

Finance, Performance & Resources Committee

05 November 2019, 09:30 AM to 12:00 PM
Staff Club, VHK

Agenda

1. **Apologies for Absence**
Rona Laing
2. **Declaration of Members' Interest**
Rona Laing
3. **Minutes of the Meeting held on 10 September 2019**
(Enclosed)
(Rona Laing)
 Item 3 - Mins FP&R 100919.pdf (8 pages)
4. **Action List**
(Enclosed)
(Rona Laing)
 Item 4 - Rolling Action Plan.pdf (1 pages)
5. **Matters Arising**
6. **Governance**
- 6.1. **Board Assurance Framework - Financial Sustainability**
(Enclosed)
Carol Potter
 Item 6 1 - SBAR Board Assurance Framework - Financial Sustainability.pdf (3 pages)
 Item 6 1-1 BAF Risks - Financial Sustainability.pdf (4 pages)
 Item 6 1-2 BAF Risks - Fin Sustain - Linked Risks.pdf (5 pages)
- 6.2. **Board Assurance Framework - Strategic Planning**
(To follow)
Chris McKenna
- 6.3. **Board Assurance Framework - Environmental Sustainability**
(Enclosed)
Andrew Fairgrieve
 Item 6.3 - SBAR (BAF) Environmental Sustainability FPR 5-11-2019.pdf (3 pages)
 Item 6.3.1 - BAF Risks - Environmental Sustainability - Linked Operationa.pdf (6 pages)
- 6.4. **Review of General Policies & Procedures**
(Enclosed)
Gillian MacIntosh
 Item 6.4 - General Policies Update.pdf (14 pages)
- 6.5. **Annual Accounts - Progress Update on Audit Recommendations**
(Enclosed)
Carol Potter



Item 6.5 - SBAR Annual Audit Report
Recommendations.pdf

(2 pages)



Item 6.5.1- Annual Audit Report
Recommendations.pdf

(10 pages)

6.6. Brexit

(Enclosed)

Carol Potter

7. Planning

7.1. Winter Plan & Performance report

(Enclosed)

Nicky Connor/Ellen Ryabov



Item 7.1 - SBAR FPR - Winter Plan Oct 19.pdf

(2 pages)



Item 7.1.1 - DRAFT -Fife Winter Plan 2019-20.pdf

(50 pages)

7.2. Elective Orthopaedic Centre Outline Business Case

(Enclosed)

Carol Potter



Item 7.2 - SBAR FPR Elective Orthopaedic Centre
OBC Nov19.pdf

(2 pages)



Item 7.2.1 - Fife Elective Orthopaedic Centre -
OBC with appendices.pdf

(162 pages)

7.3. Hospital Electronic Prescribing & Medicines Administration (HEPMA) Outline Business Case

(Enclosed)

Chris McKenna



Item 7.3 - SBAR Report HEPMA.pdf

(3 pages)



Item 7.3.1 - NHS Fife HEPMA OBC 1 0 (3) (2).pdf

(54 pages)

8. Performance

8.1. Integrated Performance & Quality Report

(Enclosed)

Carol Potter



Item 8.1 - IPQR Oct 2019.pdf

(42 pages)

8.2. Performance & Accountability Review Update Q2

(Enclosed)

Carol Potter



Item 8.2 - Perf & Acc Reviews Q2 2019.pdf

(4 pages)

9. Items for Noting

9.1. Minute of IJB Finance & Performance Committee dated 3 October 2019

(Enclosed)



Item 9.1 - 170919 F&PC min.pdf

(12 pages)

9.2. Minute of Primary Medical Services Committee dated 3 September 2019

(Enclosed)



Item 9.2 - PMSSC 030919.pdf

(3 pages)

10. Issues to be escalated:

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

(Verbal)

- 11. Any Other Business**
- (verbal)
Rona Laing
- 12. Date of Next Meeting: Tuesday 14 January 2020 at 9:30am, within the Boardroom, Staff Club, Victoria Hospital**
- 13. PART 2 - PRIVATE SESSION**
- Minutes of the Private Meeting held on 14 October 2019 (Enclosed)
- 14. Report on Acute Services Division Efficiency Programme**
- (Enclosed)
Ellen Ryabov
- 15. Any Other Business**
- 16. Date of Next Meeting: 14 January 2020 at 9.30am in the Boardroom, Staff Club, Victoria Hospital**

**MINUTES OF THE FINANCE, PERFORMANCE AND RESOURCES COMMITTEE
MEETING HELD ON TUESDAY 10 SEPTEMBER 2019 AT 09:30AM IN THE
BOARDROOM, STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY.**

Present:

Ms R Laing, Non-Executive Director (Chair)	Mr E Clarke, Non-Executive Director
Dr L Bisset, Non-Executive Director	Mr P Hawkins, Chief Executive
Mrs W Brown, Employee Director	Ms J Owens, Non-Executive Director
Ms Sinead Braiden, Non-Executive Director	Mrs C Potter, Director of Finance
Mrs H Buchanan, Director of Nursing	Mr C McKenna, Medical Director
Ms D Milne, Director of Public Health	Ms E Ryabov, Chief Operating Officer
Mr A Fairgrieve, Director of Estates, Facilities & Capital Services	Mr S Garden, Director of Pharmacy
Mrs N Connor, Interim Director of Health & Social Care	

In Attendance:

Ms Julie Paterson, Divisional General Manager
Ms Frances Baty
Mr Lee Cowie
Mrs Christine Armistead, Deloitte
Mr Alex Deveney, Deloitte
Mrs K Sinclair, PA to the Director of Finance (minutes)

103/19 APOLOGIES FOR ABSENCE

Apologies were received from Gillian Macintosh, Head of Corporate Governance & Board Secretary.

104/19 DECLARATION OF MEMBERS' INTERESTS

Rona Laing wished to record that in relation to agenda item 7.3, she is a patient at Lochgelly Medical Practice.

105/19 MINUTE OF MEETING HELD ON 16 JULY 2019

The minute of the last meeting was agreed as an accurate record.

106/19 ACTION LIST

The Chair reviewed the action list, and asked for the Stratheden ICPU action to be changed to November 2019. Also, the PAMS conversation has been dealt with and can be removed from the Action List. The Chair noted that the other outstanding actions would be discussed under the relevant agenda items for this meeting.

ACTION

MATTERS ARISING

107/19 5.1 Psychological Therapies Update

The Committee had requested further information and clarity on a number of matters that arose from the July FP&R Committee in relation to performance within the psychological therapies service.

Julie Paterson, Frances Baty and Lee Cowie provided a detailed overview and assessment of the issues outlined in the report. Following discussion, the Chair asked Julie Paterson to provide a copy of the work plan for the Re-balancing Care Group. It was agreed that Julie Paterson and Frances Baty would provide a further update in January 2020.

**ACTION to
be added to
agenda for
Jan 2020**

The Committee **noted** the update.

108/19 5.2 CAMHS Update

Nicky Connor provided an overview of the report and invited Julie Paterson to outline the key issues.

The Chair thanked Julie Paterson for the report and noted that there were some promising initiatives in progress and wanted to acknowledge that there has been an improvement in CAMHS targets and staff should be thanked for their efforts.

The Committee **noted** the update.

GOVERNANCE

109/19 6.1 Board Assurance Framework – Financial Sustainability

Carol Potter advised that the BAF score has been held at high. In relation to the financial planning management performance operational risk - Carol Potter advised that this risk has now reduced from 16 to 12, and this will no longer be a linked risk on the next report.

The Committee **noted** and **approved** the current position.

110/19 6.2 Board Assurance Framework – Strategic Planning

Chris McKenna advised that the BAF has already been thoroughly considered at the Clinical Governance Committee and that he had no further update.

The Committee **noted** the current position

111/19 6.3 Board Assurance Framework – Environmental Sustainability

Andy Fairgrieve confirmed that there was no change to the risk.

The Committee noted and approved the current position.

112/19 6.4 Annual Accounts – Progress Update on Audit Recommendations

Carol Potter directed the meeting to the covering SBAR and confirmed that the report was for information and assurance. The report was considered by the Audit & Risk Committee last week but because of the financial nature it was important to share with the FP&R Committee.

The Committee noted the actions being taken to address the recommendations from internal and external audit.

113/19 6.5 Corporate Calendar – Dates for Future Committee Meetings

The Committee agreed and noted.

114/19 6.6 Brexit

Carol Potter explained that there are a number of different aspects of the Brexit discussion that align to different Governance Committees and for FP&R it is any issues around the Estate, the General Economy and Procurement and Supply Chain.

The issues highlighted in the appendices remain in line with previous discussions and these were highlighted at the Brexit Assurance Group last week.

The Committee noted the current position.

PLANNING

115/19 7.1 Orthopaedic Elective Project

Carol Potter gave an update to the meeting advising that there was a presentation at the Board Development session, which was very well received. The project is progressing at pace, which was highlighted to Board members.

The Project Team are working to the planned timeline for completion of the Outline Business Case, which will be presented to the November meeting of the FP&R Committee, in parallel with submission to Scottish Government. Carol Potter noted that Scottish Government colleagues have confirmed that they are content to accept the Outline Business Case while it is progressing through the NHS Fife internal governance processes.

The Project Team are working closely with the Head of Communications on a communications strategy. This is likely to include a dedicated page on the external website, visible to the public and all stakeholders.

An update will also be presented to the NHS Board Meeting later this month, with information to follow thereafter to public and staff. The Chief Executive has suggested we share the fly through video plus some of the design images on social media.

The Committee **noted** the progress to date.

116/19 7.2 Scottish Capital Investment Manual (SCIM)

Carol Potter introduced the presentation on the Scottish Capital Investment Manual (SCIM), confirming that the purpose of the update was to ensure that the members of the Committee were aware of the Capital Investment process.

The SCIM process is a requirement for all infrastructure projects across NHS Scotland Boards as well as any projects that the Integration Joint Board take forward which have a potential capital investment requirement and are above the Health Board's delegated capital limit. Carol Potter offered to present to the management teams of both the Acute Services Division and Health & Social Care Partnership to ensure greater awareness and understanding of this key governance and assurance process.

The Chair thanked Carol Potter for the presentation and commented that it was very helpful and timely.

117/19 7.3 Kincardine & Lochgelly Health & Wellbeing Centres Initial Agreements

Nicky Connor advised that the Board and Committee are aware that there has been recognition that the facilities at Kincardine and Lochgelly are not fit for the future, in terms of service delivery and sustainability of the infrastructure. Previous iterations of the IAs were not supported by Scottish Government and a request was made to provide further information on the clinical redesign and strategic ambition for these new facilities.

Significant work has been taken forward, taking on board the feedback from Scottish Government

Eugene Clarke asked for assurance that future proofing and the impact of digitalisation in both centres was being addressed, as nothing mentioned in the report. Carol Potter explained that the final Outline Business Case would have a significant increase in detail, which would include technology.

Nicky Connor confirmed that she would build into the final document and the covering SBAR, a section on technology and the impact of digitalisation.

The Chair asked for assurance on revenue affordability, and that both centres will be able to remain within the existing revenue budget. It was noted that the FP&R Committee would receive a further update on the revenue position as the projects progress to Outline Business Case stage.

ACTION
Nicky
Connor

The Committee **approved** and **recommended approval** to the Board.

118/19 7.4 Procurement Strategy

Carol Potter explained that this was an entirely new document and has been developed through best practice and lessons learned from joint working with the Procurement Planning Manager for NHS Tayside and NHS Lothian.

The Procurement Strategy will allow NHS Fife to formally document how we intend to approach all of our procurement activity, and our social responsibility in terms of supporting the economy and public services.

The Strategy is a 5 year document, with an annual report to be prepared for consideration by the Executive Directors Group and the FP&R Committee, which will describe the activities that the Procurement function has been undertaking, toward delivering the aspirations set out in the strategy.

A Procurement Governance Board will be established with representatives from across operational service areas. The group will meet quarterly and seek to support ongoing best practice in procurement activities, as well as a forum to highlight areas for efficiency.

The Chair asked that information on social enterprise and supporting local businesses to be included in the next Annual Report.

The Committee **approved** the NHS Fife Procurement Strategy 2019 to 2024 and **agreed** the publication of the Strategy on the website to comply with the Procurement Reform Act 2014.

119/19 7.5 Winter Plan 2019/20

Nicky Connor and Ellen Ryabov provided an overview of the draft Winter Plan building on the presentation provided at the recent Board Development Session.

The Plan focuses on the period October 2019 to March 2020, and has already been considered by the Clinical Governance Committee. The draft Winter Plan has to be submitted to the Scottish Government by 23 September 2019, with the final version to follow in November. Since the Plan was drafted, a letter has been received from the Scottish Government confirming an additional £320,000 as part of the Winter Readiness monies. Nicky Connor and Ellen Ryabov were asked to ensure there was clarity in the Winter Plan on how these resources would be prioritised

ER/NC

Ellen Ryabov explained that the letter from the Scottish Government has very clear requirements, including delivering a 4 hour performance at 95% as well as other operational performance including TTG. Ellen Ryabov also confirmed that the Plan will be revised to provide greater assurance on whether the targets can actually be delivered, given current challenges in unscheduled care performance. A re-draft will provide clarity and assurance for the FP&R Committee and the Board.

The Chair suggested that the Winter Plan requires escalation to the Board, and a further discussion and a development session is required.

The Committee **noted** the update.

PERFORMANCE

120/19 8.1 Integrated Performance & Quality Report

The Chair explained that this is the first time the FP&R Committee have seen the IPQR in its new format.

Carol Potter provided an overview of the financial position for the period to the end of July 2019, highlighting the overspend of c.£5m, noting that, this does not include any share of the overspend of the IJB position. The report provided further detail on the underlying financial issues, key risks and concerns, as well as the current forecast position to year end.

The Committee **noted** the following:

- reported overspend of £5.228m for the year to 31 July 2019
- additional overspend of £1.6m for the year to 31 July 2019 which would result if the risk share arrangement was applied to the current full year gap for the Integration Joint Board.
- The potential (draft) outturn position of £9m reflecting an optimistic forecast (recognising the Acute position may improve) plus the risk share impact of the shortfall in the overall IJB savings.

Carol Potter provided an update on the Capital position, confirming that the capital programme is broadly on track and the full allocation is expected to be utilised this year.

The Committee **noted** the capital expenditure position to 31 July 2019 of £0.653m and the forecast year end spend of the capital resource allocation of £7.394m.

Ellen Ryabov provided an update on the Acute performance.

Nicky Connor provided an update on the Health and Social Care Partnership.

The Committee **noted** the current position for both the Acute Division and Health and Social Care Partnership.

121/19 8.2 Acute Services Division Efficiency Programme

Carol Potter explained that Deloitte LLP have been working with the Acute Services management team to provide extra support to drive forward a robust approach to the efficiency agenda.

Carol introduced Christine Armistead and Alex Deveney from Deloitte who presented the output of their diagnostic work and recommended next steps.

Paul Hawkins confirmed that the update was a draft position and that a detailed report will be finalised after further discussions through EDG, to ensure all Directors have an opportunity to comment and review the data presented. The report will be submitted for consideration at the next FP&R Committee.

In response to a query from Les Bisset, with regard management capacity to deliver next steps, Ellen Ryabov acknowledged that a Programme Management Office would be advisable, to ensure a pace of change and focus on actions.. The Committee confirmed that they would support the increased additional support and recognised that this would also be beneficial if it incorporated the Health & Social Care Partnership, to provide an integrated approach to transformational change. Ellen Ryabov agreed to discuss this further with the Chief Executive.

The Chair requested that the Acute Services Division Efficiency Programme becomes a standard agenda item for the FP&R Committee going forward and possibly a Board Development Session could also be looked into.

ACTION
Addition to
standard
agenda

ER

ITEMS FOR NOTING

122/19 9.1 Internal Audit Report B26-20 Property Transaction Monitoring

The Committee noted the report.

123/19 9.2 Minute of IJB Finance & Performance Committee, 17 July 2019

The Committee noted the minute.

ISSUES TO BE ESCALATED

124/19 1. Winter Plan

125/19 ANY OTHER BUSINESS

None.

**Date of the Next Meeting: Tuesday 5 November 2019 at 9:30am,
within the Boardroom, Staff Club, Victoria Hospital**

ACTION POINTS ARISING FROM NHS FIFE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETINGS

No.	Original Action Date	Item	Action By	Action Required/Current Status	Date Due
111	27.02.18 15.01.19	Stratheden IPCU – PPE	MK (now NC)	A fuller assessment requested on the potential ways forward for the creation of a secure external smoking area at the site, to include clinical and staff views, was requested for EDG, with an update to FP&R in July 2019.	Update to be provided at November 2019 meeting
130	14.05.19	Review of General Policies & Procedures	CP/GM/B AN/CM	To review current list of general policies and consider if each were assigned to a Board Standing Committee the review & updating process could be enhanced & expedited.	Update to be provided at November 2019 meeting
132	10.09.19	Update on PT and CAMHS	JP	Give an update on performance of both services to the Committee.	January 2020
133	10.09.19	Kincardine & Lochgelly Health & Wellbeing Centres Initial Agreements	NC	Include in the Outline Business Cases information on how technology and digitisation would be utilised.	When the OBCs come for approval
134	10.09.19	Include as a standard agenda item a report on the Acute Services Division Efficiency Programme	ER	On the Private committee agenda for future meetings.	From November 2019 meeting

COMPLETED ACTIONS					
126	15.01.19	Kincardine & Lochgelly Health Centres	MK	Circulate to members Pathfinder Consultants' report and transcript of Scottish Parliament discussion on the project. Present revised IAs and timeline for approval.	Completed, May and September 2019
127	15.01.19	Committee Self-Assessment Report	AF & CP	Board to attend a development session for PAMS and on the Scottish Capital Investment Manual.	Completed, September 2019
128	15.01.19	ADEL funding	CP	Present a report on ADEL funding to the Committee, explaining the split between the health board and H&SCP.	Completed, May 2019
129	14.05.19	Current Scoring of Risk	CP	To reflect on comments around the new control processes in place in advance of the next update to the Committee	Completed, July 2019
131	14.05.19	Winter Plan & Performance	MK	A lessons-learned report to be brought to the Committee in July 2019.	Completed, July 2019

Finance, Performance & Resources Committee

DATE OF MEETING:	5 November 2019	
TITLE OF REPORT:	NHS Fife Board Assurance Framework (BAF): Financial Sustainability	
EXECUTIVE LEAD:	Carol Potter, Director of Finance & Performance	
REPORTING OFFICER:		
Purpose of the Report (delete as appropriate)		
For Decision		
SBAR REPORT		
<u>Situation</u>		
<p>The Board Assurance Framework (BAF) is intended to provide accurate and timely assurances to this Committee and ultimately to the Board, that the organisation is delivering on its strategic objectives as contained in the following:</p> <ul style="list-style-type: none"> • NHS Fife Strategic Framework • NHS Fife Clinical Strategy • Fife Health & Social Care Integration Strategic Plan <p>The Committee has a vital role in scrutinising the risk and where indicated, Committee chairs will seek further information from risk owners. This report provides the Committee with an update on NHS Fife BAF specifically in relation to Financial Sustainability as at end July 2019.</p>		
<u>Background</u>		
<p>As previously reported, the BAF brings together pertinent information on the above risk integrating objectives, risks, controls, assurances and additional mitigating actions.</p> <ul style="list-style-type: none"> • Identifies and describes the key controls and actions in place to reduce or manage the risk • Provides assurances based on relevant, reliable and sufficient evidence that controls are in place and are having the desired effect • Links to performance reporting to the Board and associated risks, legislation & standing orders or opportunities • Provides a brief assessment of current performance In due course, the BAF will provide detail on the progress of the risk over time - improving, moving towards its target or tram - lining <p>The Committee is invited to re-consider the following :</p> <ul style="list-style-type: none"> • Does the risk score feel right? • Do the current controls match the stated risk? • Will the mitigating actions bring the risk down to its target level? • If the mitigating actions are fully implemented would the outcome be achieved? • Does the assurance provided describe how the controls are performing? • Do the assurances come from more than one source including independent sources? • Are limited resources being allocated appropriately i.e. on uncontrolled high risks or in otherwise well controlled areas of risk? 		

Assessment

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

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

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

The attached schedule reflects the position at the end of September 2019/20. The **BAF current score has been held at High** in line with the score reported during the previous year, with the target score remaining Moderate. This recognises the ongoing financial challenges facing Acute Services in particular, as well as the pressures notable within Health & Social Care Partnership, specifically in relation to social care budgets and the impact of any move to adopt the risk share arrangement. Linked operational risks are also attached for information. Further detail on the financial position and challenges is set out in the Integrated Performance & Quality Report.

Recommendation

The Committee is invited to:

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

Objectives: (must be completed)	
Healthcare Standard(s):	To aid delivery
HB Strategic Objectives:	Supports all of the Board's strategic objectives
Further Information:	
Evidence Base:	A large national and international evidence base guides the delivery of care in NHS Fife
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	Executive Directors
Impact: (must be completed)	
Financial / Value For Money	Promotes proportionate management of risk and thus effective and efficient use of scarce resources.
Risk / Legal:	Inherent in process. Demonstrates due diligence. Provides critical supporting evidence for the Annual Governance Statement.
Quality / Patient Care:	NHS Fife's risk management system seeks to minimise risk and so support the delivery of safe, effective, person centred care.
Workforce:	The system arrangements for risk management are contained within current resource. e.g.
Equality:	The arrangements for managing risk apply to all patients, staff and others in contact with the Board's services.

