primary and Preventative Care Services and presented by Nicky Connor, Director of Health & Social Care. This is the first time a deeper dive on one of the areas of risk has been brought to this Committee. The report presented seeks to demonstrate how the risk is being managed and sets out the relevant assurances, performance measures, benefits, and linked risks to reassure members that mitigations will have an impact on the elements of the risk that the Partnership can influence and control. Those areas which the Partnership cannot control are being actively monitored. Committee noted that a key mitigation for the risk is the Primary Care Strategy which has recently been approved for implementation by the IJB and a 3-year plan will underpin delivery. As the plan is deployed impact will be closely monitored and reported via the Strategic Planning Group and all relevant groups and committees that are noted on the deep dive as having responsibility for this area of work. The Performance and Assurance Framework, once agreed, will provide additional assurances of control measures and also information on performance and benefits being sought from both a qualitative and quantitative perspective. The discussion was opened up to Committee members who provided their comments and feedback on the report.	

		Items raised included GMS Contract, primary care being more than just one area, co-dependent risks and how does the strategic risk lead into operational risk and what assurance we can give the IJB that we do have operational risks in place and are feeding up. Decision The Committee 1. Discussed the deep dive review and provided comments and suggestions for improvement. 2. Were satisfied with the level of assurance provided.	
5.3		**OVERSPEND ON ADULT PACKAGES** The Committee considered a report from Audrey Valente, Chief Finance Officer. This report was requested by the Committee during the term of the previous Chair. In previous financial years this budget has been overspent and as a result the Committee were keen to understand and scrutinise where there are areas of cost pressures and overspend. This is the first of these reports and focusses on adults. The report presents the outturn position for 2022-23 and also reports the current projected outturn position for 2023-24. Committee were asked to note that significant information is reported on each of the lines of spend either by locality, by cost or by number and types of packages. The projected outturn position for 2023-24 is an overspend of £4.3m. Committee were asked to note the reasons for this as detailed in the report. Committee also noted that the service has put in various actions to manage this complex budget and this will be kept under continual review. Regular updates will be provided to Committee on the difference these actions are making. The discussion was opened up to Committee members who provided their feedback and observations. Items raised included Fife's approach to direct payments pre-payment cards and clawback of funds. Decision The Committee	

		1. Took assurance that the overspend is being analysed and actions are in place to mitigate the overspend.	
5.4		**INTERNAL AUDIT REPORT** Report submitted to Committee for noting following request from Tony Gaskin, former Chief Internal Auditor, that the report be shared with all IJB Governance Committees. Audrey Valente highlighted the report was the Annual Internal Audit Report and drew Committee's attention to paragraph 15 on page 64 of the papers noting the very positive comments made by Internal Audit and asked Committee to note the five actions the Partnership has been asked to take forward and the management responses provided to these. Decision The Committee 1. Noted the contents of the report.	
6.		**PERFORMANCE**	
6.1		**PERFORMANCE FRAMEWORK** The Committee considered a report from Fiona McKay, Head of Strategic Performance, Planning and Commissioning. The report is a follow up from the IJB Development Session held on 25th August 2023. The framework as presented in the report builds on the current performance framework to address the challenges of delivering the Strategic Plan (2023-26). Monitoring performance and the delivery of activity designed to improve performance is critical if the vision of the Strategic Plan is to be achieved. Committee noted that this was a significant refresh of the previous framework and reflects the need to efficiently and effectively drive service improvement. The discussion was opened up to Committee members. As a Development Session had recently been held no further comments or questions were raised. Decision The Committee 1. Discussed report and approved the framework should proceed to the Integration Joint Board.	