NHS Fife Board Assurance Framework (BAF)

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

1413	Sustainable	28.10.2019	31.12.2019	There is a risk that the funding required to deliver the current and anticipated future service models will exceed the funding available. Thereafter there is a risk that failure to implement, monitor and review an effective financial planning, management and performance framework would result in the Board being unable to deliver on its required financial targets.	4 - Likely - Strong possibility this could occur	4 - Major	16	High	4 - Likely - Strong possibility this could occur	4 - Major	16	High	Current financial climate across NHS/public sector	Director of Finance	Finance, Performance & Resources (F,P&R)	Chair: Rona Laing	<i>Ongoing actions designed to mitigate the risk including:</i> 1. Ensure budgets are devolved to an appropriate level aligned to management responsibilities and accountabilities. This includes the allocation of any financial plan shortfall to all budget areas. This seeks to ensure all budget holders are sighted on their responsibility to contribute to the overall requirement to deliver breakeven. 2. Refreshed approach established for a system-wide Transformation programme to support redesign; reduce unwarranted variation and waste; and to implement detailed efficiency initiatives. Lessons will be learned from the successes of the medicines efficiency programme in terms of the system-wide approach and use of evidence based, data-driven analysis 3. Engage with external advisors as required (e.g. property advisors) to support specific aspects of work. In addition, appoint external support to accelerate a programme of cost improvement across Acute Services.	Nil	1. Continue a relentless pursuit of all opportunities identified through the transformation programme in the context of sustainability & value. 2. Continue to maintain an active overview of national funding streams to ensure all NHS Fife receives a share of all possible allocations. 3. Continue to scrutinise and review any potential financial flexibility. 4. Engage with H&SC / Council colleagues on the risk share methodology and in particular ensure that EDG, FP&R and the Board are appropriately advised on the options available to manage any overspend within the IJB <i>prior</i> to the application of the risk share arrangement	Director of Finance / Chief Operating Officer / Director of Health & Social Care	Ongoing	1. Produce monthly reports capturing and monitoring progress against financial targets and efficiency savings for scrutiny by all responsible managers and those charged with governance and delivery. 2. Undertake regular monitoring of expenditure levels through managers, Executive Directors' Group (EDG), Finance, Performance & Resources (F,P&R) Committee and Board. As this will be done in parallel with the wider Integrated Performance Reporting approach, this will take cognisance of activity and operational performance against the financial performance.	1. Internal audit reviews on controls and process; including Departmental reviews 2. External audit review of year end accounts and governance framework.	1. Enhanced reporting on various metrics in relation to supplementary staffing. 2. Confirmation via the Director of Health & Social Care on the robustness of the social care forecasts and the likely outturn at year end	The financial challenge prevalent since 2016/17 has continued into 2019/20, albeit with a reducing recurring gap each year. The Annual Operational Plan shows a c.£17m gap for 2019/20 prior to any remedial action, with £10m of this relating to Acute Services and the (majority) of the balance relating to health budgets delegated to the Health & Social Care Partnership. A detailed savings plan for the HSOP has been agreed by the IJB and if achieved would result in the delegated health budgets being broadly breakeven. A detailed savings plan is being developed by the Acute Services Division with the support of external advisors. It is anticipated that non delivery of savings may be mitigated, in part, through in year non recurring financial flexibility, however at this stage in the year it is difficult to provide a definitive position in this respect. For the purposes of reporting to SGHSCD, therefore, we continue to report a potential overspend at year end including the risk share impact of the shortfall in the opening IJB budget, noting the risk that this is likely to be higher due to the increased forecast cost pressures within social care packages. Within the Scottish Government monthly reporting template we have highlighted that the impact of the social care overspend would require additional external funding and the overspend on the Health Board retained budgets might be managed through local management action (specially non recurring financial flexibility).	3 - Possible - May occur occasionally - reasonable chance	4 - Major	12	Moderate
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Linked Operational Risk(s)

Risk ID	Risk Title	Current Risk Rating	Risk
1513	Financial and Economic impact of Brexit	High 25	C Potter
1363	Health & Social Care Integration - Overspend	High 20	M Kellett
1364	Efficiency Savings - failure to identify level of savings to achieve financial balance	High 16	C Potter

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Reason for unlinking from BAF	Current Risk Rating	Risk
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522	Prescribing & Medicines Management - unable to control Prescribing Budget	No longer a high risk	Moderate 9	Dr Christopher
1357	Financial Planning, Management & Performance	No longer a high risk	Moderate 12	C Potter

McKenna

ID	1513	1363	1364	1357
Position of Risk (Risk Register)	NHSFBD - Brexit Risk Register	NHSFBD - Finance Directorate Risk Register	NHSFBD - Finance Directorate Risk Register	NHSFBD - Finance Directorate Risk Register
Opened	04.10.2018	13.06.2017	13.06.2017	13.06.2017
Title	Financial and Economic impact of Brexit	Health and Social Care Integration	Efficiency Savings	Financial Planning, Management and Performance
Description	Brexit, and uncertainty over the final withdrawal agreement, has the potential to cause a large amount of uncertainty, both in respect to understanding what the Health Board's budget allocation may be (i.e. income), and on costs (i.e. expenditure). This risk has been escalated to the Finance, Performance and Resources Committee.	There is a risk that a proportion of any Health and Social care overspend at the year end will require to be funded by NHS Fife. The Integration Scheme for Fife states "8.2.4. Any remaining overspend will be funded by the parties based on the proportion of their current year contributions to the Integration Joint Board".	There is a risk that the organisation may not fully identify the level of savings required to achieve financial balance.	There is a risk that failure to implement, monitor and review an effective financial planning, management and performance framework will result in the Board being able to deliver on its required financial targets.
Likelihood (initial)	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Likely - Strong possibility this could occur	4 - Likely - Strong possibility this could occur	4 - Likely - Strong possibility this could occur
Consequence (initial)	5 - Extreme	5 - Extreme	4 - Major	4 - Major
Risk level (initial)	High Risk	High Risk	High Risk	High Risk
Rating (initial)	25	20	16	16
Current Management Actions	In the lead up to the UK's withdrawal from the EU, Procurement continue to monitor and challenge escalation in costs, and a range of services are reviewing contracts to establish possible hidden costs within the supply chain, linked to contracts with 3rd parties. Where appropriate, revised contractual arrangements or different suppliers are being progressed to mitigate costs.	This will be subject to further discussion and evaluation at Chief Executive and Director of Finance level. The risk share arrangement is the 'last resort' in relation to addressing any budget overspend and therefore the Director of Finance, with the support of the Chief Finance Officer for the IJB will ensure that EDG, FP&R and the Board are appropriately advised on the options available to manage any overspend within the IJB <i>prior</i> to the application of the risk share arrangement. In parallel, further ongoing action is required by the management team to seek opportunities for value, sustainability and cost reduction efficiencies to manage costs for the HSCP within the available budget.	The risks remain high. Although there is a degree of confidence based on historic trends that 'housekeeping' efficiency can be delivered, there are ongoing and significant cost pressures within the Acute Services Division, relating particularly to unbudgeted staffing in a number of areas. These have been mitigated, in part, over recent years through other underspends but remain an issue to be addressed. The significant challenge is in relation to major redesign / transformation to drive value, sustainability and related cost reduction efficiencies. A Performance & Accountability Review Framework has been established to increase scrutiny of all aspects of performance and specifically the financial priorities, across all services including both operational and corporate areas.	Undertake regular monitoring of expenditure levels through management and Board meetings. Employ Property Advisors to assist with sales of assets. Hold regular discussions on Service Level Agreements with Non-Fife providers. Implement a Performance & Accountability Review framework encompassing all aspects of governance and all services. Produce monthly reports capturing and monitoring progress against financial targets and efficiency savings for scrutiny by all responsible managers and those charged with governance and delivery, and ongoing forecasting and updates form the basis of financial reporting to the Scottish Government.
Likelihood (current)	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Likely - Strong possibility this could occur	4 - Likely - Strong possibility this could occur	3 - Possible - May occur occasionally - reasonable chance
Consequence (current)	5 - Extreme	5 - Extreme	4 - Major	4 - Major
Risk level (current)	High Risk	High Risk	High Risk	Moderate Risk
Rating (current)	25	20	16	12
Likelihood (Target)	1 - Remote - Can't believe this event would happen	3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance
Consequence (Target)	1 - Negligible	3 - Moderate	3 - Moderate	4 - Major
Risk level (Target)	Very Low Risk	Moderate Risk	Moderate Risk	Moderate Risk
Rating (Target)	1	9	9	12
Risk Owner	Potter, Carol	Potter, Carol	Potter, Carol	Potter, Carol
Handler	Chapman, Yvonne	Sinclair, Katherine	Sinclair, Katherine	Sinclair, Katherine
Previous Review Date	28.10.2019	29.10.2019	30.10.2019	31.10.2019
Next Review	31.12.2019	01.01.2020	02.01.2020	03.01.2020

1513	ID
NHSFBD - Brexit Risk Register	Position of Risk (Risk Register)
04.10.2018	Opened
Financial and Economic impact of Brexit	Title
Brexit, and uncertainty over the final withdrawal agreement, has the potential to cause a large amount of uncertainty, both in respect to understanding what the Health Board's budget allocation may be (i.e. income), and on costs (i.e. expenditure). This risk has been escalated to the Finance, Performance and Resources Committee.	Description
5 - Almost Certain - Expected to occur frequently - more likely than not	Likelihood (initial)
5 - Extreme	Consequence (initial)
High Risk	Risk level (initial)
25	Rating (initial)
In the lead up to the UK's withdrawal from the EU, Procurement continue to monitor and challenge escalation in costs, and a range of services are reviewing contracts to establish possible hidden costs within the supply chain, linked to contracts with 3rd parties. Where appropriate, revised contractual arrangements or different suppliers are being progressed to mitigate costs.	Current Management Actions
5 - Almost Certain - Expected to occur frequently - more likely than not	Likelihood (current)
5 - Extreme	Consequence (current)
High Risk	Risk level (current)
25	Rating (current)
1 - Remote - Can't believe this event would happen	Likelihood (Target)
1 - Negligible	Consequence (Target)
Very Low Risk	Risk level (Target)
1	Rating (Target)
Potter, Carol	Risk Owner
Chapman, Yvonne	Handler
28.10.2019	Previous Review Date
31.12.2019	Next Review

1363	ID
NHSFBD - Finance Directorate Risk Register	Position of Risk (Risk Register)
13.06.2017	Opened
Health and Social Care Integration	Title
There is a risk that a proportion of any Health and Social care overspend at the year end will require to be funded by NHS Fife. The Integration Scheme for Fife states "8.2.4. Any remaining overspend will be funded by the parties based on the proportion of their current year contributions to the Integration Joint Board".	Description
4 - Likely - Strong possibility this could occur	Likelihood (initial)
5 - Extreme	Consequence (initial)
High Risk	Risk level (initial)
20	Rating (initial)
This will be subject to further discussion and evaluation at Chief Executive and Director of Finance level. The risk share arrangement is the 'last resort' in relation to addressing any budget overspend and therefore the Director of Finance, with the support of the Chief Finance Officer for the IJB will ensure that EDG, FP&R and the Board are appropriately advised on the options available to manage any overspend within the IJB <i>prior</i> to the application of the risk share arrangement. In parallel, further ongoing action is required by the management team to seek opportunities for value, sustainability and cost reduction efficiencies to manage costs for the HSCP within the available budget.	Current Management Actions
4 - Likely - Strong possibility this could occur	Likelihood (current)
5 - Extreme	Consequence (current)
High Risk	Risk level (current)
20	Rating (current)
3 - Possible - May occur occasionally - reasonable chance	Likelihood (Target)
3 - Moderate	Consequence (Target)
Moderate Risk	Risk level (Target)
9	Rating (Target)
Potter, Carol	Risk Owner
Sinclair, Katherine	Handler
28.10.2019	Previous Review Date
31.12.2019	Next Review

1364	ID
NHSFBD - Finance Directorate Risk Register	Position of Risk (Risk Register)
13.06.2017	Opened
Efficiency Savings	Title
There is a risk that the organisation may not fully identify the level of savings required to achieve financial balance.	Description
4 - Likely - Strong possibility this could occur	Likelihood (initial)
4 - Major	Consequence (initial)
High Risk	Risk level (initial)
16	Rating (initial)
The risks remain high. Although there is a degree of confidence based on historic trends that 'housekeeping' efficiency can be delivered, there are ongoing and significant cost pressures within the Acute Services Division, relating particularly to unbudgeted staffing in a number of areas. These have been mitigated, in part, over recent years through other underspends but remain an issue to be addressed. The significant challenge is in relation to major redesign / transformation to drive value, sustainability and related cost reduction efficiencies. A Performance & Accountability Review Framework has been established to increase scrutiny of all aspects of performance and specifically the financial priorities, across all services including both operational and corporate areas.	Current Management Actions
4 - Likely - Strong possibility this could occur	Likelihood (current)
4 - Major	Consequence (current)
High Risk	Risk level (current)
16	Rating (current)
3 - Possible - May occur occasionally - reasonable chance	Likelihood (Target)
3 - Moderate	Consequence (Target)
Moderate Risk	Risk level (Target)
9	Rating (Target)
Potter, Carol	Risk Owner
Sinclair, Katherine	Handler
28.10.2019	Previous Review Date
31.12.2019	Next Review

1357	ID
NHSFBD - Finance Directorate Risk Register	Position of Risk (Risk Register)
13.06.2017	Opened
Financial Planning, Management and Performance	Title
There is a risk that failure to implement, monitor and review an effective financial planning, management and performance framework will result in the Board being able to deliver on its required financial targets.	Description
4 - Likely - Strong possibility this could occur	Likelihood (initial)
4 - Major	Consequence (initial)
High Risk	Risk level (initial)
16	Rating (initial)
Undertake regular monitoring of expenditure levels through management and Board meetings. Employ Property Advisors to assist with sales of assets. Hold regular discussions on Service Level Agreements with Non-Fife providers. Implement a Performance & Accountability Review framework encompassing all aspects of governance and all services. Produce monthly reports capturing and monitoring progress against financial targets and efficiency savings for scrutiny by all responsible managers and those charged with governance and delivery, and ongoing forecasting and updates form the basis of financial reporting to the Scottish Government.	Current Management Actions
3 - Possible - May occur occasionally - reasonable chance	Likelihood (current)
4 - Major	Consequence (current)
Moderate Risk	Risk level (current)
12	Rating (current)
3 - Possible - May occur occasionally - reasonable chance	Likelihood (Target)
4 - Major	Consequence (Target)
Moderate Risk	Risk level (Target)
12	Rating (Target)
Potter, Carol	Risk Owner
Sinclair, Katherine	Handler
28.10.2019	Previous Review Date
31.12.2019	Next Review

DATE OF MEETING:	5 th Nov 2019
TITLE OF REPORT:	NHS Fife Board Assurance Framework (BAF) Environmental Sustainability
EXECUTIVE LEAD:	Andy Fairgrieve Director of Estates, Facilities & Capital services
REPORTING OFFICER:	Andy Fairgrieve Director of Estates, Facilities & Capital services

Purpose of the Report (delete as appropriate)		
For Decision		

SBAR REPORT
<p><u>Situation</u></p> <p>The Board Assurance Framework (BAF) is intended to provide accurate and timely assurances to this Committee and ultimately to the Board, that the organisation is delivering on its strategic objectives as contained in the following:</p> <ul style="list-style-type: none"> • NHS Fife Strategic Framework • NHS Fife Clinical Strategy • Fife Health & Social Care Integration Strategic Plan <p>The Committee has a vital role in scrutinising the risk and where indicated, Committee chairs will seek further information from risk owners.</p> <p>This report provides the Committee with the updated NHS Fife's Environmental sustainability BAF .</p> <p><u>Background</u></p> <p>This BAF brings together pertinent information on the above risk, integrating objectives, risks, controls, assurances and additional mitigating actions.</p> <ul style="list-style-type: none"> • Identifies and describes the key controls and actions in place to reduce or manage the risk • Provides assurances based on relevant, reliable and sufficient evidence that controls are in place and are having the desired effect • Links to performance reporting to the Board and associated risks, legislation & standing orders or opportunities • Provides a brief assessment of current performance. In due course, the BAF will provide detail on the progress of the risk over time - improving, moving towards its target or tram - lining <p>The Committee is invited to consider the following :</p>

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

Assessment

Assessment of FHB's current position-

Estates & Facilities continue to work on the risks as and when funding becomes available.

With reference to risk no 1384 , the new microbiologist started in October and has reduced the risk which has now been removed from the BAF.

Recommendation

The Committee is invited to:

- note & approve the Environmental Sustainability risks

Objectives: (must be completed)	
Healthcare Standard(s):	To aid delivery
HB Strategic Objectives:	Supports all of the Board's strategic objectives

Further Information:	
Evidence Base:	N/A
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	Executive Directors

Impact: (must be completed)	
Financial / Value For Money	Promotes proportionate management of risk and thus effective and efficient use of scarce resources.
Risk / Legal:	Inherent in process. Demonstrates due diligence. Provides critical supporting evidence for the Annual Governance Statement.
Quality / Patient Care:	NHS Fife's risk management system seeks to minimise risk and so support the delivery of safe, effective, person centred care.
Workforce:	The system arrangements for risk management are contained within current resource.
Equality:	The arrangements for managing risk apply to all patients, staff and others in contact with the Board's services.

ID	1296	1252	1007	1207
Position of Risk (Risk Register)	CORPORATE RISK REGISTER, Corporate Directorate - Estates Risk Register	Corporate Directorate - Estates Risk Register	Acute Services - Planned Care - Theatres/Anaesthetics Risk Register	Corporate Directorate - Estates Risk Register
Opened	22.08.2016	02.06.2016	11.02.2015	18.02.2016
Title	Emergency Evacuation, VHK Phase 2 Tower Block	Flexible PEX hoses in PHASE 3 VHK	Theatre Phase 2 Remedial work	Water system Contamination STACH
Description	There is a risk that a second stage fire evacuation, or complete emergency evacuation, of the upper floors of Phase 2 VHK, may cause further injury to frail and elderly patients, and/or to staff members from both clinical and non-clinical floors.	AF 2/8/16 There is a risk to patient safety due to a legionella risk in phase 3 building. EFA DH (2010)03 stated that flexible hoses when used for the supply of potable water may have an enhanced risk of harboring Legionella bacteria and other harmful microorganisms.	Risk of increased loss of service due to deteriorating fabric of building resulting in reduced ability to reach TTG targets.	There is a risk of water contamination within the building due to the use of flexible hoses supplying all outlets.
Likelihood (initial)	4 - Likely - Strong possibility this could occur	3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance	4 - Likely - Strong possibility this could occur
Consequence (initial)	5 - Extreme	5 - Extreme	5 - Extreme	5 - Extreme
Risk level (initial)	High Risk	High Risk	High Risk	High Risk
Rating (initial)	20	15	15	20
Current Management Actions	JR - 29/05/2019 - Ongoing training for awareness and fire wardens available throughout the year. Clinical coordinators trained. Fire safety advisors are visiting wards individually and providing extra talks	Update - AF - ProjCO will be commencing a programme of rolling replacement of flexible hoses across the Facility in January 2019, subsequent to the initial hoses that were changed via a Variation in 2016 that took cognisance of the hoses that were in 'high risk areas' as identified by NHS Fife.	M.C 30/04/2019 funding has been agreed and plans are well underway for a new Orthopaedic Building which will accommodate theatres, ward are and out-patient area. This will not be complete until 2022 Executive team reviewing options of undertaking surgery in alternative theatres.	J.M - 24/09/2019 - Projco working through rolling programme of replacement
Likelihood (current)	4 - Likely - Strong possibility this could occur	3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance
Consequence (current)	5 - Extreme	5 - Extreme	5 - Extreme	5 - Extreme
Risk level (current)	High Risk	High Risk	High Risk	High Risk
Rating (current)	20	15	15	15
Likelihood (Target)	1 - Remote - Can't believe this event would happen	2 - Unlikely - Not expected to happen - potential exists	1 - Remote - Can't believe this event would happen	1 - Remote - Can't believe this event would happen
Consequence (Target)	5 - Extreme	5 - Extreme	5 - Extreme	5 - Extreme
Risk level (Target)	Low Risk	Moderate Risk	Low Risk	Low Risk
Rating (Target)	5	10	5	5
Risk Owner	Fairgrieve, Andrew	Fairgrieve, Andrew	Cross, Murray	Fairgrieve, Andrew
Handler	Ramsay, Jimmy	McNee, James	Lowe, David	Melvin, Helen
Date	29.05.2019	15.07.2019	30.04.2019	24.09.2019
Next Review	29.11.2019	13.01.2020	30.04.2020	31/11/2019

1296	ID
CORPORATE RISK REGISTER, Corporate Directorate - Estates Risk Register	Position of Risk (Risk Register)
22.08.2016	Opened
Emergency Evacuation, VHK Phase 2 Tower Block	Title
There is a risk that a second stage fire evacuation, or complete emergency evacuation, of the upper floors of Phase 2 VHK, may cause further injury to frail and elderly patients, and/or to staff members from both clinical and non-clinical floors.	Description
4 - Likely - Strong possibility this could occur	Likelihood (initial)
5 - Extreme	Consequence (initial)
High Risk	Risk level (initial)
20	Rating (initial)
JR - 29/05/2019 - Ongoing training for awareness and fire wardens available throughout the year. Clinical coordinators trained. Fire safety advisors are visiting wards individually and providing extra talks	Current Management Actions
4 - Likely - Strong possibility this could occur	Likelihood (current)
5 - Extreme	Consequence (current)
High Risk	Risk level (current)
20	Rating (current)
1 - Remote - Can't believe this event would happen	Likelihood (Target)
5 - Extreme	Consequence (Target)
Low Risk	Risk level (Target)
5	Rating (Target)
Fairgrieve, Andrew	Risk Owner
Ramsay, Jimmy	Handler
29.05.2019	Review Date
29.11.2019	Next Review

1384	ID
CORPORATE RISK REGISTER	Position of Risk (Risk Register)
28.09.2017	Opened
Microbiologist Vacancy	Title
There is a risk of non compliance to water safety guidance due to vacant microbiologist post.	Description
5 - Almost Certain - Expected to occur frequently - more likely than not	Likelihood (initial)
4 - Major	Consequence (initial)
High Risk	Risk level (initial)
20	Rating (initial)
30/04/2019 - C.C - The post has been advertised and the interviews are being held mid-May. We have 3 interested candidates so hopefully we will recruit to post. This is a full time post with protected sessions for Decontamination, Environmental Microbiology and Water Safety. First post in Scotland with this specified remit. May be August or September before the successful candidate will be in place depending on notice (usually 3 months, may release earlier).	Current Management Actions
5 - Almost Certain - Expected to occur frequently - more likely than not	Likelihood (current)
4 - Major	Consequence (current)
High Risk	Risk level (current)
20	Rating (current)
1 - Remote - Can't believe this event would happen	Likelihood (Target)
4 - Major	Consequence (Target)
Low Risk	Risk level (Target)
4	Rating (Target)
JGARDN	Risk Owner
Coulombe, Christina	Handler
30.04.2019	Review Date
30.09.2019	Next Review

1252	ID
Corporate Directorate - Estates Risk Register	Position of Risk (Risk Register)
02.06.2016	Opened
Flexible PEX hoses in PHASE 3 VHK	Title
AF 2/8/16 There is a risk to patient safety due to a legionella risk in phase 3 building. EFA DH (2010)03 stated that flexible hoses when used for the supply of potable water may have an enhanced risk of harboring Legionella bacteria and other harmful microorganisms.	Description
3 - Possible - May occur occasionally - reasonable chance	Likelihood (initial)
5 - Extreme	Consequence (initial)
High Risk	Risk level (initial)
15	Rating (initial)
Current Management Actions	
Update - AF - ProjCO will be commencing a programme of rolling replacement of flexible hoses across the Facility in January 2019, subsequent to the initial hoses that were changed via a Variation in 2016 that took cognisance of the hoses that were in 'high risk areas' as identified by NHS Fife.	
3 - Possible - May occur occasionally - reasonable chance	Likelihood (current)
5 - Extreme	Consequence (current)
High Risk	Risk level (current)
15	Rating (current)
2 - Unlikely - Not expected to happen - potential exists	Likelihood (Target)
5 - Extreme	Consequence (Target)
Moderate Risk	Risk level (Target)
10	Rating (Target)
Fairgrieve, Andrew	Risk Owner
McNee, James	Handler
15.07.2019	Review Date
13.01.2020	Next Review

1007	ID
Acute Services - Planned Care - Theatres/Anaesthetics Risk Register	Position of Risk (Risk Register)
11.02.2015	Opened
Theatre Phase 2 Remedial work	Title
Risk of increased loss of service due to deteriorating fabric of building resulting in reduced ability to reach TTG targets.	Description
3 - Possible - May occur occasionally - reasonable chance	Likelihood (initial)
5 - Extreme	Consequence (initial)
High Risk	Risk level (initial)
15	Rating (initial)
Current Management Actions	
M.C 30/04/2019 funding has been agreed and plans are well underway for a new Orthopaedic Building which will accommodate theatres, ward are and out-patient area. This will not be complete until 2022	
Executive team reviewing options of undertaking surgery in alternative theatres.	
3 - Possible - May occur occasionally - reasonable chance	Likelihood (current)
5 - Extreme	Consequence (current)
High Risk	Risk level (current)
15	Rating (current)
1 - Remote - Can't believe this event would happen	Likelihood (Target)
5 - Extreme	Consequence (Target)
Low Risk	Risk level (Target)
5	Rating (Target)
Cross, Murray	Risk Owner
Lowe, David	Handler
30.04.2019	Review Date
30.04.2020	Next Review

1207	ID
Corporate Directorate - Estates Risk Register	Position of Risk (Risk Register)
18.02.2016	Opened
Water system Contamination STACH	Title
There is a risk of water contamination within the building due to the use of flexible hoses supplying all outlets.	Description
4 - Likely - Strong possibility this could occur	Likelihood (initial)
5 - Extreme	Consequence (initial)
High Risk	Risk level (initial)
20	Rating (initial)
Current Management Actions	
H.M. - 19/02/2019 - Projco have instructed hose replacement to commence in " medium risk " areas i.e.in-patient wards. Work began 1st February and is scheduled to be concluded by end March. Further detailed plans to be developed for whole site replacement over the next 2 years.	
3 - Possible - May occur occasionally - reasonable chance	Likelihood (current)
5 - Extreme	Consequence (current)
High Risk	Risk level (current)
15	Rating (current)
1 - Remote - Can't believe this event would happen	Likelihood (Target)
5 - Extreme	Consequence (Target)
Low Risk	Risk level (Target)
5	Rating (Target)
Fairgrieve, Andrew	Risk Owner
Melvin, Helen	Handler
28.08.2018	Review Date
31.07.2019	Next Review

Finance, Performance & Resources Committee



DATE OF MEETING:	5 November 2019
TITLE OF REPORT:	General Policies Update
EXECUTIVE LEAD:	Carol Potter, Director of Finance
REPORTING OFFICER:	Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary

Purpose of the Report (delete as appropriate)

For Information

SBAR REPORT

Situation

In March 2013, an internal audit report - B12/13, Policies and Procedures - identified that 108 (81%) out of 133 policies then listed on the NHS Fife intranet were beyond their review date. Members of the Audit & Risk Committee questioned the level of risk to the Board from any delay in reviewing such policies in line with target dates. Management agreed that a more robust approach to enforcing reviews was required and that a new risk should be added to the Corporate Risk Register until such time as the new processes were fully implemented.

Background

All policies and procedures are currently classified as either General, Human Resources or Clinical. The responsibility for managing the three separate policy groupings within the Corporate Risk Register 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

Assessment

An update on General Policies was last provided to the Committee in May 2019. Reporting on the then-position as at end of March 2019, **11 (18.6%)** of the 59 general policies listed on the intranet were then overdue for review, a slight improvement on the **18** overdue policies (representing **30.5%**) reported previously to the Committee in November 2018. It was noted, however, that by the actual date of the FP&R meeting on 14 May, 23 policies were due to fall as being beyond their stated review date, due largely due to a suite of eHealth policies becoming overdue on 1 May 2019, which accounted for 11 separate policies in total.