6.2	**FIFE HEALTH & SOCIAL CARE PARTNERSHIP – WINTER PLANNING 2023/24**	
	The Committee considered a report by Lynne Garvey, Head of Community Care Services.	
	The report is brought to Committee to update on the actions agreed last winter and the Partnerships associated performance and describes the further work that is being undertaken to prepare for winter 2023-24.	
	Committee noted that 2022-23 was one of the most highly pressured years ever experienced across the Partnership with demand on services significant. Despite this, team performance exceeded that of any other year.	
	Committee also noted that there has been significant investment by the Scottish Government in recent years, some of which has been recurring, which has allowed the Partnership to sustainably respond to the current delay situation and plan effectively for the Winter but has also allowed the Partnership to move forward with their strategic objective of delivering care in a home or homely setting.	
	The discussion was opened up to Committee members who provided their comments and feedback on the report and praised the work undertaken to reduce the delayed discharge figures in Fife.	
	Items raised for discussion included queries in relation to the graphs contained within the report and a query in regard to the demand for services throughout the year and not just winter.	
	Decision	
	The Committee	
	1. Discussed and noted the performance last winter.	
	2. Took assurance that the services can deliver improved performance and outcomes within the financial envelope supporting best practice.	
	3. Took assurance of the further actions that will be taken to address winter pressures this year.	
	4. Took assurance that winter planning is being reviewed from a quality perspective through the Quality and Assurance Committee.	

6.3	**REIMAGINING THIRD SECTOR COMMISSIONING UPDATE**	
	The Committee considered a report from Fiona McKay, Head of Strategic Planning, Performance & Commissioning.	
	The report details the work undertaken through The Reimagining Third Sector Commissiong project which looks at the approach to commissioning grant funded services.	
	Fiona McKay provided Committee with an overview of the project, the work undertaken / progress to date and the planned next steps for the project over 2023-24 to ensure the objectives and requirements as noted in the Strategic Plan are met.	
	The discussion was opened up to Committee members who provided their comments and feedback on the report. Members commented that they were pleased to see that 67 out of the 72 third sector organisations had been consulted in the production of the report.	
	Items raised for discussion included the Grant Application process and Service Level Agreements.	
	<u>Decision</u>	
	The Committee 1. Discussed the progress of the project and provided feedback on the program.	
	2. Took assurance of the current position and the work that will continue to develop the support to third sector organisations.	
7.	**ITEMS FOR HIGHLIGHTING**	
	Alastair Grant confirmed with the Committee that there were no issues requiring to be highlighted at the Integration Joint Board on 29th September 2023.	
8.	**AOCB**	
	No issues were raised under AOCB.	
9.	**DATE OF NEXT MEETING**	
	Friday 10th November 2023 at 10.00am via MS Teams.	

| **Primary Medical Service Sub-Committee** |
| **(Meeting on 5 September 2023)** |
| No issues were raised for escalation to the Finance, Performance & Resources Committee. |

FIFE NHS BOARD

MINUTES OF THE PRIMARY MEDICAL SERVICE SUB-COMMITTEE HELD ON TUESDAY, 5 SEPTEMBER 2023 HELD BY TEAMS

PRESENT:

Mrs N Taylor (NT) (Chairperson)   Dr S Lim (SL)
Dr H Hellewell (HH)   Mrs M McGurk (MM)
Dr F Henderson (FH)   Dr S Mitchell (SM)

IN ATTENDANCE:

Mr C Conroy (CC)   Miss L Neave (LN)
Mrs L Cooper (LC)   Mr C Sharkey (CS)

Mrs K Brewster

NO	HEADING	ACTION

1   CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed the Committee members. NT asked the Committee if they had all received the papers.

MM requested that all papers be sent out earlier as she had not had time to read the paper which was sent out on the day of the meeting.

2   DECLARATION OF MEMBERS' INTERESTS

There were no declarations of interest.

3   APOLOGIES FOR ABSENCE

Apologies were received from Dr C McKenna.

4   MINUTES OF PREVIOUS MEETINGS

The minutes of the meetings held on 6 June and 1 August 2023 were acknowledged and agreed as a true record of proceedings.

5   MATTERS ARISING – ACTION POINTS

(a)   Table of Actions

40/22   NT advised that she had be waiting for confirmation of the Improvement Grant allocation.