Since the date of the previous meeting in May, work has focused on contacting policy owners to initiate the review process of overdue policies. As a result of this ongoing investigatory work, two policies have recently been removed from the master list – GP/W2, Work at Height (moved to a procedure, under the overarching H&S policy, as relevant only to Estates & Facilities) and GP/M7, Medical Revalidation & Appraisal Policy (replaced by extant HR policy, MED HR2 and related procedure MED HR3, which largely duplicates this subject). Taking account of the two previous removals reported to the last Committee meeting (i.e. GP/C9, Confidentiality – merged with GP/D3; and GP/C7, Patient Feedback Policy – replaced by a national complaints handling model, thus meaning no local version required), there are now **55** general policies

presently in place, as detailed in the attached master list.

At the end of October 2019, **29** of the 55 policies are recorded as being beyond their stated review date (**53%**). However, of this total, **12** of the 29 are presently in the progress of being reviewed or are at the final stage of going through the approval process. Taking account of the in-train policies being worked on at present, the position therefore improves to one whereby **17** policies remain overdue (representing **30.9%** of the total). The bulk of these relate to eHealth and Estates & Facilities (including Health & Safety).

In the period since the last report, two policies and four procedures have been fully reviewed and approved by EDG. Two additional policies are currently out for approval to the General Policies group, prior to seeking EDG approval, which will improve the position further. As reported at the last meeting, underlying procedures (to which some policies refer) are being reviewed in tandem with their parent policy, to ensure that, in future, when a policy is updated, its related supporting documentation is reviewed and simultaneously. Missing documentation, such as Equality Impact Assessments, are also being requested

The large amount of eHealth policies falling due simultaneously on 1 May has principally been the reason for the decline in performance in this particular reporting period. This has been raised with eHealth, who have committed to reviewing at least one policy per week to recover the position. Revised eHealth policies are being initially considered by the Information Governance & Security Group, prior to submission to the General Policies group, thus approval of the bulk of these are expected before the next report to the Committee. Staggered dates for review in the future are being recommended, to ensure that, going forward, the same situation does not recur again.

Recommendation

The Finance, Performance & Resources Committee is asked to:

- **note** the work that is ongoing to tackle the historic backlog of reviews more efficiently; and
- **note** the update provided by this paper on the status of overdue policies.

Corporate

Policy No	Policy Title	Implementation Date	Review Date	Version No.	Author	Reviewer	Owner	Relating Procedures
GP/E5	GP/E5 - Policy For Processing External Hazard and Safety Notices and Alerts	01/02/2007	30/06/2022	3	Board Secretary & Medical Directorate Business Manager	Board Secretary	Board Secretary	NONE
GP/O2	GP/O2 - Online Communications	15/05/2013	15/05/2017 - in progress	1	Web and Intranet Coordinator	Communications Manager	Head of Comms	GP/O2-1 Online Enquiries Procedure GP/O2-2 Web Services Provision Procedure GP/O2-3 All Staff Email Procedure - 15/04/2014 GP/O2-4 Social Media Procedure - 15/04/2016
GP/R4	GP/R4 - Management, Retention, Storage and Destruction of all Business and Administrative Information and Records	01/08/2012	01/08/2019	4	Public Records Manager	Head of Corporate Services	Director of Planning and Strategic Partnerships	GP/R4-1 - Disposal of Confidential Waste Procedure - Paper Records - 31/03/2020 GP/D3-7 - Good Practice Guide - Using Office Equipment & Machinery - 01/12/2015 GP/D3-8 - Lost & Stolen Health Records Procedure - 01/12/2015

eHealth

Policy No	Policy Title	Implementation Date	Review Date	Version No.	Author	Reviewer	Owner	Relating Procedures
GP/A4	GP/A4 - Acceptable Use Policy	01/06/2009	01/05/2019 - in progress	3	eHealth Endpoint Infrastructure Manager	eHealth ICT Manager, General Manager - eHealth &IMT	COO	NONE
GP/B2	GP/B2 - eHealth Remote Access Policy	01/01/2007	01/05/2019 - in progress	4	eHealth Network and Telecoms Manager	eHealth ICT Manager, General Manager - eHealth &IMT	COO	GP/D3-2 - Access Controls for Information Systems 01/09/2019 GP/P3-1 - Picturing Archiving and Communications System (PACS) Procedure 20/01/2016
GP/C10	GP/C10 - Clear Desk Clear Screen Policy	01/06/2009	01/05/2019 - in progress	3	eHealth Endpoint Infrastructure Manager	eHealth ICT Manager, General Manager - eHealth &IMT	COO	NONE
GP/D3	GP/D3 - Data Protection & Confidentiality Policy	01/07/2012	01/06/2021	5	Data Protection Officer	eHealth Security Manager, IG Advisor, IG&S Group	Senior Information Risk Owner (SIRO)	GP/D3-2 - Access Controls for Information Systems 01/08/2019 GP/D3-7 - Good Practice Guide - Using Office Equipment & Machinery - 01/12/2015 GP/C9-6 - Procedure for Use and Transfer of Data via Removable Device 18/04/2014 GP/D3 - 12 - Subject Access to Health Records 01/12/2016 GP/D3 - 11 - Supplier Relationships Procedure 01/09/2020 GP/D3 - 13 - System Access Provisioning Procedure 30/09/2020
GP/D6	GP/D6 - Data Encryption Policy	01/06/2009	01/05/2019 - in progress	2	eHealth Security Manager	eHealth ICT Manager, eHealth Quality & Governance Manager, General Manager -	COO	NONE
GP/E6	GP/E6 - Email Policy	01/01/2007	01/10/2020	6	eHealth Security Manager	eHealth Systems Support Team Leader	COO	GP/D3-5 - 'Safe Haven' Procedure for Operating Fax Machines 01/12/2015 GP/D3-7 - Good Practice Guide - Using Office Equipment & Machinery - 01/12/2015
GP/E7	GP/E7 - Non NHS File Equipment Policy	01/01/2007	01/05/2019 in Progress	4	eHealth Endpoint Infrastructure Manager	eHealth Business Manager, eHealth ICT Manager, General Manager -	COO	GP/D3-7 - Good Practice Guide - Using Office Equipment & Machinery - 01/12/2015
GP/H6	GP/H6 - eHealth Equipment Home Working Policy	01/11/2011	01/05/2019	3	eHealth Network and Telecoms Manager	eHealth ICT Manager, General Manager - eHealth &IMT	COO	NONE
GP/I3	GP/I3 - Internet Policy	01/01/2007	01/05/2019	4	eHealth Security Manager	eHealth ICT Manager, eHealth Quality & Governance Manager, General Manager - eHealth &IMT	COO	GP/O2-5 - Use of Staff Intranet Discussion Forums - 16/01/2016
GP/I4	GP/I4 - eHealth Procurement Policy	01/09/2008	01/05/2019	5	eHealth Business Manager, Transitions Support Officer	Quality & Governance Manager - eHealth IMT	COO	GP/P3-1 - Picture Archiving and Communication System (PACS) - 20/01/2016
GP/I5	GP/I5 - Information Security Policy	01/01/2007	01/05/2019	4	eHealth Security Manager	eHealth ICT Manager, eHealth Quality & Governance Manager, General Manager -	COO	GP/P3-1 - Picture Archiving and Communication System (PACS) - 20/01/2016 GP/D3-11 - Supplier Relationships Procedure - 01/09/2020 GP/D3-13 - System Access Provisioning Procedure - 30/09/2020 GP/O2 - 5 - Use of Staff Intranet Discussion Forums 16/01/2016
GP/I6	GP/I6 - IT Change Management Policy	01/02/2009	01/06/2021	4	eHealth CCR Manager	eHealth Quality & Performance Manager	COO	GP/D3-2 - Access Controls for Information Systems - 01/09/2019 GP/D3-11 - Supplier Relationships Procedure - 01/09/2020
GP/M4	GP/M4 - Media Handling Policy	01/06/2009	01/06/2019	3	eHealth Endpoint Infrastructure Manager	eHealth ICT Manager, eHealth Quality & Governance Manager, General Manager - eHealth &IMT	COO	NONE
GP/M5	GP/M5 - Mobile Device Management Policy	01/10/2007	01/05/2019	4	eHealth Systems Support Team Leader	eHealth Information Security Manager, eHealth Endpoint Manager	COO	NONE
GP/P2	GP/P2 - Password Policy	01/01/2007	01/05/2019	4	eHealth Security Manager	eHealth Security Manager, General Manager - eHealth & IMT	COO	GP/D3-2 - Access Controls for Information Systems - 01/09/2019 GP/P3-1 - Picture Archiving and Communication System (PACS) - 20/01/2016
GP/P8	GP/P8 - Patient Access Policy	01/10/2012	29/09/2020	11	Head of Health Records	Divisional Head of Health Records	Associate Director of Planning and Performance	NONE
GP/R8	GP/R8 - Health Records Retention and Destruction	01/01/2011	01/01/2020	4	Head of Health Records	Assistant Head of Health Records	Director of Clinical Delivery	NONE
GP/R9	GP/R9 - Health Records	01/01/2011	01/01/2020	3	General Manager - Clinical and Support Access	Divisional Head of Health Records	Director of Acute Services	NONE
GP/S8	GP/S8 - eHealth Incident Management Policy	01/06/2009	01/11/2020	3	eHealth Security Manager	eHealth Business Manager & Delivery Manager, eHealth Quality and Governance Manager	COO	NONE
GP/V2	GP/V2 - IT Virus Protection Policy	01/06/2009	01/01/2022	4	eHealth Security Manager	eHealth Systems Infrastructure Manager	COO	NONE

Estates & Facilities

Policy No	Policy Title	Implementation Date	Review Date	Version No.	Author	Reviewer	Owner	Relating Procedures
GP/A1	GP/A1 - Asbestos Policy	01/01/2006	01/12/2020	3.1	Estates Officer - Specialist and Compliance	Estates, Sector Estates Manager	Director of Estates, Facilities & Capital Services	NONE
GP/C1	GP/C1 - Confined Spaces	01/01/2006	01/07/2019	2	Estates Services Manager (G&NEF)	Head of Estates & Facilities	Director of Estates, Facilities & Capital Services	NONE
GP/C4	GP/C4 - Control of Construction Contractors	01/04/2007	01/07/2019	3	Estates service Manager	Head of Estates & Facilities	Director of Estates, Facilities & Capital Services	NONE
GP/D1	GP/D1 - Fife Wide Decommissioning of Premises Policy	01/05/2017	01/05/2018	1	Jim Rotheram (Facilities Manager)	Director of Estates, Facilities & Capital Services (Andrew Fairgrieve)	Director of Estates, Facilities & Capital Services	NONE
GP/E3	GP/E3 - Electrical Safety	01/01/2006	01/11/2020	5.6	Estates Officer - Specialist and Compliance	Head of Estates, H&S Advisor, Sector Estates Managers	Director of Estates, Facilities & Capital Services	NONE
GP/E4	GP/E4 - Medical Equipment Management	01/09/2015	01/11/2020	2	Medical Physics Manager	Head of Estates	Director of Estates, Facilities & Capital Services	GP/E4 - 01 - Medical Physics Operational Procedure - 01/07/2019
GP/F2	GP/F2 - Fire Safety Policy	31/05/2015	01/05/2021	4	Senior Fire Advisor	Estates Compliance Manager, Fire Safety Advisor	Director of Estates, Facilities & Capital Services	GP/F2-1 - Fire Safety Procedure Guidance - 01/05/2021
GP/H4	GP/H4 - Hospitality Policy	01/05/2013	01/04/2019	2	Facilities Manager	Facilities Manager	Director of Estates, Facilities & Capital Services	GP/E8-7 - Rooms Bookings - 01/05/2016
GP/L1	GP/L1 - Water Systems Management	07/03/2013	26/03/2020	2	Head of Estates	Water Safety Group	Director of Estates, Facilities & Capital Services	NONE
GP/M2	GP/M2 - Mercury Control	01/09/2006	09/07/2021	3.3	Estates Services Manager (G&NEF)	Estates Services Manager (G&NEF) Head of Estates, H&S Advisor, Sector Estates Managers	Director of Estates, Facilities & Capital Services	NONE
GP/M3	GP/M3 - Management of Medical Gases	01/12/2009	01/05/2015 - in progress	3	Estates Services Manager, OHSAS, Lead Community Services Pharmacy Technician	Estates Services Manager, OHSAS, Lead Community Services Pharmacy Technician	Director of Estates, Facilities & Capital Services	GP/M3-1 - Procedure from Medical Gas Cylinders - 01/02/2015 GP/M3-2 - Medical Gas Pipeline Systems - 01/02/2015 GP/M3-3 - Procedure for the Safe Storage, Use and Transport of Liquid Nitrogen - 01/02/2015
GP/P7	GP/P7 - Care of patients personal clothing	01/02/2009	01/09/2020	8	Support Services Manager	Support Services Manager	Director of Estates, Facilities & Capital Services	GP/E8-5 - Safe Handling of Laundry - 23/04/2016
GP/S3	GP/S3 - Safe And Effective Use Of Unwrapped Instrument And Utensil Sterilizers	01/08/2006	01/07/2019	4	Estates Officer - (Decontamination)	Head of Estates & Facilities	Director of Estates, Facilities & Capital Services	NONE
GP/V4	GP/V4 - Violence and Aggression at Work	01/01/2006	01/12/2020	6	Health & Safety Advisor	Violence and Aggression Reduction Advisor	Director of Estates, Facilities & Capital Services	NONE
GP/W1	GP/W1 Waste Management	30/11/2013	21/03/2021	2	Waste Management Officer	Head of Facilities	Director of Estates, Facilities & Capital Services	NONE
GP/W4	GP/W4 - Window Management	01/01/2006	09/07/2021	3.3	Head of Estates	Estates Compliance Manager, Sector Estates Managers, H&S Adviser	Director of Estates, Facilities & Capital Services	GP/E8-9 - Work Environment Procedure - 10/01/2014

Health & Safety

Policy No	Policy Title	Implementation Date	Review Date	Version No.	Author	Reviewer	Owner	Relating Procedures
GP/C8	GP/C8 - Car Parking Policy	11/01/2011	01/06/2019	4	Security Manager/Travel Plan Coordinator	Security Manager/Travel Plan Coordinator	Director of Estates, Facilities & Capital Services	NONE
GP/HI	GP/H1 - Health & Safety Policy	20/10/2017	20/12/2019	1	Health & Safety Manager	Health & Safety Manager	Director of Estates, Facilities & Capital Services	NONE
GP/H5	GP/H5 - Health Assessment and Surveillance	15/10/2009	15/10/2011 - in progress	3	Health & Safety Adviser/Occupational Health		Director of Estates, Facilities & Capital Services	GP/E8-9 - Work Environment Procedure - 10/01/2014
GP/M1	GP/M1 - Manual Handling	01/02/2006	01/01/2016 - in progress	2	Manual Handling Advisor		Director of Estates, Facilities & Capital Services	NONE
GP/N1	GP/N1 - Noise At Work	01/04/2014	01/10/2018 - in progress	2	Health & Safety Adviser	Health & Safety Adviser	Director of Estates, Facilities & Capital Services	NONE
GP/P4	GP/P4 - Personal Protective Equipment (PPE)	01/03/2007	01/01/2016	2	Facilities Manager	Facilities Manager	Director of Estates, Facilities & Capital Services	GP/E8-5 - Safe Handling of Laundry - 23/04/2016 GP/E5 - 8 - Dangerous Substance and Explosive Atmosphere - 01/05/2020 GP/E8-9 - Work Environment Procedure - 10/01/2014
GP/W2	GP/W2 - Work at Height	Revised and moved from a Policy to a Procedure, under overarching H&S policy, as relevant only to Estates & Facilities.						

Medical Director

Policy No	Policy Title	Implementation Date	Review Date	Version No.	Author	Reviewer	Owner	Relating Procedures
GP/I1	GP/I1 - Management of Intellectual Property	01/02/2007	01/06/2019 - in progress	7	Research & Development Manager	Research & Development Manager, Research & Development Manager	Medical Director	GP/I1-1 - Procedure for the management of intellectual property - 30/06/2019
GP/I9	GP/I9 - Adverse Events	03/06/2013	22/03/2021	4	Risk Manager NHS Fife	Risk Manager & Head of Quality and Clinical Governance NHS Fife	Medical Director	NONE
GP/M7	GP/M7 - Medical Revalidation and Appraisal Policy	Replaced by HR Policy MED HR2 and related procedure MED HR3.						
GP/P3	GP/P3 - Picture Archiving and Communications System (PACS)	02/10/2005	01/03/2020	1	Radiology IM&T Systems Manager	Radiology IM&T Systems Manager	Medical Director - Primary Care	GP/P3-1 - Picture Archiving and Communications System - 20/01/2016
GP/R3	GP/R3 - Research Fraud and Misconduct	01/10/2006	01/06/2019 - in progress	6	Research & Development Manager	Research & Development Commercial Manager, Research & Development Manager	Medical Director - Primary Care	NONE
GP/S2	GP/S2 - Smoking	01/03/2013	01/03/2016	2	Health & Safety Team Leader, OHSAS; Tobacco Co-ordinator, NHS Fife; Consultant in Public Health Medicine, NHS Fife	NHS Fife General Policies Group/EDG	Medical Director / Director of Nursing	NONE
GP/S6	GP/S6 - Screening of NHS Fife staff during an outbreak of an infectious disease	01/01/2007	01/12/2020	2	Medical Director, Operational Division	Infection Control Manager	Medical Director	NONE

Nurse Director

Policy No	Policy Title	Implementation Date	Review Date	Version No.	Author	Reviewer	Owner	Relating Procedures
GP/A2	GP/A2 - Use of Independent Advocacy	01/07/2009	22/12/2021	5	Director of Nursing	Legislation Manager (Clinical Services), Public Partnership Development Co-	Nurse Director	NONE
GP/I8	GP/I8 - Infection Control	01/04/2010	01/05/2020	3	Infection Control Manager	Infection Control Manager	Nurse Director	NONE
GP/R7	GP/R7 - Risk Register and Risk Assessment	01/11/2009	01/12/2018	3	NHS Fife Risk Manager	NHS Fife Risk Manager	Nurse Director	GP/E8 -8 - Dangerous Substance Hazardous to Health Procedure 01/05/2020 GP/E8-9 - Work Environment Procedure - 10/01/2014
GP/V3	GP/V3 - Volunteering Policy	01/04/2010	01/10/2020	3	Patient Relations Manager	Equality and Human Rights Lead	Nurse Director	NONE

Estates, Facilities and Capital Services

Procedure No.	Title	Implementation Date	Next Review Date	Version	Author	Responsible Director	Related Policy
GP/E4 - 01	Medical Physics Operational Procedure	01/07/2018	01/07/2019	1	Medical Physics Manager	Director of Estates, Facilities & Capital Services	NONE
GP/E8-1	Food Safety	01/01/2006	22/02/2016	1	Quality Assurance Manager	Director of Estates, Facilities and Capital Services	NONE
GP/E8-10	Drivers Operating Procedures	01/05/2015	01/03/2021	2.1	Fleet Manager	Director of Estates, Facilities and Capital Services	NONE
GP/E8-2	Catering Services - Contingency Plan Kitchen Failure	01/12/2007	22/04/2015	1	Facilities Manager	Director of Estates, Facilities and Capital Services	NONE
GP/E8-3	Emergency/Restoration Cleaning	01/04/2008	22/03/2016	3	Support Services Manager	Director of Estates, Facilities and Capital Services	NONE
GP/E8-4	Catering: Hazard Analysis Critical Control Point (HACCP)	01/03/2007	23/04/2016	1	PPP Operational Control Manager (St Andrews)	Director of Estates, Facilities and Capital Services	NONE
GP/E8-5	Safe Handling of Laundry	01/04/2006	23/04/2016	1	Support Services Manager	Director of Estates, Facilities and Capital Services	NONE
GP/E8-6	Grounds and Gardens	01/05/2008	01/10/2022	3	Support Services Manager	Director of Estates, Facilities and Capital Services	NONE
GP/E8-7	Room Bookings	07/11/2007	01/05/2016	2	Facilities Officer	Director of Estates, Facilities and Capital Services	GP/H4 - Hospitality Policy
GP/F2-1	Fire Safety Procedure Guidance	31/01/2015	01/05/2021	1	Senior Fire Advisor	Director of Estates, Facilities and Capital Services	GP/F2 - Fire Safety Policy
GP/L2	Dealing with Lead at Work	01/03/2006	01/02/2021	4	Estates Service Manager	Director of Estates, Facilities and Capital Services	GP/M1 - Manual Handling
GP/M3-1	Procedure for Medical Gas Cylinders	01/05/2013	01/05/2015	4	Estates Service Manager (VHK)	Director of Estates, Facilities and Capital Services	GP/M3 - Management of Medical Gases
GP/M3-2	Medical Gas Pipeline Systems	01/05/2013	01/05/2015	4	Estates Service Manager	Director of Estates, Facilities and Capital Services	GP/M3 - Management of Medical Gases
GP/M3-3	Procedure for the Safe Storage, Use and Transport of Liquid Nitrogen	01/05/2013	01/05/2015	2	OHSAS H&S Advisor	Director of Estates, Facilities and Capital Services	GP/M3 - Management of Medical Gases
GP/R5	Taxi Procedure	31/08/2018	31/08/2019	1	N/A	Director of Estates, Facilities and Capital Services	NONE
GP/V1	Control of Vibration of Work Procedure	01/08/2006	01/08/2019	2	H&S Advisor	Director of Estates, Facilities and Capital Services	GP/H5 Health Assessment and Surveillance/ GP/R7 Risk Register and Risk Assessment

Health & Safety

Procedure No.	Title	Implementation Date	Next Review Date	Version	Author	Responsible Director	Related Policy
GP	Monitoring of Trainee Doctors' Hours	01/06/2011	01/09/2017	2	Associate Medical Director's Directorate Manager/Head of Human Resources		NONE
GP/C3	Control of Substances Hazardous to Health Procedure	01/05/2010	01/05/2019	4	Health & Safety Advisor	Director of Estates, Facilities & Capital Services	GP/H5 - Health Assessment and Surveillance GP/R7 - Risk Register and Risk Assessment
GP/D1 - 1	Display Screen Equipment Risk Assessment Procedure	10/07/2015	10/12/2018	1	Health & Safety Advisor	Director of Estates, Facilities & Capital Services	GP/R7 - Risk Register and Risk Assessment
GP/E8-8	Dangerous Substance and Explosive Atmosphere (DSEAR)	01/10/2008	01/05/2020	3	Health & Safety Advisor	Director of Estates, Facilities & Capital Services	GP/C3 - Control of Substances Hazardous to Health Procedure GP/P4 - Personal Protective Equipment (PPE) GP/R7 - Risk Register and Risk Assessment
GP/E8-9	Work Environment Procedure	01/01/2006	10/01/2014	3	Health & Safety Advisor	Director of Estates, Facilities & Capital Services	GP/H5 - Health Assessment and Surveillance GP/R7 - Risk Register and Risk Assessment GP/P4 - Personal Protective Equipment (PPE) GP/W4 - Window Management GP/W2 - Work at Height
GP/G1-1	Glove Selection Procedure	21/12/2015	07/12/2020	2	Health & Safety Advisor	Director of Estates, Facilities & Capital Services	NONE
GP/L6	Lone Worker Procedure	01/11/2007	01/11/2021	2	Health & Safety Advisor	Director of Estates, Facilities & Capital Services	GP/E7 - Non NHS Fife Equipment
GP/W2	Work at Height	01/01/2006	01/01/2021	2	PIN	Director of Estates, Facilities & Capital Services	GP/E8-9 - Work Environment Procedure - 10/01/2014

eHealth

Procedure No.	Title	Implementation Date	Next Review Date	Version	Author	Responsible Director	Related Policy
GP/D3-1	Data Protection - Annexe 1 - Compliance Aims	01/11/2008	01/12/2015	2	Data Protection Coordinator	COO	NONE
GP/D3-2	Access Controls for Information Systems	01/10/2017	01/09/2019	4	Information Security Officer	COO	GP/D3 - Data Protection and Confidentiality GP/I6 - eHealth Change Management GP/B2 - eHealth Remote Access Policy GP/P2 - Password Policy
GP/D3-3	Safe Haven' Procedure on Holding & Transmission of Personal, Confidential & Patient Identifiable Information	01/12/2008	01/12/2015	2	Data Protection Coordinator	COO	NONE
GP/D3-4	Safe Haven' Procedure for Fax Machines - Position and Access Controls	01/12/2008	01/12/2015	2	Data Protection Coordinator	COO	NONE
GP/D3-5	Safe Haven' Procedure for Operating Fax Machines	01/12/2008	01/12/2015	2	Data Protection Coordinator	COO	GP/E6 - Email Policy
GP/D3-6	Safe Haven' Procedure - Actions to be taken in event of fax sent or received in error	01/12/2008	01/12/2015	2	Data Protection Coordinator	COO	NONE
GP/D3-7	Good Practice Guide - Using Office Equipment & Machinery	02/12/2008	01/12/2015	2	Data Protection Coordinator	COO	GP/D3 - Data Protection and Confidentiality GP/E6 - Email Policy GP/R4 - Management, Retention, Storage and Destruction of all Business and Administrative Information and Records GP/E7 - Non NHS Fife Equipment
GP/D3-8	Lost & Stolen Health Records Procedure	01/07/2011	01/12/2015	2	Data Protection Coordinator	COO	GP/R4 - Management, Retention, Storage and Destruction of all Business and Administrative Information and Records
GP/D3-9	Lost & Stolen Health Records Procedure (CHP's)	01/07/2011	01/12/2015	2	Data Protection Coordinator	COO	NONE
GP/D3-10	Lost & Stolen Health Records Procedure (Operational Division)	01/07/2011	01/12/2015	2	Data Protection Coordinator	COO	NONE
GP/D3-11	Supplier Relations Procedure	01/09/2017	01/09/2020	3	Information Security Manager	COO	GP/D3 - Data Protection and Confidentiality GP/I6 - eHealth Change Management GP/I5 - Information Security Policy
GP/D3-14	Guidance for Staff on Information Sharing with Police	01/08/2009	01/08/2016	3	Data Protection Coordinator	COO	GP/D3 -Data Protection and Confidentiality
GP/R9-1	Procedure - Transportation of Health Records - Best Practice Guide	01/04/2014	01/04/2017	1	Assistant Head of Health Records	COO	GP/I2 - Incident Management Policy (GP/I2)

Medical Director

Procedure No.	Title	Implementation Date	Next Review Date	Version	Author	Responsible Director	Related Policies
GP/D3-12	Subject Access to Health Records	01/12/2013	01/12/2016	1	Head of Health Records	Medical Director	GP/D3 -Data Protection and Confidentiality
GP/D3-13	System Access Provisioning Procedure	14/09/2017	30/09/2020	1	eHealth Business and Delivery Manager/Information Governance Advisor	Medical Director	GP/D3 -Data Protection and Confidentiality GP/L5 - Information Security Policy
GP/I1-1	Procedure for the Management of Intellectual Property	01/10/2013	30/06/2019	7	Research & Development Manager	Medical Director	GP/I1 - Management of Intellectual Property Policy
GP/M7-1	Medical Revalidation and Appraisal Procedure	Replaced by HR procedure MED HR3.					
GP/P3-1	Picture Archiving and Communications System (PACS) Procedure	20/01/2014	20/01/2016	1	Radiology IM&T Systems Manager	Medical Director, Primary Care	GP/I4 - eHealth Procurement Policy GP/B2 - eHealth Remote Access Policy GP/I5 - Information Security Policy GP/P2 - Password Policy GP/P3 - Picture Archiving and Communications System

Corporate

Procedure No.	Title	Implementation Date	Next Review Date	Version	Author	Responsible Director	Related Policy
FOI 1	Freedom of Information Statement and Review Procedure	12/03/2013	31/03/20014	1	Head of Corporate Services	Head of Corporate Services	GP/O2 - Online Communications
GP/O2-3	All Staff Email	15/05/2013	15/05/2014	1	Web and Intranet Co-ordinator	Head of Corporate Services	GP/O2 - Online Communications
GP/O2-4	Social Media	15/05/2013	15/05/2014	1	Web and Intranet Co-ordinator	Head of Corporate Services	GP/O2 - Online Communications
GP/O2-5	Use of Staff Intranet Discussion Forums	16/01/2015	16/01/2016	1	Web and Intranet Co-ordinator	Head of Corporate Services	GP/O2 - Online Communications GP/I5 - Information Security Policy GP/I3 - Internet Policy
GP/P1-1	Policies, Procedures and Guidelines: Writing and Approval	01/08/2013	09/03/2021	2	Clinical Effectiveness Coordinator	Chair General Policy Group; Chair Human Resources Policy Group; Chair Clinical Policy & Procedures Group	NONE
GP/R4-1	Disposal of Confidential Waste Procedure - Paper Records	01/09/2013	31/03/2020	2	Corporate Records Manager	Director of Planning and Strategic Partnerships	GP/R4 - Management , Retention , Storage and Destruction of all Business and Administrative Information and Records

Misc.

Procedure No.	Title	Implementation Date	Next Review Date	Version	Author	Responsible Director	Related Policy
GP/R9-2	Procedure for Managing Templates for Outpatient Clinics	01/10/2015	01/10/2018	2	Health of Health Records	Divisional General Manager -Planned Care	NONE
GP/S7-1	Department of Spiritual Care Standard Operating Procedure	01/06/2012	01/06/2013	1	Head of Spiritual Care	n/a	NONE

DATE OF MEETING:	5 November 2019
TITLE OF REPORT:	Annual Accounts – Progress Update on Audit Recommendations
EXECUTIVE LEAD:	Carol Potter, Director of Finance
REPORTING OFFICER:	Mark Doyle, Assistant Director of Finance

Purpose of the Report (delete as appropriate)		
	For Discussion	For Information

SBAR REPORT

Situation

The purpose of this report is to provide an overview of the recommendations emerging from both the Internal Audit Annual Report and the Audit Scotland Annual Report for 2018/19, and the resultant actions progressed to date.

Background

As part of the overall governance and assurance processes of the Board, both the Chief Internal Auditor and the Board's External Auditor (currently Audit Scotland) are required to provide an annual report within the dimensions of their respective remits.

Assessment

Audit Recommendations:

Both internal and external audit provided a series of recommendations for the Board, with these set out in the form of Action Plans. These are attached as Appendices 1 and 2 to this paper, with updates of specific actions taken to 30th September 2019.

Recommendation

The Finance, Performance & Resources Committee is asked to:

- **note** the actions taken to date

Objectives: (must be completed)	
Healthcare Standard(s):	Governance and assurance is relevant to all Healthcare Standards.
HB Strategic Objectives:	All

Further Information:	
Evidence Base:	N/A
Glossary of Terms:	SGHSCD – Scottish Government Health and Social Care Directorates
Parties / Committees consulted prior to Health Board Meeting:	Executive Directors Group

Impact: (must be completed)	
Financial / Value For Money	Financial Governance is a key component of the assurance process.
Risk / Legal:	Actions taken in response to audit recommendations seek to address / mitigate any risks identified
Quality / Patient Care:	Quality & patient care are a core consideration in all aspects of governance including financial governance.
Workforce:	Workforce issues are a core consideration in all aspects of governance including financial governance.
Equality:	Equalities issues are a core consideration in all aspects of governance including financial governance.

Annual Internal Audit Report 2018/19 Action Plan

Finding	Recommendation	Management Response	Responsible Director Action by Date	Update on Progress as at 30 September 2019
<p>1. The annual statements of assurance from the Standing Committees provide an opportunity for reflection on the work of the Committee in the year, key issues for the coming year and the BAF risk4s delegated to the Committee as well as the quality and timing of assurances received. Our work indicates that this opportunity is not always being taken and that the quality of assurances provided by Standing Committees could be improved. Standing Committee Annual Reports do not routinely contain assurances over the BAFs assigned to that Committee.</p>	<p>The Board should consider the process by which the Annual Reports are approved and whether there would be merit in setting aside more time for considered reflection, rather than the Annual Report being potentially considered as just another item on a crowded agenda.</p> <p>The template for Standing Committee Annual Assurance Statements could assist in this process by including:</p> <ul style="list-style-type: none"> • confirmation that they have considered all items on their workplan • explanations for any exceptions and overt consideration of whether they impact on the Committee's ability to provide meaningful assurance • Consideration of relevant internal and external audit reports (see recommendation 3) and external reviews received and their impact on the assurance provided • Commentary on any BAFs for which the Committee is responsible including: <ul style="list-style-type: none"> • assurance on the accuracy of the score, • the reasons for any movements in-year • the adequacy and effectiveness of the controls described in the BAF • the sufficiency of actions intended to bring the score to its target level the relevance and reliability of assurances over those controls and actions <p>Some Committees may benefit from additional support/training in understanding the assurance requirements of the Board and we would note that the assurance mapping due for 2019/20 should assist in this process.</p>	<p>At present, Board Committee annual statements of assurance are largely prepared by the lead Director for each Committee, leading to some variability in both format and content. For future years, it is proposed that the Board Secretary co-ordinates their production and work to enhance the current template will be part of that exercise. Consideration will be given to including the additional content above to improve the quality of the assurances given.</p>	<p>Board Secretary 31 May 2020</p>	<p>Initial consideration being given as to how to progress this, taking the advice of the internal auditors on the assurance letter guidance contained within the Scottish Public Finance Manual.</p>
<p>2. Formal assurances were provided by the Executive Directors and Senior Managers of NHS Fife that adequate and effective internal controls have been in place in their areas of responsibility, we note that only seven out of twelve assurance statements included a statement on the risk management arrangements within their area.</p>	<p>As with Standing Committees there is an opportunity to enhance the template but also to consider the process through which these assurance statements are produced and quality assured. Consideration should be given to the SPFM assurance letter guidance which is the subject of ongoing discussions between Internal Audit and the SGHSCD.</p>	<p>A review of the current process for capturing the assurances of senior staff, including the revision of the current template and consideration of which posts should be included in the exercise in future years, has already been agreed in discussions with the External Auditors. The input of Internal Audit would be welcome, to ensure that the new process is fully compliant with SPFM guidance and how this is expected to be implemented locally.</p>	<p>Director of Finance & Performance and Board Secretary 31 March 2020</p>	<p>As above.</p> <p>Amended letter used for recent departure of Director of Health & Social Care.</p>

<p>3. The findings from our annual and interim reviews and other internal audit reports are not routinely reported to the relevant Standing Committee(s). We also noted that Audit Scotland's reports are not routinely presented to the relevant standing committee (eg the Audit Scotland Management Report 2017/18 included a finding relevant to Information Governance but was not presented to the Clinical Governance Committee). We also found areas where findings were reported but were not followed to their conclusion by the Committee. As a consequence, significant governance findings for which the agreed action had not been implemented were not identified by Standing Committees in their annual assurance statements.</p>	<p>Internal Audit reports, including annual and interim reports should be presented to the relevant standing committee(s) and relevant sub-committees/groups as they are published. External Audit findings should be similarly communicated. For significant findings, the Committee should establish a suitable monitoring process and ensure it is followed through to completion.</p>	<p>In conjunction with Internal Audit we will seek to align individual audit reports to a specific Committee of the NHS Board. As and when reports are issued, the distribution of the report will include the lead Director for the relevant Committee, for inclusion at the next meeting. The covering email should include an explicit statement reminding the Director of this responsibility (1). Any actions required and taken will be reported accordingly through the minute (2), with a parallel monitoring process (already in place) via the Audit & Risk Committee for both internal and external audit recommendations (3)</p>	<p>Internal Audit(1)/Board Secretary(2)/Director of Finance(3) 30 September 2019</p>	<p>Actioned initially for September governance committee meetings.</p>
<p>4. There have been significant and persistent delays in taking forward agreed improvements to the Risk Management Framework, going back many years.</p>	<p>An SBAR should be presented to the Audit & Risk Committee highlighting the challenges and reasons for the delay to the revision of the Risk Management Framework and how they will be addressed so that a realistic and achievable implementation schedule can be agreed and monitored and, most importantly, delivered.</p>	<p>We accept the recommendation and a report will be provided as described above</p>	<p>Director of Nursing 30 September 2019</p>	<p>Risk Management report on agenda for A&R September meeting and risk appetite workshops scheduled with all governance committees.</p>
<p>5. Although high level updates on the preparation and approval of the NHS Fife Workforce Strategy have been provided to the SGC in 2018-19 it has not been formally updated on progress towards implementing the NHS Fife Workforce Strategy Action Plan, though we have been informed that the intention is to provide updates to the SGC using the action plan to the new strategy. The Terms of Reference of the NHS Fife Strategic Workforce Planning Group state that '<i>Work Generated by the group shall be formally reported to EDG and the Staff Governance Committee as appropriate</i>' but does not include a specific responsibility to provide an annual update on progress against the Workforce Strategy Action Plan to the SGC.</p>	<p>The Terms of Reference of the NHS Fife Strategic Workforce Planning Group should be amended to include a specific responsibility to provide an annual update on progress against the NHS Fife Workforce Strategy Action Plan to the SGC. This is particularly important given that the Workforce Strategy is the key control listed in the Workforce Sustainability BAF. Assurance on progress against the NHS Fife Workforce Strategy from the NHS Fife Strategic Workforce Planning Group to the Staff Governance Committee should be scheduled in the Committee's Annual Workplan for 2019-20 before the SGC Annual Assurance Statement is approved.</p>	<p>The workforce strategy forms part of the current workplan for the Staff Governance Committee. The above recommendation will be incorporated into future workplans and reports will be made as appropriate to the Staff Governance Committee. The ToRs described above will be amended accordingly.</p>	<p>Director of Workforce 30 September 2019</p>	<p>Currently being progressed.</p>
<p>6. The NHS Fife Remuneration Sub-Committee has not undertaken a self assessment using the self assessment pack issued by Audit Scotland for 2017/18 or 2018/19.</p>	<p>The self assessment checklist for the Remuneration Sub-Committee should be completed for the years of 2017/18 and 2018/19. The self assessment should be completed annually before the Remuneration Sub-Committee's Annual Assurance Statement</p>	<p>Discussion on a retrospective self assessment will be discussed at the Sub Committee in June 2019. The self assessment checklist will be incorporated into the overarching Board and Committee self assessment process for 2019/20. Any relevant aspects of the recommendations emerging from national work through the Blueprint for Good Governance will be taken into consideration.</p>	<p>Director of Workforce 30 June 2019 Board Secretary 31 March 2020</p>	<p>Confirmed with Scottish Government process for this year's self assessment exercise for this Committee, pending issue of further national guidance for operation of Remuneration Committees.</p>

<p>7. Our recommendation from B08/19 (action point 10) regarding providing the Clinical Governance Committee with adequate assurance regarding compliance with the General Data Protection Regulations (GDPR), the Data Protection Act 2018, the Networks and Information Systems (NIS) Directive, the Public Sector Cyber Resilience Action Plan and the NHS Scotland Information Security Policy Framework has not yet been fully addressed as aside from high level reports on GDPR compliance presented to CGC in January and March 2019 overt assurance on these areas has not been provided. The original timescale for implementation of actions to address this recommendation was by 31 December 2018.</p>	<p>A report should be provided to the NHS Fife Clinical Governance Committee clearly stating the Board's current status of compliance with the General Data Protection Regulations (GDPR), the Data Protection Act 2018, the Networks and Information Systems (NIS) Directive, the Public Sector Cyber Resilience Action Plan and the NHS Scotland Information Security Policy Framework. The report should include overt statements on</p> <ul style="list-style-type: none"> • How compliance with the NIS Directive will be managed and monitored • How NHS Fife will prepare for external review by the Competent Authority • How existing processes for GDPR, cyber-essentials and any other IG requirements will be assimilated/made congruent with the actions required for the NIS Directive • Overall assessment of likely gaps • Risk assessment. 	<p>We accept improvements are required in respect of overt assurance reporting to the Clinical Governance Committee. A detailed report, as described, will be considered by the Information Governance and Security Group in August 2019 for submission to the CGC in September.</p>	<p>DPO/SIRO 30 September 2019</p>	<p>Initially to be considered at the August meeting of IG&SG, with an update to CGC thereafter and full report later in the calendar year.</p>
<p>8. The Executive Director's Annual Assurance Letter from the Chief Operating Officer for Acute Services Division who was identified as the Board's SIRO from 28 January 2019 provided their assurance as SIRO but only for the period from 28 January 2019 to 31 March 2019. No Executive Director's Assurance Letter was requested from the previous SIRO before they left.</p>	<p>The disengagement process for Executive Directors who leave NHS Fife should include obtaining from them an Executive Director's Assurance Letter covering the period they were in post.</p>	<p>We accept the recommendation and a process will be implemented to ensure appropriate assurances are received in the event of a Director leaving post</p>	<p>Board Secretary 30 September 2019</p>	<p>Complete (see 2 above). Process now in place to capture these assurances at times other than year end.</p>

Issue / Risk	Recommendation	Management Response	Responsible Director Action by Date	Update on Progress as at 30 September 2019
1. PECOS access controls In 2017/18 we found three users with approval permissions on the PECOS purchasing system that were not appropriate to their job role. Audit testing this year found one of the users identified last year still had inappropriate access, a further three users had approval rights despite having left the health board and one user had changed roles and access to PECOS was no longer appropriate. There is a risk that users have inappropriate access to PECOS and erroneous or fraudulent entries could be made.	User access permissions for PECOS should be reviewed on a regular basis to ensure that the permissions granted are appropriate to job roles and relate only to current employees.	On occasion, individuals may remain on the system with authorisations delegated to their deputy, pending the replacement starting. We will work with eHealth colleagues to ensure the IT access termination documentation also covers PECOS; and with HR colleagues to remind line managers of the requirement to advise on movers/leavers.	Head of Procurement 30 September 2019	Currently being progressed.
2. Changes to supplier details We reported last year that in the majority of cases no independent verification of changes to suppliers bank details were sought. From discussions with Finance staff this year there is still no agreed or consistent procedure for verifying changes. The Assistant Director of Finance – Financial Services confirmed the current procedure is to telephone suppliers when a letter from the supplier notifying a change in bank details is received. If an invoice is received that has new bank details on it there is no further verification. There is a risk of exposure to fraud as not all requests to change bank details are verified from an independent source.	A formal procedure should be prepared and shared with Finance staff which clarifies that all changes to supplier bank details should be verified as agreed by management in 2017/18.	An email has been sent to all ledger staff confirming the procedure for requested changes to supplier bank details. The desktop procedure is under review.	Assistant Director of Finance 31 July 2019	Complete
3. Delivery of savings There is no information on the specific savings plans within the high level workstreams reported in the IPR or the proposals to address outstanding savings. There is a risk financial targets will not be met as there is no detail on how savings will be achieved.	Specific and achievable savings plans should be developed to ensure that the Board can deliver the required savings. Sufficient information on these plans should be provided to enable the FP&RC and Board to carry out effective scrutiny.	Detailed savings plans for 2019/20 have been considered via the IJB for Health & Social Care services but these are not sufficient to close the gap overall. The impact on the NHS Fife position has been requested from the Director of Health & Social Care. Detailed savings plans are in development for Acute Services, with a report to the FP&R Committee in May	Director of Health & Social Care / Chief Operating Officer 31 May 2019	Discussions ongoing within the IJB in relation to delivery of savings.
4. Reliance on non recurrent savings NHS Fife continues to rely on non recurrent savings to deliver against the statutory financial target of break even and is relying on financial flexibility to offset the significant overspend within Acute Services. There is a significant risk that the Board will not deliver the savings required to achieve a balanced budget on a recurring basis which increases the pressure on budgets in future years.	The Board should take steps to reduce its reliance on non recurrent savings to achieve financial targets.	This issue is recognised and will be addressed in line with the previous action above.		Deloitte LLP engaged to drive forward a robust programme of savings across Acute Services. Presentation to be provided to the FP&R Committee in November 19. Delivery of savings, within the context of the overall financial position is a high risk on the BAF

<p>5. Openness and transparency The NHS Fife website is not user friendly and some information, including committee papers, is either not available or is difficult to find. There is a risk that the lack of information on the website impacts on the public's perception of the health board's openness and transparency.</p>	<p>The NHS Fife website requires further improvement to make it more user friendly. Committee papers should be uploaded on a timely basis.</p>	<p>This issue is recognised. NHS Fife intends to invest in the creation of a new website design, hosting and development platform in 2019. This will be equipped with enhanced search, clear navigation and accessible service modules, viewable on a range of devices. A new content management system will ensure that the new NHS Fife website will be future proof, while still being capable of accommodating and indexing existing historical content. Meantime, a more robust checking procedure has recently been introduced to ensure that Board and Board Committee papers are uploaded timeously after the issue of papers to members and that the resultant file posted on the website is subsequently accessible to all users.</p>	<p>Head of Communications 31 December 2019</p>	<p>Procurement process underway</p>
<p>6. Escalation of issues to the NHS Fife Board There is a lack of follow up in relation to some items escalated to the NHS Fife Board by the Board committees. There is a risk that issues escalated for consideration by the NHS Fife Board are not subject to effective scrutiny at this level.</p>	<p>Further enhancement of the Board escalation process is required. There should be sufficient time and resources set aside at Board meetings to ensure there is proper consideration of the items escalated from committees. This should include appropriate follow up of ongoing issues.</p>	<p>There is no limitation placed by the Board on the time presently allowed for the escalation of items from Board Committees. Some key issues initially identified by Committees as matters for escalation to the Board can on occasion be covered elsewhere in the agenda, but Committee Chairs are all aware of the need to discuss potential topics for escalation at Committee meetings and explicitly identify these in the cover sheet accompanying Committee minutes. Items for subsequent follow-up by the Board will be flagged as such in the Board's rolling Action List.</p>	<p>No further action required</p>	<p>Complete</p>
<p>7. Committee self- assessment process Members have identified several areas to improve the effectiveness of committees but no action on these has been taken to date. There is a risk that action is not taken on the results of the self-assessment process to improve the effectiveness of governance committees.</p>	<p>A Board meeting or development session to consider common and/or ongoing issues identified as well as any further improvements to the process should be arranged and appropriate actions agreed.</p>	<p>After initial consideration by each Committee in March, the Board has considered the results of the Committee self-assessment exercise at its scheduled Development Session in April 2019. An action plan has been created, aligning this improvement work with the local implementation of the new NHS Scotland Blueprint for Good Governance, to ensure that governance-related improvements are co-ordinated and standardised across all Board Committees. A revised Committee questionnaire format, taking account of members' feedback on this year's process, will be put in place for the next iteration of the survey, to be undertaken across all Committees in late 2019.</p>	<p>Board Secretary 31 October 2019</p>	<p>Update to be given to the Board in November on completion of the current Blueprint Action Plan and work presently underway to revise the standard committee self-assessment questionnaire for completion by members in December 2019.</p>

<p>8. Health and social care partnership arrangements Some of the local challenges around operational and governance arrangements for the health and social care partnership have not been fully resolved. Staff and members are sometimes predisposed towards the interests of their employing organisation rather than the partnership. There is a risk that the health and social care arrangements in Fife are not operating effectively.</p>	<p>The operational and governance arrangements between the Board and IJB should be clarified to ensure that staff, senior management and members of the partner bodies work as a partnership.</p>	<p>Fife – like all HSCP’s – have been asked by SG & COSLA to complete a self-assessment against the recommendations of the Ministerial Steering Group Review of Integration. That self-assessment is to be completed and returned by 15 May. Senior leaders in the HSCP, NHS Fife and Fife Council met recently to discuss the self-assessment. That is now being worked up and will be agreed amongst all partners before submission on 15 May. The governance structure of the IJB remains under development, though further work has been undertaken in recent months by Partnership colleagues to create H&SCP versions of key governance documents (such as induction manuals and revised Committee Terms of Reference) to address the outstanding deliverables of the IJB’s Governance Framework Action Plan (dated July 2018). A proposed review of the Integration Scheme by the parent bodies in 2019 will provide an opportunity to reflect on the current governance structures in place and make further changes to clarify roles and responsibilities, supporting effective partnership working.</p>	<p>Chief Executive 30 September 2019</p>	<p>This matter is being addressed through the H&SCP / NHSF / FC joint response to the Ministerial Steering Group report on Integration, which includes a detailed action plan. This is being led by the Director of Health & Social Care.</p>
<p>9. IT data recovery There is no technical recovery procedure for either Trakcare or Patienttrack at the present time. Scheduled data recovery testing has not been done for several years. There is a risk that data recovery procedures are not effective resulting in the loss of data essential to patient care and/or business continuity.</p>	<p>Technical recovery procedures for critical IT systems should be prepared. IT data recovery should be tested on a rotational basis that ensures all aspects are included, procedures are effective and that staff are familiar with the procedures and can implement them in a variety of scenarios.</p>	<p>Ongoing Network improvements between primary and secondary platforms for these systems will drive new recovery point and time objectives. These will be documented within a Business Impact Analysis (BIA) and new Technical Recovery Procedure Documentation. The BIA will also drive future recovery testing scope and frequency.</p>	<p>General Manager, eHealth 31 December 2019</p>	
<p>10. Organisational resilience self-assessment There is no formal action plan to monitor progress in respect of those standards included in the NHRU framework which were identified as not fully implemented following the Board’s self-assessment in August 2018. There is a risk that improvements to the Board’s organisational resilience identified from completing the self-assessment are not achieved.</p>	<p>A formal action plan should be prepared to monitor progress in implementing the NHRU resilience standards.</p>	<p>Whilst the Board has been addressing the issues outlined in the report, a formal action plan has not yet been approved. This will be submitted to the NHS Fife Resilience Forum in July 2019.</p>	<p>Director of Public Health 31 July 2019</p>	<p>TBC</p>