CS confirmed the 2023/24 allocation was £100k plus £24.6k which was carried forward from 2022/23. CS also confirmed that there were currently bids for £56k of funding. £16k of the bids is for a Practice in the Kirkcaldy locality. This is predicted to fall short, therefore once this is confirmed the funding will return to the IGS budget.

	NT and LN to look at IGS bids with a view to being more flexible with the funding support to GP practices and report back to the Committee at the December meeting.		**NT/LN**
6a	NT confirmed work had been taken forward to produce a document detailing all the actions required when a practice is handing back their contract. It was confirmed that a process has also been drawn up for practices that were returning to independent status. This was being done in conjunction with the Project Management Office.		
	It was agreed that a document showing an overview of the process would be brought to the next meeting.		**NT**
10	A meeting was to be arranged to discuss the Terms of Reference (TOR).		**NT**
10	HH advised she would determine if any changes to the TOR would require a formal paper to FP&R.		**HH**
5b	NT advised that the Levenmouth Cluster had been advised of the Committee's decision to extend Cluster's application to restrict patient registrations.		
5c	NT confirmed that the a practice in the Glenrothes locality had written to patients to advise them of the closure of their Branch Surgery.		
7	To be discussed under item 7a		
8	NT confirmed that this item was ongoing and a paper on the criteria for a non-deprived Golden Hello payment would be brought to the next meeting for ratification.		**NT**
8	NT confirmed a practice in the Glenrothes locality had been notified that their application for a Golden Hello, should they be successful in recruiting a GP, was approved in principle by the Committee.		
4	NT confirmed a practice in North East Fife had not yet provided the further information requested by the Committee.		**NT**
5	NT confirmed a practice in the West Fife locality had been notified that their application to close their list had been approved for a year with a review after six months.		
(b)	North East Practice – Application to restrict patient registrations		
	See item 5a - 4		

6   **PMS EXPENDITURE BUDGET**

CS confirmed the current budget for PMS for 2023/24 of £67.207m contained some non-recurring monies including £950k for backscanning which had been brought forward from 2022/23. Invoices totalling £51k had been received in July with approximately another £150k received since then. CS confirmed he had been previously advised that this is on track for completion by the end of the year but would confirm this with Primary Care GP IM&T Advisor.

CS

CS confirmed that there was a current overspend of £140k which was predominantly related to the 2c practices which are currently £261k overspent. CS advised the predicted overspend for 2023/24 was £359k, though this was variable due to the forthcoming changes in 2c practices with one new practice and three returning to independent status.

CS advised that the Improvement Grant Budget currently had funding of £68k available for applications, though it was anticipated there could be £5-10k of slippage from a practice in the Kirkcaldy locality's project which would be returned to this budget.

CS confirmed that a Scottish Government representative had advised that it was anticipated the circular regarding PMS Uplift would be released in late September.

7   IMPROVEMENT GRANTS

a.   West Fife GP Practice

In response to the Committee's request for further information LN has been advised by the practice that they had applied for new automatic doors as their existing doors were unrepairable as there were no replacement parts available. LN also confirmed the grant would be for £7,118 and that similar grant amounts had been paid to other practices for automatic doors.

This application was supported by the Committee. LN will advise the practice.   **LN**

b.   Practice in Dunfermline locality

The practice had applied for a grant for a replacement telephone system which would link in with the NHS Fife system. The grant this would attract is £6,704 and was consistent with what other practices had been awarded in the past.

The Committee supported this application. LN will advise the practice.

                                                                                                      LN

8   SBAR – PRACTICE IN LEVENMOUTH AREA

CC advised this paper has been brought to this Committee to make a decision on the best way forward in terms of a long term sustainability solution for GMS for the population currently served by the practice transitions to 2c on 1 October.