<p>11. Cyber security There is no evidence of regular updates on issues such as progress towards achieving cyber essentials accreditation being provided to the Board during 2018/19. There is a risk that cyber resilience efforts do not receive support and commitment at Board level.</p>	<p>Updates on progress towards achieving cyber essentials accreditation and other digital issues should be reported to the NHS Fife Board periodically to ensure these receive the necessary support.</p>	<p>A Cyber Resilience Governance plan was agreed under Key Action 2 of the Scottish Government Cyber Resilience Framework 2018. This includes a reporting and assurance path to the NHS Fife Board. The scope and context of these reports are now being devised and will drive the level of detail presented to the Board.</p>	<p>General Manager, eHealth 31 December 2019</p>	
<p>12. GDPR compliance We have been informed that the health board is not expected to be fully compliant with GDPR until December 2019. There is a risk that non compliance could result in data breaches, fines and adverse publicity</p>	<p>NHS Fife should take action to address compliance with GDPR as a matter of urgency.</p>	<p>NHS Fife currently have the correct policies and procedures in place to satisfy the Information Commissioners Office from a legislative perspective. NHS Fife are conducting a robust audit of the 12 areas in relation to GDPR as part of a business improvement plan, to ensure full compliance which is anticipated to be completed by no later than 31/12/19. Audits in this area will be continuous as compliance is at a 'point in time' and is subject to constant change.</p>	<p>General Manager, eHealth 31 December 2019</p>	
<p>13. Sickness absence Sickness absence remains at a high level despite continuing efforts to improve performance. There is no clear action plan to enable more effective scrutiny and no monitoring of what actions are achieving a successful outcome. There is a risk that sickness absence will remain at a high level and impact on staff morale, quality of care and the achievement of statutory performance targets.</p>	<p>NHS Fife should develop a better understanding of the underlying reasons behind sickness absence levels and identify those actions which are resulting in improvements. An action plan, with clear objectives and milestones, would help to monitor progress and enable the SGC to scrutinise the process. The Board could also ask other health boards what actions they have taken to improve attendance rates.</p>	<p>Attendance Management is a standing item on the Staff Governance Committee Agenda. This enables monitoring of performance in this area and surveys have been conducted in "hot spot" areas to identify further underlying reasons for absence. The report also includes data on reasons for absence and the work and actions being taken to improve attendance levels. Dialogue has taken place with other Boards in terms of improvement actions. Improvement targets are also being set for all areas. This narrative will be converted into an Action Plan as per the recommendation.</p>	<p>Director of Workforce 30 September 2019</p>	<p>Monthly improvement trajectory is discussed at EDG in advance of consideration at APF and Staff Governance Committee. An action plan has been agreed and is being taken forward for the Well @ Work initiative. The recently revised IPQR highlights key improvement actions. This will continue through the year.</p>

<p>14. Transformation programme governance framework</p> <p>Revised transformation programme governance arrangements have not been formally agreed by any NHS Fife or IJB governance committees or the NHS Fife Board. There is a lack of consistency in the understanding of the assurance lines to the Board and its governance committees on the programmes reported separately through the IJB. The JSTG is not operating effectively and the Community Transformation Board does not appear to be operating as expected.</p> <p>There is a risk that transformational change and implementation of the Clinical Strategy does not progress as planned.</p>	<p>The transformation programme governance arrangements and any subsequent revisions should be formally agreed by the Board and the IJB</p> <p>The revised framework should clarify the assurance lines to NHS Fife for the transformation programmes led by the IJB, including the remit of the Community Transformation Programme Board</p>	<p>A joint programme of strategic and operational transformation is essential to the sustainability of services. As such we are implementing a refreshed approach under the leadership of the Chief Executive and Director of Finance & Performance; as well as an enhanced framework of performance and accountability between operational services and the Board's governance Committees</p>	<p>Director of Finance & Performance 30 September 2019</p>	<p>The need for focus on joint transformation has been recognised and the outcomes from the recent Joint Transformation Workshop will inform the savings plans of the Health Board and IJB for 2020-21. There are also some transformation projects that will contribute to achieving savings targets for 2019-20.</p> <p>New group established, to be chaired by the Chief Executives of the Council and the Health Board, which will promote consistency in the understanding of the assurance lines to the Board and its governance committees.</p>
<p>15. Reporting on progress with the transformation programme</p> <p>There is no consistent reporting framework for the transformation programme. There is a lack of focus on targets, milestones and timescales and papers are not always available on a timely basis.</p> <p>There is a risk that progress with the transformation programme is not subject to effective scrutiny.</p>	<p>The agreed governance framework should include a basis for reporting to each of the groups identified in the framework, including the CGC and JSTG or its replacement.</p> <p>Reporting on progress should focus on outcomes and timescales and papers should be issued on a timely basis.</p>	<p>This issue is recognised and will be addressed in line with the previous action above</p>		<p>A refresh of the governance arrangements for transformation across Fife is currently being undertaken. A transformation workshop was held in July. A governance framework is currently being discussed and agreed with Fife Council. See point 14 above.</p>

<p>16. Update on the Clinical Strategy The report on the Clinical Strategy - Two Years On is overdue. Previous updates on the Clinical Strategy recommendations summarised progress to date but didn't highlight the outstanding actions or identify the timescales needed to ensure all the recommendations are fully implemented by the end of the five year period. There is a risk that gaps in transformational change required to implement the Clinical Strategy are not identified.</p>	<p>An annual update on the Clinical Strategy recommendations should be prepared on a timely basis. The update should highlight outstanding areas and how these will be addressed as well as the progress that has been made.</p>	<p>The first annual update of the Clinical Strategy was a very high level document outlining some of the progress against the Clinical Strategy recommendations. Plans were in place to repeat this update but was delayed due a vacancy since February 2018 in the Planning team until March 2019. An update on the progress of the transformation programmes associated with the Clinical Strategy is provided to the Clinical Governance Committee every 2 months. These programmes are reviewed and agreed at the start of each financial year in the Annual Operational Plan which includes the identification of the strategic priorities for NHS Fife. This is the process that would identify risks to the organisation in the delivery of the Clinical Strategy. A paper providing an update on the recommendations from each of the Clinical Strategy workstream reports was provided for the Clinical Governance Committee in March 2019 and described progress of the transformation programmes as well as other improvement work in individual clinical services not captured elsewhere</p>	<p>Associate Director of Planning & Performance 30 September 2019</p>	<p>A refresh of the clinical strategy is underway and is expected to be completed by the end of the calendar year.</p>
<p>17. Timetable for unaudited accounts We received the unaudited accounts on 10 May 2019 therefore the deadline of 3 May 2019 agreed in our annual audit plan was not met. We identified several areas where improvements to working papers or dependency on key personnel could improve the efficiency of the audit. There is a risk his could delay completion of the final accounts audit beyond 30 June.</p>	<p>NHS Fife should ensure that the agreed timetable for presenting the unaudited annual report and accounts for audit is met and a more complete set of working papers should be readily accessible. Consideration should also be given to addressing key person dependencies.</p>	<p>Agreed. We will review our internal timetable and key responsibilities to ensure the complete draft accounts are available on a timely basis. We accept the level of knowledge and expertise in some technical areas is held by one individual but in a small team it is difficult to have more than one person fully up to speed but where feasible, we will look to put cross over arrangements in place.</p>	<p>Director of Finance 31 March 2020</p>	
<p>18. Holiday pay accrual The holiday pay accrual includes medical and dental staff who have individual leave years beginning on the anniversary of their start dates. There is no centralised record of annual leave and data from individual staff are not collected. Management estimates the leave accrual for this group of staff based on the percentage applied to all other staff. This amounted to one day per medical and dental individual. In the previous year this was set as a maximum of five days. The estimate is subject to management bias There is a risk expenditure is subject to manipulation through management estimates and expenditure for the year is misstated.</p>	<p>A method of collecting and collating a significant sample of individual balances should be introduced for medical and dental staff.</p>	<p>We will review the sampling method in place to determine if it is feasible to replicate the process for medical & dental staff or identify an alternative means of ensuring a robust approach for this calculation.</p>	<p>Deputy Director of Finance 31 March 2020</p>	

<p>19. Efficiency savings</p> <p>NHS Fife is required to achieve efficiency savings of £17 million on a recurring basis from 2019/20. The majority of savings have been allocated to workstreams but the detailed plans on how these will be delivered have yet to be fully developed.</p> <p>There is a risk financial targets will not be met as there is a lack of clarity in how the required savings will be achieved.</p>	<p>Detailed savings plans should be developed to ensure that NHS Fife can deliver the required savings.</p>	<p>There are detailed plans in place for the health budgets delegated to the Health & Social Care Partnership (c£7 million). The remaining £10 million target (for the Acute Services Division) is under review and a detailed plan requested for the Finance, Performance & Resources Committee in July 2019. Significant efforts have been made to reduce from a recurring gap of £30 million in 2016/17 to a £17 million gap for 2019/20.</p>	<p>Chief Operating Officer 31 July 2019</p>	<p>See items 3 & 4 above.</p>
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FINANCE, PERFORMANCE & RESOURCES COMMITTEE

DATE OF MEETING:	November 2019
TITLE OF REPORT:	Winter Plan 2019/20
EXECUTIVE LEAD:	Ellen Ryabov, Chief Operating Officer Nicky Connor, Director of Health and Social Care
REPORTING OFFICER:	Ellen Ryabov, Chief Operating Officer Nicky Connor, Director of Health and Social Care

Purpose of the Report (delete as appropriate)

For Decision

For Discussion

For Information

SBAR REPORT

Situation

This paper provides the Finance, Performance and Resources Committee with the draft Winter Plan 2019/20, as submitted to Scottish Government.

The plan has taken account of lessons learnt from 2018/19 performance and from outcomes contained within the Winter Review Event held on 2nd May 2019.

Background

The Winter Plan has been developed collaboratively between NHS Fife and Fife Health and Social Care Partnership focussing on priorities to manage the increased demands of the whole system.

The plan :

- Describes the arrangements in place to cope with increased demand on services over the winter period.
- Describes a shared responsibility to undertake joint effective planning of capacity.
- Ensures that the needs of vulnerable and ill people are met in a timely and effective manner despite increases in demand.
- Supports a discharge model that has performance measures, a risk matrix and an escalation process.
- Ensures staff and patients are well informed about winter arrangements through a robust communications plan.
- Builds on existing strong partnership working to deliver the plan that will be tested at times of real pressure.

Assessment

The draft Winter Plan 2019/20 has been agreed following a winter planning event on 22 August 2019 with H&SCP and Resilience colleagues with a joint follow up meeting on 23 August. Detailed demand and capacity projections informed the planning assumptions to ensure capacity and priorities within the plan are allocated appropriately to meet demand.

To ensure we continue to deliver safe and effective care for people throughout winter performance measures will be collected and reported on daily/weekly basis both at a local level

and through System Watch.

The performance measures are:

- Emergency Access Standard
- Local and National Waiting Times Targets
- Delayed Discharges over 72 hours
- Weekly flow from Victoria Hospital
- Hospital Occupancy levels (Acute and Community Hospitals)
- Boarding numbers

Weekly winter monitoring reports (Appendix 5 of the plan) will commence by the end of October 2019 when General managers from NHS Fife and Health and Social Care Partnership will meet to review the report and take necessary action.

Recommendation

The Committee are asked to:

- **Note** the draft Winter Plan submitted to Scottish Government.

Objectives: (must be completed)

Healthcare Standard(s):	All
HB Strategic Objectives:	All

Further Information:

Evidence Base:	
Glossary of Terms:	
Parties / Committees consulted prior to Committee Meeting:	EDG, SLT, Clinical Governance, Board Development Session

Impact: (must be completed)

Financial / Value For Money	Reduction in winter funding from Scottish Government creates additional cost pressure to meet service demands.
Risk / Legal:	N/A
Quality / Patient Care:	Potential quality issues/ Delays resulting from increased demand on stretched services.
Workforce:	Current recruitment challenges may inhibit ability to recruit to surge posts, particularly for professional registrants.
Equality:	N/A

Fife Winter Plan 2019/20



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1 Introduction

Health and Social Care providers have a key responsibility to undertake effective planning of capacity to ensure that the needs of vulnerable and ill people are met in a timely and effective manner despite increases in demand on services or a mismatch between demand and supply of services. This can happen at any time of the year but commonly in winter activity rises, there is increased risk of infection (Norovirus in particular), the weather conditions can be adverse and influenza is more likely than at other times of the year.

NHS Fife, Fife Council and the Health and Social Care Partnership (HSCP) share the challenges of managing service delivery in the context of demographic change across primary, secondary and social care. The organisations are collectively responsible for managing the local health and social care system. This includes managing information and intelligence; assessing needs and working with community partners to ensure that services are fit for purpose; they meet the needs of patients; and are cost effective despite the pressures described above. The purpose of this document is to describe the arrangements put in place by NHS Fife, Fife Council, the Health and Social Care Partnership and partner organisations throughout the year, but particularly over the winter (including the Christmas and New Year holiday).

This plan is supported by:

- NHS Fife Pandemic Flu Plan
- NHS Fife Major Incident Plan
- NHS Fife Business Continuity Plan
- H&SCP Response and Recovery Plan

NHS Fife, Fife Council and the Health and Social Care Partnership have completed the self assessment checklist which helps to measure our readiness for winter across several domains. The checklist will be utilised as a local guide to assess the quality of winter preparations.

A detailed review of plans in these areas will apply a Red, Amber, or Green status. The self assessment checklist will be reviewed over winter to ensure that plans are in place to cope with system pressures and ensure continued delivery of care.

NHS Fife, Fife Council and the HSCP are confident that systems and processes will be in place to support demand.

2 Key Deliverables

The Fife Integrated Winter Plan takes on a whole system approach, to offer seamless transition between the Acute Hospital, Outpatient Services, Community Hospital and Community Social Care Services throughout Fife.

The Winter Plan aims to:

- Describe the arrangements in place to cope with increased demand on services over the winter period.
- Describe a shared responsibility to undertake joint effective planning of capacity.
- Ensure that the needs of vulnerable and ill people are met in a timely and effective manner despite increases in demand.
- Support a discharge model that has performance measures, a risk matrix and an escalation process.
- Ensure staff and patients are well informed about winter arrangements through a robust communications plan.
- Build on existing strong partnership working to deliver the plan that will be tested at times of real pressure.

Key principles to the winter plan are:

- Our workforce are key to the successful delivery of the winter plan.
- Engagement with staff across key stakeholders through winter plan workshops.
- Completion of the self assessment checklist indicates that arrangements are in progress to support the delivery of the winter plan.
- Resilience, severe weather, Norovirus and Flu plans are re-visited and are in place.

We will focus primarily on the winter period covering October 2019 to March 2020, but pressure due to capacity is present all year round.

There are a number of key pressures that are prevalent over the winter period which affect our ability to optimally manage flow and capacity. History and current intelligence tells us that these include:

- Increased clinical acuity/complexity/dependency and increased conversion rate from Emergency Department (ED) attendance to admission.
- Increased attendances to the ED.
- Increase in (medically-fit-for-discharge) patients in delay.
- Decreased resilience within the workforce (school holidays, bank holidays and sickness/absence).
- An inability to scale-down scheduled care activity due to waiting time obligations.
- Having appropriate levels of community capacity to accommodate demand from across the health and social care system.
- Increasing activity and demand in primary care against a background of issues with General Practice sustainability.

3 Planning Priorities Winter 2019/20

The review of winter 2018/19 considered performance, what went well, what went less well and helped to identify the 2019/20 planning priorities for the Acute Services Division and the HSCP.

The top 5 planning priorities for winter 2019/2020 identified at the Winter Review workshop 18/19 are:

1. Review of the integrated escalation plan including developing a fuller understanding of the requirements of demands into social care.
2. Acute bed modelling exercise to take place and review of 18/19 bed reconfiguration.
3. Proactive recruitment including consideration of Hospital Ambulance Liaison Officer (HALO) to facilitate efficient discharges.
4. Establish appropriate point of care testing at the front door.
5. Focus on prevention of admission with further developments of High Health Gain programme, management of patients in locality huddles and identifying alternatives to GP admissions and planning timely discharges to Community Hospitals. This forms part of the Joining Up Care transformation programme.

Additionally, the following actions were also identified:

- Community Hospital re-design should provide community beds at the right level and in the right place.
- Review capacity planning ICASS, Homecare and Social Care resources throughout winter.
- Multidisciplinary short life working groups to take actions forward across Acute and HSCP.
- Estimated Discharge Date process to be further developed and clear instructions in place.
- Have a discharge lead to enhance Criteria Led Discharges and get earlier discharges and plans in place.
- Enhance weekend discharge planning with further development of the weekend discharge team and enhanced clinical support.
- Consider the introduction of planned outpatient appointments for medically fit in-patients awaiting diagnostic tests.
- Explore a sustainable model for discharge lounge.
- Proactive and dynamic planning that follows predicted problems with use of system watch and better use of data.
- Full review of how and when surge capacity is used.
- Consideration of impact of individual decisions made which will affect the whole system.

- Produce a winter surgical program plan that includes use of the short stay surgical unit, and distribute the surgical programme, taking into account the periods of higher demand from emergency patients.
- Consider an enhanced ambulatory model for surgical and medical patients.
- Proactive infection control and learning for Fife Care homes.
- Continue the success of the staff flu campaign into its 3rd year.
- Urgent Care model will be up and running by winter 2019 and implemented in a staged approach.

The planning priorities identified for 2019/20 align with a range of transformation programmes across the Acute Services Division and the HSCP. These key programmes are the Joining Up Care programme (HSCP) and Acute Services Transformation Programme although it should be noted that the Redesign of Community Hospitals will not take place this winter.

During the review stage, it was agreed to proactively plan for winter by establishing a short life working group (SLWG) to take forward the development of the Winter Plan and Escalation Plan.

4 Winter Planning Process

4.1 Clear alignment between hospital, primary and social care

a) *Winter Review 18/19 – What happened last year*

- An EDD process was developed and is was in the early stages of being introduced with Acute directorate. This is currently reviewed within our daily safety huddle.
- To provide intermediate care capacity in West Fife, GP cover was secured. The care home capacity to provide a single intermediate care unit is a challenge with interim placements being commissioned as required.
- Over 300 High Health Gain Individuals have been assessed across HSCP and these have a care plan and care coordination in place. The rollout of this model continues.
- Testing and development of pathways into a trusted assessor model for assessment beds within VHK is ongoing.
- Urgent Care service delivery was agreed in line with the contingency arrangements in place for the Primary Care Emergency Service. Festive rotas and staffing were in place before during and after the festive period.

b) *Winter Planning 19/20 – Actions we are going to take this year*

Ref	Action	Timescales	Lead/s		Status
			NHS Fife	HSCP	
1	Ensure adequate Community Hospital capacity is available supported by community hospital and intermediate care redesign	October 2019		DGM East and West	
2	Review capacity planning ICASS, Homecare and Social Care resources throughout winter	August 2019		DGM West	
3	Focus on prevention of admission with further developments into High Health Gain, locality huddles to look at alternatives to GP admissions	March 2020		DGM West	
4	Reduce length of stay as a winter planning group and being progressed through BAU	September 2019	GMs, DCOO, Ass Dir PP	DGM West	
5	Test of Change for use of the community hub during Winter.	November 2019		DGM West	
6	Test of change to reconfigure STAR bed pathway.	November 2019		DGM West	
7	Urgent Care ED enhanced direction model	November 2019		DGM West	
8	Implementation of model for discharge lounge through tests of change	November 2019	GMs, DCOO		
9	Explore third sector transport over winter months	October 2019	GMs, DCOO		
10	Weekly senior winter monitoring meeting to review winter planning metrics and take corrective action.	October 2019	GMs, DCOO, Ass Dir PP	DGM West	

4.2 Appropriate levels of staffing to be in place across the whole system to facilitate consistent discharge rates across weekends and holiday periods

a) *Winter Review 18/19 – What happened last year*

- There are currently informal arrangements in place to provide 7-day pharmacy service in acute with recruitment to substantive posts continuing.
- Secure Social Work staffing in the Discharge Hub and community hospitals over the festive period.

b) *Winter Planning 19/20 – Actions we are going to take this year*

Ref	Action	Timescales	Lead/s		Status
			Acute	HSCP	
1	Secure Social Work staffing in the Discharge Hub and community hospitals over the festive period.	October 2019		DGM West	
2	Test of change of a rota of senior decision-making capacity in OOH/ weekends to promote 7-day discharges	November 2019	GM EC		
3	Agree Urgent Care workforce levels and secure staffing as early as possible.	October 2019		DGM West	
4	Enhance Clinical Co-ordinator role within the Urgent Care service.	November 2019		DGM West	
5	Consideration of a Hospital Ambulance Liaison Officer (HALO) role to further plan and arrange efficient discharges	October 2019	GMs DCOO		
6	Enhance weekend discharge planning with further development of the weekend discharge team	October 2019	GMs DCOO		
7	Explore augmenting IAT/MSK resource at front door with a view to reducing admission rate	October 2019	GM WC		
8	Proactive recruitment and a joined-up workforce plan to utilise staff intelligently across the year as well as winter	October 2019	GMs, DCOO	DGM West	

4.3 Local systems to have detailed demand and capacity projections to inform their planning assumptions

a) *Winter Review 18/19 – What happened last year*

- A communication plan was put in place for the public and staff.
- Advanced Nurse Practitioners are in place to focus on nurse led/criteria led discharges within GI and Respiratory.
- A flexible bed base was utilised within community hospitals with an additional 20 beds in use and locum cover secured for QMH hospital.

- A winter placement and activity tracker for HSCP was created and monitored throughout winter.
- A review of discharge transport options has taken place.
- An assessment of delayed discharges due to medicines has been completed. A focus on discharge medicines being available within 2 hours to aid discharges has been implemented.
- A winter ready section of the website and intranet was developed and completed.
- Weekly meetings between Corporate, Acute and HSCP management teams.
- A reconfiguration of beds was complete by December 2018.
- A revised weekly winter planning report was devised, as well as winter plan rag status reporting.
- An escalation plan for surge capacity was agreed.
- An acute site management structure was agreed and put in place.
- Daily community service huddles took place to flexibly manage demand and capacity across community services.
- “Black Box” testing has been invested in for front door staff.
-

b) *Winter Planning 19/20 – Actions we are going to take this year*

Ref	Action	Timescales	Lead/s		Status
			Acute	HSCP	
1	Proactive and dynamic planning that follows predicted problems with use of system watch and better use of data including Urgent Care in collaboration with NHS 24	October 2019	GMs DCOO	DGM West	
2	Estimated Discharge Date process to be further developed and clear instructions in place	October 2019	GMs DCOO	DGM West	
3	Full review of how and when surge capacity is used against the escalation plan	September 2019	GMs DCOO	DGM West	
4	Banish boarding event to take place to reduce pressure in hospital with patients boarding in non-patient wards.	September 2019	MD COO		
5	Comprehensive review of board and ward round process across Acute inpatient wards to identify and implement consistent best practice	Observation exercise Aug 2019 December 2019	DCOO AMD		
6	Identify location for surge capacity (likely ward 4 & 13, but awaiting confirmation of roof repair for ward 4)	Oct 2019	DCOO GMs		
7	Have a discharge lead to enhance Criteria Led Discharges and get earlier discharges and plans in place	November 2019	GMs HoN		
8	Bed modelling exercise supported by SG to optimise Acute bed configuration for 19/20 including the relocation of Ward 9 to	November 2019	GM PC		

	Phase 3, beside Ward 24				
9	Intention to increase N:R ratio in AHP caseload to reduce de-conditioning in acute medical wards to reduce LoS and reduce level of support required by patients at point of discharge.	October 2019	GM WCCS		

4.4 Maximise elective activity over winter – including protecting same day surgery capacity

a) *Winter Review 18/19 – What happened last year*

- A review of known peaks took place and a reduction in capacity took place for the festive period and January.
- The surgical programme was reviewed weekly with a surgical short stay unit open from January.

b) *Winter Planning 19/20 – Actions we are going to take this year*

Ref	Action	Timescales	Lead/s		Status
			Acute	HSCP	
1	Produce a winter surgical programme plan that includes use of the short stay surgical unit, and distribute the surgical programme, taking into account the periods of higher demand from emergency patients	October 2019	GM PC		
2	Review the ambulatory model for surgical and medical patients and implement any enhancements	October 2019	GM EC GM PC		
3	Test the introduction of planned outpatient appointments for medically fit in-patients awaiting diagnostic tests	October 2019	GM WCCS		
4	Review theatre requirements for SHDU cases to smooth activity over the week	November 2019	GM EC GM PC		

4.5 Escalation plans tested with partners

a) *Winter Review 19/20 – What happened last year*

- Business continuity plans are under constant review however additional work has been carried out in respect of winter planning.
- Tabletop exercises are regularly carried out with departments to ensure the efficacy of contingency plans.
- A corporate Business Continuity Plan has been formed.
- An East of Scotland Winter Preparedness review has been held and attended by Public Health, Acute and HSCP representatives.
- An escalation plan was agreed and triggers created. Staffing issues were also incorporated into this plan.

b) Winter Planning 19/20 – Actions we are going to take this year

Ref	Action	Timescales	Lead/s		Status
			Acute	HSCP	
1	A review of the integrated escalation plan with action cards including training and testing, and agreement of the surge capacity model over winter, including opening and closing of surge beds	August 2019	GMs DCOO Ass Dir PP	DGM West	
2	Review and improve business continuity plans for services	September 2019	GMs DCOO	DGM West	
3	Tabletop exercise to be arranged to test Major Incident plans	November 2019	Ass Dir PP		
4	Multi Agency meeting to discuss winter arrangements across Fife	November 2019	Ass Dir PP		
5	Update Corporate Business Continuity Plan and Response and Recovery Plan	November 2019	Ass Dir PP		
6	Ensure that community services have access to 4x4 vehicles in the event of severe weather and that staff have received an appropriate level of training to drive such vehicles.	September 2019		DGM West	
7	Review the full capacity protocol	September 2019	GMs DCOO Ass Dir PP	DGM West	

The draft Integrated Escalation Plan can be found in Appendix 1.

4.6 Preparing effectively for infection control including norovirus and seasonal influenza in acute and community settings

a) Winter Review 19/20 – What happened last year

- A weekly winter planning meeting took place to address issues and implement improvements in a timely manner with an escalation and reporting process. This was supported by an agreed weekly winter monitoring report that allowed decisions to be.
- 26 Norovirus education sessions were delivered with a study day “winter is coming” with attendees from all disciplines.
- A tabletop exercise on the management of Norovirus outbreaks took place.
- A review of Norovirus preparedness planning took place through the NHS Fife Infection Control Committee.
- A series of Winter 2017/18 debrief sessions have taken place.

b) Winter Planning 19/20 – Actions we are going to take this year

Ref	Action	Timescales	Lead/s		Status
			Acute	HSCP	
1	Point of Care Testing (POCT) for flu will be implemented early this year in preparation for the challenges expected from increased numbers of patients presenting with flu	October 2019	GM WCCS		
2	Proactive infection control and learning for Fife Care homes	October 2019		DGM West	
3	POCT will also be implemented in paediatrics for RSV which will support early diagnosis (supporting winter bed pressures) and reduce requirement for unnecessary molecular testing.	October 2019	GM WCCS		
4	Weekly Winter Planning Meetings to continue to monitor hospital position	October 2019	GMs Ass Dir PP	DGM West	

4.7 Delivering seasonal flu vaccination to public and staff

a) Winter Review 18/19 – What happened last year

- A monthly review of the seasonal flu action plan took place all winter.
- An information pack was developed and distributed to the independent care sector in Fife.
- Redesign of the staff vaccination consent form has enabled more detailed and timely data collection against targets for monitoring.
- Promotion of under 65 at risk health groups for vaccination has taken place in community networks and workplace teams.
- Flu/Respiratory testing at the front door as in 2017/18.

b) Winter Planning 19/20 – Actions we are going to take this year

Ref	Action	Timescales	Lead/s		Status
			Acute	HSCP	
1	Deliver the staff vaccination programme to NHS and Fife HSCP staff through drop-in clinics and peer vaccinator programme in order to achieve 60% national target and 65% local target for uptake among healthcare workers.	October – December 2019	ADoN Public Health	ADoN Public Health	
2	Monthly review of progress against seasonal flu action plan	October – January 2019	Public Health	Public Health	
3	Deliver staff communications campaign across Acute & HSCP.	October – November 2019	Comms Manager		
4	Develop & distribute Information pack to independent care sector in Fife, covering staff vaccination, winter preparedness and outbreak control measures	October 2019	Public Health		
5	Redesign consent form and data collection methods to enable more detailed & timely monitoring of staff vaccination against targets	October 2019	Public Health	DGM West	
6	Insert flu vaccination messaging for at-risk groups in out-patient letter template	October 2019	Public Health		

5 Summary

The winter plan describes the arrangements in place to cope with increased demand on services over the winter period. In partnership NHS Fife, Fife Council and the HSCP have a shared responsibility to undertake effective planning of capacity.

The priority is to ensure that the needs of vulnerable and ill people are met in a timely and effective manner despite increases in demand. Our workforce are key to the successful delivery of the winter plan.

Resilience, severe weather, Norovirus and Flu plans have been re-visited and are in place.

The plan is supported by a discharge model, performance measures, a risk matrix and an escalation process.

Winter communications planning is well under way. The communication planned is both staff and public facing using recognised communications mechanisms (including social media).

The self assessment checklist when completed will indicate that arrangements are in progress to support the delivery of the winter plan.

Partnership working is essential in order to deliver the plan and will be tested at times of real pressure.

Appendices

Appendix 1: Fife Integrated Escalation Plan

Appendix 2: Fife Integrated Escalation Plan: Action Cards

Appendix 3: Local Procedure for Escalation Plan Level

Appendix 4: Winter Plan Financial Table

Appendix 5: Weekly Winter Monitoring Report

Appendix 6: Preparing for Winter 2018-19 Supplementary Checklist

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Appendix 1: Fife Integrated Escalation Plan

Integrated NHS Fife and HSCP Escalation Plan 2019/2020 v0.7

Code	Escalation at:	Acute Actions	H&SCP Actions	Total Capacity	
Extreme Pressure	<div>EC: >=100% occupancy with 312 beds open</div> <div>>10 patients awaiting admission in A&E or AU1/AU2/AU3 for admission</div> <div>No intensive care capacity available</div> <div>PC: 100% occupancy with 167 beds open</div> <div>H&SC: >100% Occupancy</div> <div>>20 patients clinically fit for next stage of care from VHK</div> <div>>20 EC patients boarding into PC Wards & front door boarding</div>	NHS Fife and Fife Council CEO to agree actions		773 Adult Acute beds	
		Instigate Full Capacity Protocol as follows: <ul style="list-style-type: none">All acute beds available for any patientOrganisational business continuity plans invokedMove all delayed patients to other locations in FifeSurgery proceeds on a case by case basis prioritising emergency procedures and cancers in discussion with clinical team.In the event of surgery cancellation redirect available theatre staff to support inpatient activity.10 Emergency Care Placements (HSCP)		EC: 312 core beds + 24 surge beds PC: 167 core HSCP: 254 core beds + 16 surge beds 10 Emergency Care Placements	
Severe Pressure	<div>EC: >=100% occupancy with 312 beds open</div> <div>>5 patients awaiting admission in A&E or AU1/AU2/AU3 without allocated beds</div> <div>Intensive care capacity available</div> <div>PC: > 95% occupancy with 167 beds open</div> <div>H&SC: >100% Occupancy</div> <div>>20 patients clinically fit for next stage of care from VHK</div> <div>>10 EC patients boarding in PC Wards & front door boarding required</div>	COO and Director of H&SCP to agree sequence of actions daily			
		Emergency Care	Planned Care	HSCP	773 Adult Acute beds
		Review requirement for delivery of non critical services with a view to deploy staff into clinical areas Critical review of planned activities across all staff groups to focus on patient care and flow			EC: 312 core beds + 24 surge beds PC: 167 core HSCP: 254 core beds + 16 surge beds
Moderate Pressure	<div>EC: >95% occupancy with 312 beds open</div> <div>< 5 patients awaiting admission in A&E or AU1/AU2/AU3 without allocated beds</div> <div>Intensive care capacity available</div> <div>PC: >95% occupancy with 167 beds open</div> <div>H&SC: >95% Occupancy</div> <div>>10 patients clinically fit for next stage of care from VHK</div> <div>< 10 EC patients boarding in PC Wards</div>	Deputy COO and DGM West to agree sequence of actions daily			
		Emergency Care	Planned Care	HSCP	733 Adult Acute beds
		The normal flow to HSCP services is expected - 10/12 patients to exit each day			EC: 312 core beds PC: 167 core beds HSCP: 254 core beds
Planned Operational Working	<div>EC: 95-99% occupancy with 312 beds open</div> <div>No patients awaiting admission in A&E or AU1/AU2/AU3</div> <div>Intensive care capacity available</div> <div>PC: 95-99% Occupancy with 167 beds open</div> <div>H&SC: <95% Occupancy</div> <div><10 patients clinically fit for next stage of care from VHK</div> <div>No boarding patients</div>	Management plan put in place		733 Adult beds	
		<ul style="list-style-type: none">Huddle discussion and predictor indicates that hospital is able to accommodate both elective and emergency patients for the dayThere are no patients in A&E or Admission Units awaiting admission without allocated beds		EC: 312 core beds PC: 167 core beds HSCP: 254 core beds	

Appendix 2: Fife Integrated Escalation Plan: Action Cards

Emergency Care Action Card

Triggers	Extreme Pressure	Actions
<ul style="list-style-type: none"> EC: >=100% occupancy with 324 beds open >10 patients awaiting admission in A&E or AU1au/AU2au for admission No intensive care capacity available PC: 100% occupancy with 167 beds open H&SC: >100% Occupancy >30 patients clinically fit for next stage of care from VHK >20 EC patients boarding into PC Wards & front door boarding 	<ul style="list-style-type: none"> Instigate Full Capacity Protocol as follows: <ul style="list-style-type: none"> All acute beds available for any patient Organisational business continuity plans invoked Move all delayed patients to other locations in Fife Surgery proceeds on a case by case basis prioritising emergency procedures and cancers in discussion with clinical team. In the event of surgery cancellation redirect available theatre staff to support inpatient activity. 10 Emergency Care Placements (HSCP) 	

Triggers	Severe Pressure	Actions
<ul style="list-style-type: none"> EC: >=100% occupancy with 312 beds open >5 patients awaiting admission in A&E or AU1au/AU2au without allocated beds Intensive care capacity available PC: > 95% occupancy with 167 beds open H&SC: >100% Occupancy >20 patients clinically fit for next stage of care from VHK >10 EC patients boarding in PC Wards & front door boarding required 	<ul style="list-style-type: none"> GM Huddle at lunchtime to agree plan, to increase medical staffing at ward level to focus on discharge. Surge Capacity (See Staffing Plan) <ul style="list-style-type: none"> Stage 1: Increase Ward 13 to 20 beds (6 beds) Stage 2: Increase Ward 13 to 26 beds (6 more beds) Stage 3: Surge Ward 4 open (12 beds) Weekend plan to include 3rd on call consultant with junior doctor/ANP and AHP support. Cancel outpatient clinics where medical staffing can support inpatient management based on specialty requirement. Review requirement for delivery of non critical services with a view to deploy staff into clinical areas Critical review of planned activities across all staff groups to focus on patient care and flow 	

Triggers	Moderate Pressure	Actions
<ul style="list-style-type: none"> EC: >98% occupancy with 312 beds open <5 patients awaiting admission in A&E or AU1au/AU2au without allocated beds Intensive care capacity available PC: >90% occupancy with 167 beds open H&SC: >90% Occupancy >10 patients clinically fit for next stage of care from VHK <10 EC patients boarding in PC Wards 	<ul style="list-style-type: none"> Every patient to be reviewed by a consultant Expedite medically fit for discharge patients. Activate additional support to frailty. All wards to identify at least 1 patient for discharge pre 10:30am Assess AHP caseload and implement staffing moves as required. Specialty ward rounds to take place every day. 	

Triggers	Planned Operational Working	Actions
<ul style="list-style-type: none"> EC: 95-98% occupancy with 312 beds open No patients awaiting admission in A&E or AU1au & AU2au Intensive care capacity available PC: 85-90% Occupancy with 167 beds open H&SC: <90% Occupancy <10 patients clinically fit for next stage of care from VHK No boarding patients 	<ul style="list-style-type: none"> Management plan put in place Huddle discussion and predictor indicates that hospital is able to accommodate both elective and emergency patients for the day There are no patients in A&E or Admission Units awaiting admission without allocated beds 	

Planned Care Action Card

Triggers	Extreme Pressure	Actions
<ul style="list-style-type: none"> EC: >=100% occupancy with 324 beds open >10 patients awaiting admission in A&E or AU1au/AU2au for admission No intensive care capacity available PC: 100% occupancy with 167 beds open H&SC: >100% Occupancy >30 patients clinically fit for next stage of care from VHK >20 EC patients boarding into PC Wards & front door boarding 	<ul style="list-style-type: none"> Instigate Full Capacity Protocol as follows: <ul style="list-style-type: none"> All acute beds available for any patient Organisational business continuity plans invoked Move all delayed patients to other locations in Fife Surgery proceeds on a case by case basis prioritising emergency procedures and cancers in discussion with clinical team. In the event of surgery cancellation redirect available theatre staff to support inpatient activity. 10 Emergency Care Placements (HSCP) 	

Triggers	Severe Pressure	Actions
<ul style="list-style-type: none"> EC: >=100% occupancy with 312 beds open >5 patients awaiting admission in A&E or AU1au/AU2au without allocated beds Intensive care capacity available PC: > 95% occupancy with 167 beds open H&SC: >100% Occupancy >20 patients clinically fit for next stage of care from VHK >10 EC patients boarding in PC Wards & front door boarding required 	<ul style="list-style-type: none"> Maximise use of SSSU so that inpatient surgery has no impact on hospital capacity. Assess QMH capacity and spread of activity across the two sites. Implement staffing moves. Surgical consultants are contacted by the PC management team to support with timely discharges and creation of flow. Review requirement for delivery of non critical services with a view to deploy staff into clinical areas Critical review of planned activities across all staff groups to focus on patient care and flow 	

Triggers	Moderate Pressure	Actions
<ul style="list-style-type: none"> EC: >98% occupancy with 312 beds open <5 patients awaiting admission in A&E or AU1au/AU2au without allocated beds Intensive care capacity available PC: >90% occupancy with 167 beds open H&SC: >90% Occupancy >10 patients clinically fit for next stage of care from VHK <10 EC patients boarding in PC Wards 	<ul style="list-style-type: none"> Identification of surgical patients in surgical wards and in AU2 who are near discharge and suitable for a move to SSSU. Appropriate patients would be approved by the on call consultant general surgeon. Review boarding patients in all planned care wards to ensure plans are in place. Urology patients admitted to the surgical assessment unit (AU2) are redirected to UDTCT. Specialty ward rounds to take place every day. 	

Triggers	Planned Operational Working	Actions
<ul style="list-style-type: none"> EC: 95-98% occupancy with 312 beds open No patients awaiting admission in A&E or AU1au & AU2au Intensive care capacity available PC: 85-90% Occupancy with 167 beds open H&SC: <90% Occupancy <10 patients clinically fit for next stage of care from VHK No boarding patients 	<ul style="list-style-type: none"> Management plan put in place Huddle discussion and predictor indicates that hospital is able to accommodate both elective and emergency patients for the day There are no patients in A&E or Admission Units awaiting admission without allocated beds 	

HSCP Action Card

Extreme Pressure	
Triggers	Actions
<ul style="list-style-type: none"> EC: >=100% occupancy with 324 beds open >10 patients awaiting admission in A&E or AU1au/AU2au for admission No intensive care capacity available PC: 100% occupancy with 167 beds open H&SC: >100% Occupancy >30 patients clinically fit for next stage of care from VHK >20 EC patients boarding into PC Wards & front door boarding 	<ul style="list-style-type: none"> Instigate Full Capacity Protocol as follows: <ul style="list-style-type: none"> All acute beds available for any patient Organisational business continuity plans invoked Move all delayed patients to other locations in Fife Surgery proceeds on a case by case basis prioritising emergency procedures and cancers in discussion with clinical team. In the event of surgery cancellation redirect available theatre staff to support inpatient activity. 10 Emergency Care Placements (HSCP)
Severe Pressure	
Triggers	Actions
<ul style="list-style-type: none"> EC: >=100% occupancy with 312 beds open >5 patients awaiting admission in A&E or AU1au/AU2au without allocated beds Intensive care capacity available PC: > 95% occupancy with 167 beds open H&SC: >100% Occupancy >20 patients clinically fit for next stage of care from VHK >10 EC patients boarding in PC Wards & front door boarding required 	<ul style="list-style-type: none"> Surge Capacity (See Staffing Plan) <ul style="list-style-type: none"> Stage 1: Increase Cameron Hospital wards to 25 rehab and to 14 Stroke (8 beds) Stage 2: Increase Glenrothes ward to 14 beds (4 beds) Stage 3: Increase QMH ward to 24 (4 beds) Increase ICASS capacity <ul style="list-style-type: none"> Offering support workers additional shifts By escalating all care at home waits Implement community capacity calls
Moderate Pressure	
Triggers	Actions
<ul style="list-style-type: none"> EC: >98% occupancy with 312 beds open < 5 patients awaiting admission in A&E or AU1au/AU2au without allocated beds Intensive care capacity available PC: >90% occupancy with 167 beds open H&SC: >90% Occupancy >10 patients clinically fit for next stage of care from VHK < 10 EC patients boarding in PC Wards 	<ul style="list-style-type: none"> Prioritise ICASS discharges from VHK & QMH - Review caseloads / increase flow to homecare outwith normal commissioning to meet increased demand. Prioritise discharges from VHK to STAR/ Assessment beds/home with homecare above normal commissioning levels.
Planned Operational Working	
Triggers	Actions
<ul style="list-style-type: none"> EC: 95-98% occupancy with 312 beds open No patients awaiting admission in A&E or AU1au & AU2au Intensive care capacity available PC: 85-90% Occupancy with 167 beds open H&SC: <90% Occupancy <10 patients clinically fit for next stage of care from VHK No boarding patients 	<p>The normal flow to HSCP services is expected - 10/12 patients to exit each day</p>

Occupational Therapy and Physiotherapy Action Card

Extreme Pressure	
Triggers	Actions
<ul style="list-style-type: none"> EC: >=100% occupancy with 324 beds open >10 patients awaiting admission in A&E or AU1au/AU2au for admission No intensive care capacity available PC: 100% occupancy with 167 beds open H&SC: >100% Occupancy >30 patients clinically fit for next stage of care from VHK >20 EC patients boarding into PC Wards & front door boarding 	<ul style="list-style-type: none"> Implement staffing over establishment Cancel non-essential clinical activity and redeploy staff accordingly
Severe Pressure	
Triggers	Actions
<ul style="list-style-type: none"> EC: >=100% occupancy with 312 beds open >5 patients awaiting admission in A&E or AU1au/AU2au without allocated beds Intensive care capacity available PC: > 95% occupancy with 167 beds open H&SC: >100% Occupancy >20 patients clinically fit for next stage of care from VHK >10 EC patients boarding in PC Wards & front door boarding required 	<ul style="list-style-type: none"> Cancel non-clinical activities OT/PT Managers collaborate to maximise AHP resource and share appropriate caseload. Occupational Therapy and Physiotherapy (OT/PT) managers will engage with SMT throughout the day to optimise discharge pathways across the hospital Optimise staffing levels within resource to increase clinical time utilising bank / voluntary uplift in hours Seek authorisation to uplift staffing beyond resource including overtime and consideration of locum.
Moderate Pressure	
Triggers	Actions
<ul style="list-style-type: none"> EC: >98% occupancy with 312 beds open < 5 patients awaiting admission in A&E or AU1au/AU2au without allocated beds Intensive care capacity available PC: >90% occupancy with 167 beds open H&SC: >90% Occupancy >10 patients clinically fit for next stage of care from VHK < 10 EC patients boarding in PC Wards 	<ul style="list-style-type: none"> OT/PT Managers review boarders lists and capacity amongst teams in preparation for step up to level 2 Physiotherapy will activate prioritisation guidelines; respiratory acuity, prevention of deterioration, discharges, reviews. Occupational Therapy will prioritise patients for a discharge pathway, deferring reviews Deploy staff across specialties to meet demand
Planned Operational Working	
Triggers	Actions
<ul style="list-style-type: none"> EC: 95-98% occupancy with 312 beds open No patients awaiting admission in A&E or AU1au & AU2au Intensive care capacity available PC: 85-90% Occupancy with 167 beds open H&SC: <90% Occupancy <10 patients clinically fit for next stage of care from VHK No boarding patients 	<ul style="list-style-type: none"> Perform all inpatient activity in relation to clinical urgency, discharge, prevention of admission and rehabilitation, Urgency determined by clinical presentation Attendance at safety huddles and board rounds Pursue bid to augment staffing to increase rehab capacity in Acute and MOE medical wards to reduce LoS and reduce level of support required by patients at point of discharge

Radiology and Diagnostic Action Card

Extreme Pressure	
Triggers	Actions
<ul style="list-style-type: none"> EC: >=100% occupancy with 324 beds open >10 patients awaiting admission in A&E or AU1au/AU2au for admission No intensive care capacity available PC: 100% occupancy with 167 beds open H&SC: >100% Occupancy >30 patients clinically fit for next stage of care from VHK >20 EC patients boarding into PC Wards & front door boarding 	<ul style="list-style-type: none"> Continue with previous actions Continue to review inpatient demand and accommodate activity expect to cancel non urgent outpatient examinations.

Severe Pressure	
Triggers	Actions
<ul style="list-style-type: none"> EC: >=100% occupancy with 312 beds open >5 patients awaiting admission in A&E or AU1au/AU2au without allocated beds Intensive care capacity available PC: > 95% occupancy with 167 beds open H&SC: >100% Occupancy >20 patients clinically fit for next stage of care from VHK >10 EC patients boarding in PC Wards & front door boarding required 	<ul style="list-style-type: none"> Consultant discussion to prioritise inpatients to facilitate flow and discharge. Review requirement for routine CT inpatient activity out of hours/weekend. Inform Everlight of expected activity increase. Expect increase in QMH inpatient requests. Review outpatient appointments to increase inpatient capacity Review outpatient appointments to increase inpatient activity.