CC confirmed an options appraisal had been produced for the practice with the five options being:

1 - the practice remain as a Health Board run/2c practice;
2 - transfer patients to neighbouring practices through Collaborative Considered Care Management;
3 - retain as 2c practice and merge with another 2c practice in the area, which is already a 2c practice;
4 - put practice out to tender for external bids so that it returns to 17j status; and
5 - put practice out to tender together for external bids in conjunction with other local 2c practice so they can return to 17j status.

The preferred option was confirm as being Option 5 as this would not only support the practices but also the wider cluster.

CC confirmed that the dispersal of patients had not been considered as this could lead to the destabilisation of other practices in the area.

MM asked if any of the work used for the tender process for the three practices already put out to tender and if it was know what level of interest there was likely to be?

CC confirmed that having already gone through the tender process, that future tenders would progress quicker due to the refinement of procedures and from lessons learnt from the previous experiences. He advised that he was not aware of any interest other than one practice who had indicated they might be willing take a small number of the patients.

LC confirmed that should there be no interested parties any 2c practice being put out to tender then it would remain as 2c and other options would be looked at.

FH asked what a GQIA was, and stated that she was concerned that with the Levenmouth area being a deprived area and that the practice location was not readily accessible by Public Transport that patients would try to move to other more accessible practices, should the two 2c practices be merged and located in the existing Health Centre..

CC confirmed a GQIA was a Quality Impact Assessment and that this was being carried out and this would look at the potential impact of the population should this change was to go ahead. He also advised that the patients who remained on the existing 2c practice list were mainly located around the locality of the practice about to become 2c. He advised that should the GQIA indicate that there were patients who would have access difficulties and would look to change practice, if was decided that a branch surgery was required then this would be added to the tender.

MM asked it there was a timescale for how long the process would take as there were financial implications.

CC confirmed the tender process would take at least nine months but could be longer because of the due diligence which will be carried out by NHS Fife.

MM asked that in future when option appraisals for practices who are becoming 2c are brought to this Committee that they not be brought in isolation and that information providing a wider view of the stability of GMS in Fife be provided so that there is enough information to make a considered decision.

HH agreed this was a valid point and advised that a report on stability was taken to the Primary Care Oversight Group, a version of which could come to this Committee. HH agreed to look at how this could be taken forward.

HH

The Chair asked for and received approval from the Committee to go forward with the preferred proposal in the SBAR which was option 5 to merge the two 2c practices and put them out to tender.

9 SBAR – LOCAL ENHANCED SERVICES

HH informed the Committee that this paper aimed to assist GP practices in reducing their workload by looking how evidence on the activity for the Palliative Care and Care Homes Enhanced Services is reported.

HH advised that the plan was that the work and payment for these ESs would continue, however the reporting would be paused for the rest of the financial year so that the administration burden on GP practices would be reduced. She confirmed this had been the process during the COVID pandemic.

HH reported that there was no financial risk around this proposal.

MM asked if the SG were in agreement with this plan and if there was any reporting required.

HH confirmed that approval had been received from the SG, and that practices would have to complete a small report for the SG to receive payment for the Palliative Care as it was a DES. She advised that as the Care Home's was a LES and therefore the reporting of this at the Board's discretion.

CS asked if practices would be advised of any new arrangements for payment of the Palliative Care DES to avoid them sending in claims to PSD which could lead to double counting. He informed the Committee that he could write to PSD to advise them of NHS Fife's new arrangements for paying this DES.

CS

CS confirmed the payments would be fixed and the same as what was paid during COVID.

NT asked if the Committee approved this proposal.

SM confirmed that the LMC were in agreement but that both the LMC and the wider GP population were very disappointed at the level of support being given to GP practices.

NT to draft communication to practices advising them of this decision and what the payments will be.

NT

10 ROUTINE REPORTING

The Committee noted the content of the report.

11 AOCB

HH suggested that the frequency of the meeting be looked at when the Committees Terms of Reference were being discussed.

17 DATE OF NEXT MEETING

The next meeting will be held on Tuesday, 5 December 2023.

The provisional dates for 2024 are 5 March, 4 June, 3 September and 3 December at 1pm.