Moderate Pressure	
Triggers	Actions
<ul style="list-style-type: none"> EC: >98% occupancy with 312 beds open <5 patients awaiting admission in A&E or AU1au/AU2au without allocated beds Intensive care capacity available PC: >90% occupancy with 167 beds open H&SC: >90% Occupancy >10 patients clinically fit for next stage of care from VHK <10 EC patients boarding in PC Wards 	<ul style="list-style-type: none"> Monitor waits for inpatient examinations Inform Clinical Services Manager when waits breach longer than 72 hours for routine request Expect urgent outpatient requests to increase as patients discharged. Monitor requirement to increase service provision Continue to monitor inpatient waits Consultant discussion to prioritise inpatients to facilitate flow and discharge

Planned Operational Working	
Triggers	Actions
<ul style="list-style-type: none"> EC: 95-98% occupancy with 312 beds open No patients awaiting admission in A&E or AU1au & AU2au Intensive care capacity available PC: 85-90% Occupancy with 167 beds open H&SC: <90% Occupancy <10 patients clinically fit for next stage of care from VHK No boarding patients 	<p>Perform all inpatient activity in relation to clinical urgency, urgency determined by clinical history on order comm request.</p>

Pharmacy Action Card

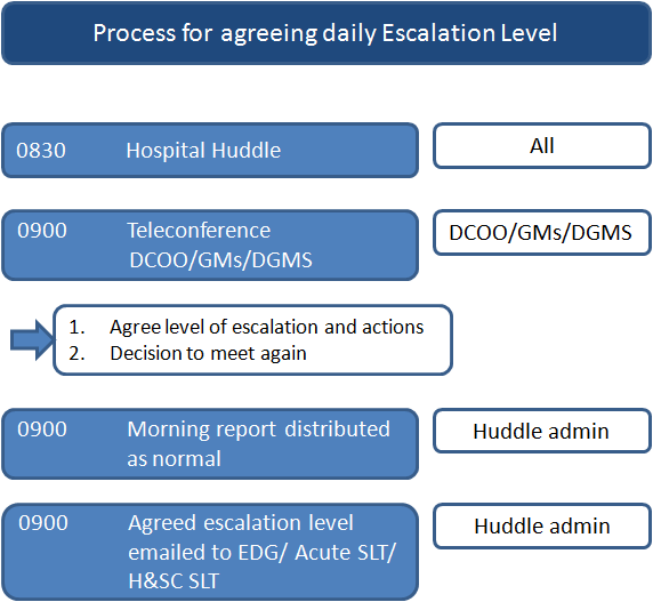
Extreme Pressure	
Triggers	Actions
<ul style="list-style-type: none"> EC: >=100% occupancy with 324 beds open >10 patients awaiting admission in A&E or AU1au/AU2au for admission No intensive care capacity available PC: 100% occupancy with 167 beds open H&SC: >100% Occupancy >30 patients clinically fit for next stage of care from VHK >20 EC patients boarding into PC Wards & front door boarding 	<ul style="list-style-type: none"> Activate BCP and Major Incident plan to move pharmacy staff from the H&SCP to Acute services to maximise service delivery. Pharmacist Prescribers to consider use of HBPs for dispensing in community pharmacy

Severe Pressure	
Triggers	Actions
<ul style="list-style-type: none"> EC: >=100% occupancy with 312 beds open >5 patients awaiting admission in A&E or AU1au/AU2au without allocated beds Intensive care capacity available PC: > 95% occupancy with 167 beds open H&SC: >100% Occupancy >20 patients clinically fit for next stage of care from VHK >10 EC patients boarding in PC Wards & front door boarding required 	<ul style="list-style-type: none"> Optimise staffing levels by moving all available non-patient facing acute pharmacy staff into direct clinical care roles Provide pharmacy and medicines management nursing support to ward 13 Pharmacist prescribers to support increased focus on discharge

Moderate Pressure	
Triggers	Actions
<ul style="list-style-type: none"> EC: >98% occupancy with 312 beds open <5 patients awaiting admission in A&E or AU1au/AU2au without allocated beds Intensive care capacity available PC: >90% occupancy with 167 beds open H&SC: >90% Occupancy >10 patients clinically fit for next stage of care from VHK <10 EC patients boarding in PC Wards 	<ul style="list-style-type: none"> Front door pharmacy team to link with frailty team to support increased activity Medicines Management Nurse to support discharge lounge Review boarding patients in planned care wards to ensure medicines availability Expedite Medically fit for discharge patients, use EDD to target pharmacy technician support to ensure medicines availability at the bedside and prioritise pharmacist review of patients that have not been seen

Planned Operational Working	
Triggers	Actions
<ul style="list-style-type: none"> EC: 95-98% occupancy with 312 beds open No patients awaiting admission in A&E or AU1au & AU2au Intensive care capacity available PC: 85-90% Occupancy with 167 beds open H&SC: <90% Occupancy <10 patients clinically fit for next stage of care from VHK No boarding patients 	<p>Core service delivery:</p> <ul style="list-style-type: none"> Maximise dispensary discharge prescription turnaround performance; Clinical pharmacy service, focus on screening new admissions within AU1 & AU2 and direct admission areas; follow up of high risk patients and pharmacy technician referrals; clinical pharmacist check of all compliance aid discharges; provide medicine related advice and support through clinical coordinator Pharmacy Distribution, ward medicines top up to maintain availability of over-labelled packs

Appendix 3: Local Procedure for Escalation Plan Level



Appendix 4: Winter Plan Financial Table

Winter Plan 2019/20 Financial Impact					
Ref	Description	Area	Timescale	Cost (CYE)	Implementation RAG Status
4.1 Action 1	Opening 16 additional Community Hospital Beds to support flow (c.10 WTE – mix of medical, nursing, AHP)	HSCP	October 2019 to March 2020	£500,000	Implement using AFC, avoiding agency, over recruitment and extra hours.
4.1 Action 2	Provide additional ICASS capacity to support timely discharges from and prevent admissions to hospital (5.33 WTE)	HSCP	October 2019 to March 2020	£86,424	Implement using AFC, avoiding agency, over recruitment and extra hours.
4.1 Action 2	Provide additional homecare capacity to support timely discharges from and prevent admissions to hospital	HSCP	October 2019 to March 2020	£427,557	Need to identify a care provider that could work alongside HSCP, challenging but required to meet plan.
4.1 Action 2	Provide additional Long-Term Care placements to meet demand	HSCP	October 2019 to March 2020	£602,219	Placements are available across Fife would need GP engagement
4.1 Action 2	Commission additional Social Care Assessment Unit beds to meet demand and support hospital discharges	HSCP	October 2019 to March 2020	£61,686	A provider is lined up and ready – we just need to inform them of our intention to commission
4.1 Action 3	Recruit an additional 1.0 WTE band 5 Nurse to support high health gain assessments	HSCP	October 2019 to March 2020	£20,000	Recruit through a 6-month secondment
4.2 Action 4	Recruit an additional 1.0 WTE band 6 Patient Flow Co-ordinator to ensure timely assessments and discharges from hospital settings	HSCP	October 2019 to March 2020	£25,000	Recruit through a 6-month secondment
4.2 Action 6	Support additional PCES activity over the festive period, public holidays, weekends and over January 2020	HSCP	November 2019 to January 2020	£115,000	Rotas already in planning
4.5 Action 6	Ensure that community services have access to 4x4 vehicles in the event of severe weather	HSCP	October 2019 to March 2020	£16,152.50	Model costed and ready to action, staff register of 4x4s and drivers able to support also underway.
4.7 Action 1	Point of Care flu testing	Public Health/Acute labs	October 2019 to March 2020	£77,000	Plan in place with public health for delivery
4.3 Action 6	Ward 13 Surge capacity (12 beds, 12.71 WTE)	Acute	October 2019 to March 2020	£222,665	Vacancy Management Forms signed off – recruitment underway

4.3 Action 6	Additional surge ward (12 beds, 24.72 WTE)	Acute	October 2019 to March 2020	£431,212	Planning on hold whilst finances are discussed.
4.3 Action 7	Pharmacy support to facilitate expedited discharges	Acute	October 2019 to March 2020	£56,000	
4.1 Action 8	Discharge support team and discharge lounge (15.19 WTE)	Acute	October 2019 to March 2020	£192,428	Test of change in process. Secondment requests for staffing underway.
Total Required				£2,833,344	
SG Winter Funding				£320,136	
Funding gap				£2,513,208	

* Costs based on 18 week winter period

Appendix 5: Weekly Winter Monitoring Report

Weekly Winter Monitoring Scorecard

Area	Indicator	RAG Criteria	17-Mar	24-Mar	31-Mar	07-Apr	14-Apr	21-Apr	28-Apr	05-May	12-May	19-May	26-May	02-Jun	09-Jun	16-Jun	23-Jun	30-Jun	07-Jul	14-Jul	21-Jul	28-Jul	04-Aug
OOH	Contacts		1904	1945	1774	1796	1869	2016	2218	2990	2948	2002	1944	1824	1851	1949	1978	1987	1851	1952	1860	1751	1877
	OoT Home Visits		26	21	8	0	19	25	24	46	22	37	32	25	13	18	24	11	15	15	9	7	16
Emergency Department	Attendances		1304	1347	1285	1292	1286	1381	1425	1372	1386	1410	1405	1346	1273	1286	1381	1356	1288	1335	1335	1398	1413
	Av LoA		168	181	163	177	172	172	167	156	170	165	165	173	159	154	175	165	163	191	149	164	172
	Performance		93.4%	91.1%	94.9%	91.5%	93.2%	92.3%	93.0%	94.6%	91.3%	91.7%	92.5%	91.5%	94.7%	95.3%	88.9%	94.1%	95.0%	88.3%	96.4%	94.5%	92.9%
	> 8 hours		0	10	1	0	0	5	0	1	1	0	3	3	2	0	2	0	0	0	0	0	2
	>12 hours		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	% Admitted		31.9%	30.0%	31.5%	32.3%	31.3%	30.9%	28.1%	27.0%	31.7%	28.5%	27.9%	29.0%	32.1%	29.5%	28.8%	29.7%	30.0%	29.6%	27.3%	29.8%	27.7%
VHK Admissions	Total		866	928	882	896	849	874	890	868	909	901	892	851	855	848	874	858	831	847	834	876	889
	Emergency		425	468	424	450	459	456	453	441	452	468	436	432	446	450	453	413	414	440	437	445	443
	Elective		441	460	458	446	390	418	437	427	457	433	456	419	409	398	421	445	417	407	397	431	446
AU1ax	Admissions		173	202	178	191	203	221	198	196	203	221	191	196	190	237	186	177	187	192	203	194	204
	%transferred		77.5%	69.8%	63.5%	71.2%	67.5%	64.7%	67.2%	74.5%	68.0%	70.6%	66.0%	63.3%	68.4%	65.8%	69.4%	70.6%	66.8%	67.7%	66.0%	68.6%	70.1%
	% to AU1		67.1%	62.4%	53.4%	61.8%	54.2%	52.0%	60.1%	62.8%	58.1%	55.7%	58.6%	56.6%	58.4%	55.7%	60.8%	62.1%	60.4%	61.5%	55.2%	58.8%	60.8%
	LoS		04:32	06:17	05:29	04:52	05:18	05:09	04:56	04:52	06:50	06:52	05:46	06:18	05:24	06:27	07:40	06:21	04:00	04:46	04:38	06:08	04:26
AU1	Admissions		318	339	287	328	318	298	324	313	323	317	302	298	323	300	306	293	288	296	286	297	301
	%transferred		65.4%	63.4%	66.2%	64.9%	63.5%	64.1%	63.6%	61.7%	68.4%	62.1%	69.2%	58.7%	63.5%	62.3%	60.1%	63.5%	69.1%	64.9%	69.2%	61.3%	65.8%
	LoS		19:20	20:08	18:55	20:10	16:08	17:39	18:51	16:48	17:31	19:46	19:05	18:35	18:27	19:13	18:49	18:43	17:27	17:25	16:11	15:44	16:54
AU2	Admissions		146	154	132	142	130	156	139	134	137	143	142	146	138	124	151	146	119	158	137	140	137
	%transferred		47.3%	37.7%	51.5%	41.5%	47.7%	42.9%	42.4%	29.1%	36.5%	42.7%	39.4%	40.4%	38.4%	37.9%	37.1%	49.3%	34.5%	53.8%	35.0%	36.4%	40.9%
	LoS		22:29	24:02	21:20	22:06	20:24	24:15	22:49	18:21	15:27	23:21	25:23	22:56	24:32	24:54	21:07	20:50	20:30	22:49	21:10	20:08	20:44
VHK Bed Utilisation	Occupancy		93.1%	93.4%	96.5%	99.6%	95.5%	93.2%	93.3%	95.1%	94.3%	102.9%	98.6%	95.5%	93.2%	93.3%	95.1%	94.3%	102.9%	98.6%	95.5%	93.2%	93.3%
	Boarding Bed Days Lost		291	414	363	282	305	317	293	280	531	431	366	375	360	365	405	375	278	205	210	254	198
	Delay Bed Days Lost		49	63	42	49	28	35	28	7	7	35	35	42	28	42	35	49	56	42	42	28	28
VHK Discharges	Total		887	967	844	897	847	883	876	891	862	923	906	866	852	891	851	857	851	824	824	872	870
	to Community		55	42	51	38	42	31	47	40	51	39	42	40	44	53	36	34	46	36	37	40	37
	% 84 Noon		13.8%	16.1%	14.2%	14.2%	15.5%	16.4%	15.7%	18.6%	17.9%	16.9%	15.3%	18.2%	18.3%	15.6%	16.3%	15.7%	18.1%	18.4%	18.1%	14.0%	15.5%
	WDWE Ratio		1.7	1.7	1.8	2.1	1.7	1.6	2.0	1.7	1.5	2.1	2.2	1.7	1.6	1.8	2.1	2.1	2.0	2.3	2.1	1.6	2.0
	LoS		4.9	4.7	4.9	4.6	5.0	4.9	5.0	5.0	5.2	5.0	5.0	5.5	5.4	5.3	5.5	5.5	4.8	4.9	4.6	5.8	5.3
	Admissions		87	100	83	90	83	96	91	95	91	91	89	83	97	107	73	85	88	83	88	91	113
Community Hospital	Occupancy		94.0%	95.2%	94.2%	94.5%	93.9%	94.7%	94.4%	91.9%	94.2%	101.0%	100.9%	101.7%	102.4%	101.3%	101.4%	101.3%	102.2%	102.0%	101.1%	101.8%	100.2%
	Delay Bed Days Lost		553	591	567	477	470	615	708	611	642	671	666	687	674	638	594	599	617	637	644	617	560
	Discharges		108	83	94	78	85	78	91	86	90	86	86	84	78	92	102	68	80	83	78	83	86
	LoS		24.3	23.5	27.3	27.4	23.8	28.8	21.7	25.4	24.1	26.0	26.0	24.5	26.7	22.5	31.8	30.3	21.3	25.5	20.9	26.2	21.1

Preparing for Winter 2019/20: Supplementary Checklist of Winter Preparedness: Self- Assessment

Priorities

- 1. Resilience**
- 2. Unscheduled / Elective Care**
- 3. Out of Hours**
- 4. Norovirus**
- 5. Seasonal Flu**
- 6. Respiratory Pathway**
- 7. Key Partners / Services**

This checklist supports the strategic priorities for improvement identified by local systems from their review of last winter and includes other areas of relevance.

This list is not exhaustive and local systems should carefully consider where additional resources might be required to meet locally identified risks that might impact on service delivery.

NHS Special Boards should support local health and social care systems to develop their winter plans as appropriate.

Winter Preparedness: Self-Assessment Guidance




- Local governance groups can use these checklists to self-assess the quality of overall winter preparations and to identify where further action may be required. This should link to the guidance available for continual provision of service available on the associated web links highlighted on the accompanying paper
- There is no requirement for these checklists to be submitted to the Scottish Government.
- The following RAG status definitions are offered as a guide to help you evaluate the status of your overall winter preparedness.

RAG Status	Definition	Action Required
■ Green	Systems / Processes fully in place & tested where appropriate.	Routine Monitoring
■ Amber	Systems / Processes are in development and will be fully in place by the end of October.	Active Monitoring & Review
■ Red	Systems/Processes are not in place and there is no development plan.	Urgent Action Required

	<p>basis.</p> <p><i>Resilience officers and HR departments will need to develop a staff travel advice and communications protocol to ensure that travel advice and messages to the public are consistent with those issued by Local /Regional Resilience Partnerships to avoid confusion. This should be communicated to all staff.</i></p>			H&SCP. This Plan includes the Command & Control structure, staff reporting arrangements, 4x4 responses and access to voluntary agencies.
1.4	The NHS Board's and HSCPs websites will be used to advise on travel to appointments during severe weather and prospective cancellation of clinics.	<input checked="" type="checkbox"/>		Advice and information are issued on NHS Fife website, Twitter and Facebook pages. Links and information from East of Scotland Local and Regional Resilience Partnership, Fife Council, Travel Scotland and the Met Office will also be distributed.
1.5	The NHS Board, HSCPs and local authority have created a capacity plan to manage any potential increase in demand for mortuary services over the winter period; this process has involved funeral directors.	<input checked="" type="checkbox"/>		The current capacity across NHS Fife is 72 at VHK. Joint working continues with Fife Council and Funeral Directors to ensure contingency plans would increase throughput across local crematoriums and cemeteries. Multi-faith arrangements around mutual aid support are ongoing.
1.6	The effectiveness of winter plans will be tested with all stakeholders by 30 October The final version of the winter plan has been approved by NHS Board and HSCPs	<input checked="" type="checkbox"/>		Multi-agency exercises continue on a regular basis which, although not specifically around winter and builds on existing arrangements. A Fife Multi-Agency Winter Preparedness Review is being planned where key members from all partner organisations will be present.

2	Unscheduled / Elective Care Preparedness <i>(Assessment of overall winter preparations and further actions required)</i>		RAG	Further Action/Comments
2.1	Clinically Focussed and Empowered Management			
2.1.1	<p>Clear site management and communication process are in place across NHS Boards and HSCPs with operational overview of all emergency and elective activity.</p> <p><i>To manage and monitor outcomes monthly unscheduled care meetings of the hospital quadrumvirate should invite IJB Partnership representatives and SAS colleagues (clinical and non-clinical) to work towards shared improvement metrics and priority actions. A member of the national improvement team should attend these meetings to support collaborative working.</i></p> <p><i>Shared information should include key contacts and levels of service cover over weekends and festive holiday periods, bed states and any decisions which have been taken outside of agreed arrangements.</i></p>	☒		<p>A winter review event of last winter was held late spring 2019 and a winter planning workshop was then held early autumn 2019. These events involved representative from all areas of NHS Fife and HSCP. The outcomes are being implemented.</p>
2.1.2	<p>Effective communication protocols are in place between clinical departments and senior managers to ensure that potential system pressures are identified as they emerge and as soon as they occur departmental and whole system escalation procedures are invoked.</p>	☒		<p>The multi-disciplinary daily safety huddle continues to support decision-making in the very early part of the day. This is supported by late morning huddles held at operational level. Weekly operational planning meetings continue to look at operational plans for a week ahead and agree a weekend plan for the site. The balance of accommodating elective and emergency admissions is part of this process and informs the decision to open additional capacity if necessary</p>
2.1.3	<p>A Target Operating Model and Escalation policies are in place and</p>	☒		<p>A full review of our current</p>



	<p>communicated to all staff. Consider the likely impact of emergency admissions on elective work and vice versa, including respiratory, circulatory, orthopaedics, cancer patients, ICU/PICU.</p> <p><i>This should be based on detailed modelling, pre-emptive scheduling of electives throughout the autumn, and early spring, and clear strategies regarding which lists may be subject to short-notice cancellation with a minimum impact.</i></p> <p><i>Pressures are often due to an inability to discharge patients timeously. Systems should be in place for the early identification of patients who no longer require acute care and discharged without further delay</i></p>			escalation plan is has taken place.
2.1.4	<p>Escalation procedures are linked to a sustainable resourcing plan, which encompasses the full use of step-down community facilities, such as community hospitals and care homes. HSCPs should consider any requirement to purchase additional capacity over the winter period.</p> <p><i>All escalation plans should have clearly identified points of contact and should be comprehensively tested and adjusted to ensure their effectiveness.</i></p>	<input checked="" type="checkbox"/>		As above
2.2	<p>Undertake detailed analysis and planning to effectively manage schedule elective and unscheduled activity (both short and medium-term) based on forecast emergency and elective demand, to optimise whole systems business continuity. This has specifically taken into account the surge in unscheduled activity in the first week of January.</p>			
2.2.1	<p>Pre-planning and modelling has optimised demand, capacity, and activity plans across urgent, emergency and elective provision are fully integrated, including identification of winter surge beds for emergency admissions</p> <p><i>Weekly projections for scheduled and unscheduled demand and the capacity required to meet this demand are in place.</i></p> <p><i>Plans for scheduled services include a specific 'buffering range' for scheduled queue size, such that the scheduled queue size for any speciality/sub-speciality can fluctuate to take account of any increases in unscheduled demand without resulting in scheduled waiting times deteriorating. This requires scheduled queue size for specific specialities to be comparatively low at the beginning of the winter period.</i></p> <p><i>NHS Boards can evidence that for critical specialities scheduled queue size and shape are such that a winter surge in unscheduled demand can be managed at all times ensuring patient safety and clinical effectiveness without materially disadvantaging scheduled waiting times.</i></p>	<input checked="" type="checkbox"/>		System watch is used routinely to predict on a daily basis current demand and activity is planned (this will include urgent elective care) around these numbers. There a robust escalation plan which includes surge beds also being implemented.

2.2.2	<p>Pre-planning has optimised the use of capacity for the delivery of emergency and elective treatment, including identification of winter surge beds for emergency admissions and recovery plans to minimise the impact of winter peaks in demand on the delivery of routine elective work</p> <p><i>This will be best achieved through the use of structured analysis and tools to understand and manage all aspects of variation that impact on services, by developing metrics and escalation plans around flexing or cancelling electives, and by covering longer term contingencies around frontloading activity for autumn and spring.</i></p> <p><i>Ensure that IP/DC capacity in December/January is planned to take account of conversions from OPD during Autumn to minimise the risk of adverse impact on waiting times for patients waiting for elective Inpatient/Day-case procedures, especially for patients who are identified as requiring urgent treatment.</i></p>			A full escalation plan with actions re emergency and elective work has been put together and is now in place to avoid unnecessary disruption.
2.3	<p>Agree staff rotas in October for the fortnight in which the two festive holiday periods occur to match planned capacity and demand and projected peaks in demand. These rotas should ensure continual access to senior decision makers and support services required to avoid attendance, admission and effective timely discharge.</p>			
2.3.1	<p>System wide planning should ensure appropriate cover is in place for Consultants (Medical and Surgical), multi-professional support teams, including Infection, Prevention and Control Teams (IPCT), Social Workers, home care and third sector support. This should be planned to effectively manage predicted activity across the wider system and discharge over the festive holiday periods, by no later than the end of October.</p> <p><i>This should take into account predicted peaks in demand, including impact of significant events (e.g.). Hogmanay Street parties on services, and match the available staff resource accordingly. Any plans to reduce the number of hospitals accepting emergency admissions for particular specialties over the festive period, due to low demand and elective activity, need to be clearly communicated to partner organisations.</i></p>			In planning at present.
2.3.2	<p>Extra capacity should be scheduled for the 'return to work' days after the festive break and this should be factored into annual leave management arrangements across Primary, Secondary and Social Care services. The Monday following the festive weekend breaks should not be routinely used as a day off thereby</p>			In planning at present.

	creating a 5 day weekend.			
2.3.3	<p>Additional festive services are planned in collaboration with partner organisations e.g. Police Scotland, SAS, Voluntary Sector etc.</p> <p><i>NHS Boards and HSC Partnerships are aware of externally provided festive services such as minor injuries bus in city centre, paramedic outreach services and mitigate for any change in service provision from partner organisations</i></p>	<input checked="" type="checkbox"/>		In planning at present
2.3.4	<p>Out of Hours services, GP, Dental and Pharmacy provision over festive period will be communicated to clinicians and managers including on call to ensure alternatives to attendance are considered.</p> <p><i>Dental and pharmacy provision should be communicated to all Health and Social Care practitioners across the winter period to support alternatives to attendance at hospital.</i></p>	<input checked="" type="checkbox"/>		Will take place following confirmation of rotas and service provision.
2.4	Optimise patient flow by proactively managing Discharge Process utilising 6EA – Daily Dynamic Discharge to shift the discharge curve to the left and ensure same rates of discharge over the weekend and public holiday as weekday.			
2.4.1	<p>Discharge planning in collaboration with HSCPs, Transport services, carer and MDT will commence prior to, or at the point of admission, using, where available, protocols and pathways for common conditions to avoid delays during the discharge process.</p> <p><i>Patients, their families and carers should be involved in discharge planning with a multi-disciplinary team as early as possible to allow them to prepare and put in place the necessary arrangements to support discharge.</i></p> <p><i>Utilise Criteria Led Discharge wherever possible.</i></p> <p><i>Supporting all discharges to be achieved within 72 hours of patient being ready.</i></p> <p><i>Where transport service is limited or there is higher demand, alternative arrangements are considered as part of the escalation process – this should include third sector</i></p>	<input checked="" type="checkbox"/>		Within the Acute hospital, the Discharge Hub facilitates the discharge of those who require ongoing support from health and social care following an in-patient stay. This service offers a multi-agency, integrated, person centred approach to the assessment of an individual's needs as they approach discharge. The hub has a key role in community and whole system flow.


	<p>partners (e.g. British Red Cross) Utilise the discharge lounge as a central pick-up point to improve turnaround time and minimise wait delays at ward level.</p>			
2.4.2	<p>To support same rates of discharge at weekend and public holiday as weekdays regular daily ward rounds and bed meetings will be conducted to ensure a proactive approach to discharge. Discharges should be made early in the day, over all 7 days, and should involve key members of the multidisciplinary team, including social work. Pharmacy services should also be available to issue timely prescriptions to support discharge. Criteria Led Discharge should be used wherever appropriate.</p> <p><i>Ward rounds should follow the 'golden hour' format – sick and unwell patients first, patients going home and then early assessment and review. Test scheduling and the availability of results, discharge medication, transport requirements and availability of medical and nursing staff to undertake discharge should all be considered during this process to optimise discharge pre-noon on the estimated date of discharge. Criteria Led Discharge should be used wherever appropriate.</i></p>	☒		Ongoing. Review of all ward and board practices taken place across the Acute hospital under Acute Transformation Programme. Best practice to be rolled out prior to winter period.
2.4.3	<p>Discharge lounges should be fully utilised to optimise capacity. This is especially important prior to noon.</p> <p><i>Processes should be in place to support morning discharge at all times (e.g.) breakfast club, medication, pull policy to DL, default end point of discharge. Utilisation should be monitored for uptake and discharge compliance.</i></p> <p><i>Extended opening hours during festive period over public Holiday and weekend</i></p>	☒		Discharge lounge currently opened with ongoing planning for full staffing throughout winter period, supported by a discharge team.
2.4.4	<p>Key partners such as: pharmacy, transport and support services, including social care services, will have determined capacity and demand for services and be able to provide adequate capacity to support the discharge process over winter period. These services should be aware of any initiatives that impact on increased provision being required and communication processes are in place to support this. e.g. surge in pre Christmas discharge</p> <p><i>There should be a monitoring and communication process in place to avoid delays,</i></p>	☒		The H&SC Discharge Model is based on demand for services from last year. Weekly monitoring reporting and escalation plan are in place where provision of services is reviewed and increased if

	remove bottlenecks and smooth patient discharge processes			necessary.
2.5	Agree anticipated levels of homecare packages that are likely to be required over the winter (especially festive) period and utilise intermediate care options such as Rapid Response Teams, enhanced supported discharge or reablement and rehabilitation (at home and in care homes) to facilitate discharge and minimise any delays in complex pathways.			
2.5.1	<p>Close partnership working between stakeholders, including the third and independent sector to ensure that adequate care packages are in place in the community to meet all discharge levels.</p> <p><i>This will be particularly important over the festive holiday periods.</i></p> <p><i>Partnerships will monitor and manage predicted demand supported by enhanced discharge planning and anticipated new demand from unscheduled admissions. Partnerships should develop local agreements on the direct purchase of homecare supported by ward staff. Assessment capacity should be available to support a discharge to assess model across 7 days.</i></p>	<input checked="" type="checkbox"/>		There is a plan incorporating predicted demand into planning for Social Work packages of care.
2.5.2	<p>Intermediate care options, such as enhanced supported discharge, reablement and rehabilitation will be utilised over the festive and winter surge period, wherever possible.</p> <p><i>Partnerships and Rapid Response teams should have the ability to directly purchase appropriate homecare packages, following the period of Intermediate care.</i></p> <p><i>All delayed discharges will be reviewed for alternative care arrangements and discharge to assess where possible</i></p>	<input checked="" type="checkbox"/>		As above
2.5.3	<p>Patients identified as being at high risk of admission from, both the SPARRA register and local intelligence, and who have a care manager allocated to them, will be identifiable on contact with OOH and acute services to help prevent admissions and facilitate appropriate early discharge.</p> <p><i>Key Information Summaries (KIS) will include Anticipatory Care Planning that is utilised to manage care at all stages of the pathways.</i></p>	<input checked="" type="checkbox"/>		Processes in place as part of the High Health Gain work
2.5.4	All plans for Anticipatory Care Planning will be implemented, in advance of the winter period, to ensure continuity of care and avoid unnecessary emergency admissions / attendances.	<input checked="" type="checkbox"/>		ACPs in place for High health Gain Cohort

	<i>KIS and ACPs should be utilised at all stages of the patient journey from GP / NHS 24, SAS, ED contact. If attendances or admissions occur Anticipatory Care Plans and key information summaries should be used as part of discharge process to inform home circumstances, alternative health care practitioners and assess if fit for discharge.</i>			
2.6	Ensure that communications between key partners, staff, patients and the public are effective and that key messages are consistent.			
2.6.1	<p>Effective communication protocols are in place between key partners, particularly across emergency and elective provision, local authority housing, equipment and adaptation services, Mental Health Services, and the independent sector.</p> <p><i>Collaboration between partners, including NHS 24, Locality Partnerships, Scottish Ambulance Service, SNBTS through to A&E departments, OOH services, hospital wards and critical care, is vital in ensuring that winter plans are developed as part of a whole systems approach.</i></p> <p><i>Shared information should include key contacts and levels of service cover over weekends and festive holiday periods, bed states and any decisions which have been taken outside of agreed arrangements.</i></p>			This is addressed during the morning safety huddles and weekly winter meetings between NHS Fife and HSCP General Managers.
2.6.2	<p>Communications with the public, patients and staff will make use of all available mediums, including social media, and that key messages will be accurate and consistent.</p> <p><i>NHS 24 are leading on the 2018/19 'Be Healthwise This Winter' media campaign, and SG Health Performance & Delivery Directorate is working with partners and policy colleagues to ensure that key winter messages, around repeat prescriptions', respiratory hygiene, and norovirus are effectively communicated to the public.</i></p> <p><i>The public facing website http://www.readyscotland.org/ will continue to provide a one stop shop for information and advice on how to prepare for and mitigate against the consequences from a range of risks and emergencies. This information can also be accessed via a smartphone app accessible through Google play or iTunes.</i></p> <p><i>The Met Office National Severe Weather Warning System provides information on the localised impact of severe weather events.</i></p> <p><i>Promote use of NHS Inform, NHS self-help app and local KWTTT campaigns</i></p>			A new Flu Fighter and Medicines campaign will be launched.

3	Out of Hours Preparedness <i>(Assessment of overall winter preparations and further actions required)</i>		RAG	Further Action/Comments
3.1	<p>The OOH plan covers the full winter period and pays particular attention to the festive period.</p> <p><i>This should include an agreed escalation process.</i></p> <p><i>Have you considered / discussed local processes with NHS 24 on providing pre-prioritised calls during the OOH period?</i></p>	<input checked="" type="checkbox"/>		<p>The OOH plan covers the full winter period and pays particular attention to the festive period and covers pre-prioritised calls from NHS24.</p> <p>There is an agreed escalation process in place to ensure Senior Management within the H&SCP are aware of any current or potential service delivery challenges real time.</p> <p>In consultation with NHS 24, partner assistance with pre-prioritised calls will be provided by Urgent Care Service Fife (UCSF) on agreed public holidays, covering predicted peak time call volumes. Further consideration to providing triage can only be given once all UCSF sessions are filled. Close consultation with NHS 24 continues and plans will be flexed over the winter period in response to demand.</p>
3.2	<p>The plan clearly demonstrates how the Board will manage both predicted and unpredicted demand from NHS 24 and includes measures to ensure that pressures during weekends, public holidays are operating effectively. The plan demonstrates that resource planning and demand management are prioritised over the festive period.</p>	<input checked="" type="checkbox"/>		<p>This year, as in the previous festive periods, UCSF has reviewed the Business Continuity plan to ensure our contingency plans remain robust, current and flexible to be able to deal effectively with all</p>

				<p>technical and operational issues or demands placed upon the service taking account of the Public Holidays and weekends prior, during and after the festive period.</p> <p>UCSF has referred to previous years and the predicted festive information supplied by NHS24 through as a baseline for formulate festive planning. Updated data will be available from NHS24 closer to Christmas giving Boards the chance to revisit requirements and amend accordingly. Activity rates are reviewed weekly in conjunction with data received from public health and Scottish Government regarding activity.</p> <p>Additional recruitment and training has taken place for both admin and clinical staff to ensure as flexible a workforce as possible is in place to meet the requirements of the service</p> <p>Bank staff are also available organised through the respiratory nurse service for H@H only.</p>
3.3	There is evidence of attempts at enabling and effecting innovation around how the partnership will predict and manage pressures on public holidays/Saturday mornings and over the festive period. The plan sets out options, mitigations and solutions considered and employed.			<p>UCSF plans to increase staffing levels over the winter period on Saturday and Sundays to supplement the home visiting capacity as this has previously</p>

			<p>been identified as critical to the delivery of care. Activity is closely monitored during the winter months and reviewed along with guidance from HPS and SGHD.</p> <p>New ways of working are now established as part of Urgent Care Transformation, including Clinical HUB Supervision, UCP Home Visiting. Evaluation evidences safe, appropriate and effective care. UCPs work within specific clinical criteria, releasing time to care for GPs to manage more complex clinical presentations.</p>
3.4	<p>There is reference to direct referrals between services.</p> <p><i>For example, are direct contact arrangements in place, for example between Primary Care Emergency Centres (PCECs)/Accident & Emergency (A&E) Departments/Minor Injuries Units (MIUs) and other relevant services? Are efforts being made to encourage greater use of special notes, where appropriate?</i></p>		<p>Direct referrals are encouraged between UCSF and MIU and A & E. Fife Urgent Care Practitioners can directly refer to other specialties, including tertiary services such as ENT, without the need for a GP to be involved. Direct referrals ensure that the patient journey is not added to by an unnecessary reassessment in A&E.</p> <p>Specialist Paramedics can now directly refer to AU1 and other services, removing the need for a further clinical consultation and ensuring an appropriate patient journey and effective use of resources.</p>

				<p>UCSF/A&E staff have worked together to develop a referral protocol to ensure the safe efficient transfer of patients between the services.</p> <p>Practices will be sent reminders to update any relevant information within a patient's eKIS before the start of the festive period. These are particularly for those vulnerable at this time, i.e. Palliative care patients.</p> <p>UCAT (Unscheduled Care Assessment Team) can now accept direct referrals from NHS 24 for patients with mental health reacted conditions allowing for improved pathways of care and effective use of resources.</p>
3.5	The plan encourages good record management practices relevant to maintaining good management information including presentations, dispositions and referrals; as well as good patient records.	<input checked="" type="checkbox"/>		<p>UCSF employ Adastra for all documentation and all clinicians are trained in the use of this. Regular reviews of documentation are undertaken and fed back to clinical staff to ensure good, clear, accurate record keeping in line with professional codes is achieved.</p>
3.6	There is reference to provision of pharmacy services, including details of the professional line, where pharmacists can contact the out of hours centres directly with patient/prescription queries and vice versa	<input checked="" type="checkbox"/>		<p>The use of the professional to professional line is encouraged at all times and is routinely used by Pharmacists; District Nurses, Labs and SAS. Calls come directly into Fife's Dispatcher</p>

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and details are entered into Adastra for a clinician to clinically manage.

Pharmacists now have repeat prescribing PGDs which have further reduced calls to NHS24 and UCSF. The Chief Pharmacists has also corresponded with pharmacies to maximise patient's access to routine drugs, minor ailments service and over the counter medication.

Community pharmacies within the health board area can now manage specific symptoms with application of appropriate PGDs.

Each centre and the hub will have a copy of all Pharmacy opening times across NHS Fife. This includes a list of designated palliative care pharmacies.

Dispatch and the Centres will utilise the flowchart – “Accessing medicines OOH” which was devised by Pharmacy. Oxygen concentrators are now available in all centres.

A robust system for Controlled drug supply is in place and all GPs are aware of the ordering procedure. Drugs are checked

				<p>at the start of each shift and a regular audit is carried out by NHS Fife Pharmacy staff. No major drug issues have been noted.</p> <p>Prior to the festive period all drug levels are assessed, and additional stocks are agreed, for commonly used medications such as, antibiotics, inhalers, steroids, analgesia and emergency contraception. This includes those used in the Centres by GP's and UCP's and those in the mobile bags</p>
3.7	In conjunction with HSCPs, ensure that clear arrangements are in place to enable access to mental health crisis teams/services, particularly during the festive period.		☒	<p>Direct referral to the Unscheduled Care Mental Health team is available. The team is available during the out-of-hours period and will make arrangements to see the patient.</p> <p>Unscheduled Care Assessment Team (UCAT) telephone screening service is available for individuals who have contacted NHS 24, aged between the ages of 18 to 65 with concerns regarding mental health issues or self harm ideation expressed. If the patient's life is in immediate risk or they are actively self harming, it would not be appropriate referral to UCAT and Police / SAS should be</p>

				<p>considered as the safe and appropriate outcome.</p> <p>GPs will attend patients at home if it is considered that due to their clinical condition they may require an emergency detention, this is a necessary step due to current legislation.</p>
3.8	<p>In conjunction with HSCPs, ensure that there is reference to provision of dental services, to ensure that services are in place either via general dental practices or out of hours centres</p> <p><i>This should include an agreed escalation process for emergency dental cases; i.e. trauma, uncontrolled bleeding and increasing swelling.</i></p>	☒		<p>Provision of dental services is organised through NHS24 as the single point of contact and this has been well established for several years and is robust in its arrangements</p>
3.9	<p>The plan displays a confidence that staff will be available to work the planned rotas.</p> <p><i>While it is unlikely that all shifts will be filled at the moment, the plan should reflect a confidence that shifts will be filled nearer the time. If partnerships believe that there may be a problem for example, in relation to a particular profession, this should be highlighted.</i></p>	☒		<p>All rotas will be assessed to ensure an accurate reflection of requirements but will be subject to regular review with any increased demand related to winter needs/demands.</p> <p>There is a moderate risk that due to the reduction in available GPs, UCSF may not be able to fill all the additional shifts and there is an agreed contingency to manage this.</p>
3.9.1		☒		<p><u>Call Handling /Dispatch staff:</u> Double staffing required during peak times. Staff will be expected to attend shift as planned.</p>
3.9.2		☒		<p><u>Drivers:</u> Extra drivers required for hired cars, which will cover QMH and VHK and extended floating car coverage of VHK</p>

				evening shift. The floating car will work at peak periods on all 4 holiday days.
3.9.3		☒		Nursing staff: Nursing staff rotas will reflect activity, available accommodation and profiling of peak demands from previous years
3.9.4		☒		GPs: Extra GPs will be recruited for all centres during peak periods. A review of peak demands on the service has allowed UCSF to predict staffing requirements and plan to meet potential demand.
3.9.5		☒		Short Notice GP Directory of those willing to come in and work additional shifts/part shifts throughout festive period will be available.
3.10	<p>There is evidence of what the Board is doing to communicate to the public how their out of hours services will work over the winter period and how that complements the national communications being led by NHS 24.</p> <p><i>This should include reference to a public communications strategy covering surgery hours, access arrangements, location and hours of PCECs, MIUs, pharmacy opening, etc.</i></p>	☒		NHS Fife will be working with the communication department to ensure effective plans are in place to communicate how services should be accessed over the winter period. NHS24 Winter Campaign messages support the delivery of the out of hours service and routine local communication will signpost to where services are available as well as the need to order repeat prescriptions well in advance.

				<p>Communication strategy will be implemented reflecting previous public holiday arrangements.</p> <p>Primary Care Department will request all practices advertise their opening hours and encourage them to use the facility on all prescriptions to remind patients to order repeat prescriptions early. Advertisements in local papers will be placed.</p>
3.11	<p>There is evidence of joint working between the HSCP, the Board and the SAS in how this plan will be delivered through joint mechanisms, particularly in relation to discharge planning, along with examples of innovation involving the use of ambulance services.</p>	<input checked="" type="checkbox"/>		<p>There is enhanced partnership working with the Scottish Ambulance Service (SAS). Arrangements with SAS remain in place as in previous years.</p>
3.12	<p>There is evidence of joint working between the Board and NHS 24 in preparing this plan.</p> <p><i>This should confirm agreement about the call demand analysis being used.</i></p>	<input checked="" type="checkbox"/>		<p>NHS Fife UCSF and NHS24 have worked very closely. This will continue with regular meetings between the services to plan and review service delivery to the population of Fife and Kinross.</p> <p>Pre-prioritised calls are received directly into the hub where the GP/UCP's will be based. This allows liaison between the staff groups for those patients who require face to face consultation and equity in service provision.</p> <p>UCSF are working with NHS 24 using previous year's data from</p>

				both organisations to continue to develop plans. Festive arrangements will be shared in detail with NHS24 and vice versa to enable the two organisations to work in close partnership.
3.13	<p>There is evidence of joint working between the acute sector and primary care Out-of-Hours planners in preparing this plan.</p> <p><i>This should cover possible impact on A&E Departments, MIUs and any other acute receiving units (and vice versa), including covering the contact arrangements.</i></p>	<input checked="" type="checkbox"/>		Planning is shared with colleagues from the Acute Sector, in particular, the Emergency Care Directorate.
3.14	<p>There is evidence of joint planning across all aspects of the partnership and the Board in preparing this plan.</p> <p><i>This should be include referral systems, social work on-call availability, support for primary care health services in the community and support to social services to support patients / clients in their own homes etc.</i></p>	<input checked="" type="checkbox"/>		UCSF can refer directly to emergency Social Work if necessary. Public Protection referral polices available to support effective referral in the urgent care period.
3.15	<p>There is evidence that Business Continuity Plans are in place across the partnership and Board with clear links to the pandemic plan including provision for an escalation plan.</p> <p><i>The should reference plans to deal with a higher level of demand than is predicted and confirm that the trigger points for moving to the escalation arrangements have been agreed with NHS 24.</i></p>	<input checked="" type="checkbox"/>		<p>Previously NHS24 escalation plans would be tested with all Health Board areas prior to the festive period and UCSF would participate in the planned teleconferencing meetings to discuss any issues/pressures that have been identified and agree the trigger points for moving towards escalation if required.</p> <p>Pandemic Plan has been reviewed for 2019/2020 winter period.</p>

4	Prepare for & Implement Norovirus Outbreak Control Measures <i>(Assessment of overall winter preparations and further actions required)</i>		RAG	Further Action/Comments
4.1	NHS Boards must ensure that staff have access to and are adhering to the national guidelines on Preparing for and Managing Norovirus in Care Settings <i>This includes Norovirus guidance and resources for specific healthcare and non-healthcare settings.</i>	<input checked="" type="checkbox"/>		
4.2	IPCTs will be supported in the execution of a Norovirus Preparedness Plan before the season starts. <i>Boards should ensure that their Health Protection Teams (HPTs) support the advance planning which nursing and care homes are undertaking to help keep people out of hospital this winter and provide advice and guidance to ensure that norovirus patients are well looked after in these settings.</i>	<input checked="" type="checkbox"/>		
4.3	HPS Norovirus Control Measures (or locally amended control measures) are easily accessible to all staff, e.g. available on ward computer desk tops, or in A4 folders on the wards.	<input checked="" type="checkbox"/>		Control measures described in Infection Control Manual (on intranet)
4.4	NHS Board communications regarding bed pressures and norovirus ward closures are optimal and everyone will be kept up to date in real time. <i>Boards should consider how their communications Directorate can help inform the public about any visiting restrictions which might be recommended as a result of a norovirus outbreak.</i>	<input checked="" type="checkbox"/>		ICNs attend / contribute to morning huddle. Use of Boards at entrances to provide information about ward closures. Use of social media.
4.5	Debriefs will be provided following individual outbreaks or end of season outbreaks to ensure system modifications to reduce the risk of future outbreaks. <i>Multiple ward outbreaks at one point in time at a single hospital will also merit an evaluation.</i>	<input checked="" type="checkbox"/>		

4.6	IPCTs will ensure that the partnership and NHS Board are kept up to date regarding the national norovirus situation.	<input checked="" type="checkbox"/>		weekly report distributed to Board and H&SCP
4.7	Before the norovirus season has begun, staff in emergency medical receiving areas will confirm with the IPCTs the appropriateness of procedures to prevent outbreaks when individual patients have norovirus symptoms, e.g. patient placement, patient admission and environmental decontamination post discharge.	<input checked="" type="checkbox"/>		
4.8	NHS Boards must ensure arrangements are in place to provide adequate cover across the whole of the festive holiday period. <i>While there is no national requirement to have 7 day IPCT cover, outwith the festive holiday period, Boards should consider their local IPC arrangements.</i>	<input checked="" type="checkbox"/>		Microbiologists provide 24 / 7 cover. 2 IPCNs on each day over public holidays.
4.9	The NHS Board is prepared for rapidly changing norovirus situations, e.g. the closure of multiple wards over a couple of days. <i>As part of their surge capacity plan, Boards should consider how wards will maintain capacity in the event that wards are closed due to norovirus.</i>	<input checked="" type="checkbox"/>		
4.10	There will be effective liaison between the IPCTs and the HPTs to optimise resources and response to the rapidly changing norovirus situation. <i>This could include the notification of 'tweets', where appropriate, to help spread key message information. HPT/IPCT and hospital management colleagues should ensure that they are all aware of their internal processes and that they are still current.</i>	<input checked="" type="checkbox"/>		
4.11	The partnership is aware of norovirus publicity materials and is prepared to deploy information internally and locally as appropriate, to spread key messages around norovirus and support the 'Stay at Home Campaign' message. <i>This could include HPT supporting schools to have awareness raising prior to norovirus season and the notification of 'tweets', where appropriate, to help spread key message information.</i>	<input checked="" type="checkbox"/>		including use of social media via comms team

5	Seasonal Flu, Staff Protection & Outbreak Resourcing <i>(Assessment of overall winter preparations and further actions required)</i>		RAG	Further Action/Comments
5.1	<p>Staff working in areas with high risk patients such as paediatric, oncology, maternity, care of the elderly, haematology, ICUs, etc., have been vaccinated to prevent the potential spread of infection to patients, as recommended in the CMOs seasonal flu vaccination letter due to be published in Aug 2018.</p> <p><i>This will be evidenced through end of season vaccine uptake submitted to HPS by each NHS board. Local trajectories have been agreed and put in place to support and track progress.</i></p>	<input type="checkbox"/>		Peer vaccination in all areas.
5.2	<p>All of our staff have easy and convenient access to the seasonal flu vaccine. In line with recommendations in CMO Letter (2018) clinics are available at the place of work and include clinics during early, late and night shifts, at convenient locations. Drop-in clinics are also available for staff unable to make their designated appointment and peer vaccination is facilitated to bring vaccine as close to the place of work for staff as possible.</p> <p><i>It is the responsibility of health care staff to get vaccinated to protect themselves from seasonal flu and in turn protect their vulnerable patients, but NHS Boards have responsibility for ensuring vaccine is easily and conveniently available; that sufficient vaccine is available for staff vaccination programmes; and that senior management and clinical leaders with NHS Boards fully support vaccine delivery and uptake.</i></p>	<input type="checkbox"/>		<p>“Flu Wars” campaign underway with support from Comms team.</p> <p>Peer vaccination, drop in clinics, in place</p>
5.3	<p>The winter plan takes into account the predicted surge of flu activity that can happen between October and March and we have adequate resources in place to deal with potential flu outbreaks across this period.</p> <p><i>If there are reported flu outbreaks during the season, where evidence shows that vaccination uptake rates are not particularly high, NHS Boards may undertake targeted immunisation. In addition, the centralised contingency stock of influenza vaccine, purchased by the Scottish Government can be utilised if required and an agreed protocol is in place with NHS Boards on the use of the contingency stock. Antiviral prescribing for seasonal influenza may also be undertaken when influenza rates circulating in the community reach a trigger level (advice on this is generated by a CMO letter to health professionals)</i></p>	<input type="checkbox"/>		Near patient testing in AAU and ED will take place. Test turnaround time reduced to half hour, which assists in bed management decisions

5.4	<p>HPS weekly updates, showing the current epidemiological picture on influenza infections across Scotland, will be routinely monitored over the winter period to help us detect early warning of imminent surges in activity.</p> <p><i>Health Protection Scotland and the Health Protection Team within the Scottish Government monitor influenza rates during the season and take action where necessary, The Health Protection Team brief Ministers of outbreak/peaks in influenza activity where necessary. HPS produce a weekly influenza bulletin and a distillate of this is included in the HPS Winter Pressures Bulletin.</i></p>	<input checked="" type="checkbox"/>		Weekly distribution of information to key staff
5.5	<p>Adequate resources are in place to manage potential outbreaks of seasonal flu that might coincide with norovirus, severe weather and festive holiday periods.</p> <p><i>NHS board contingency plans have a specific entry on plans to mitigate the potential impact of potential outbreaks of seasonal influenza to include infection control, staff vaccination and antiviral treatment and prophylaxis. Contingency planning to also address patient management, bed management, staff redeployment and use of reserve bank staff and include plans for deferral of elective admissions and plans for alternative use of existing estate or opening of reserve capacity to offset the pressures.</i></p>	<input checked="" type="checkbox"/>		Winter plan and escalation plan in place

6	Respiratory Pathway (Assessment of overall winter preparations and further actions required)		RAG	Further Action/Comments
6.1	There is an effective, co-ordinated respiratory service provided by the NHS board.			
6.1.1	Clinicians (GP's, Out of Hours services, A/E departments and hospital units) are familiar with their local pathway for patients with different levels of severity of exacerbation in their area.	<input checked="" type="checkbox"/>		The demand for Respiratory Services remain high and a Consultant Nurse post has been developed to focus on treatments that can be supported through our ECAS service or supported at home.
6.1.2	Plans are in place to extend and enhance home support respiratory services over a 7 day period where appropriate.	<input checked="" type="checkbox"/>		Part of Community Discharge Model
6.1.3	<p>Anticipatory Care/ Palliative care plans for such patients are available to all staff at all times.</p> <p><i>Consider use of an effective pre admission assessment/checklist i.e. appropriate medication prescribed, correct inhaler technique, appropriate O2 prescription, referred to the right hospital/right</i></p>	<input checked="" type="checkbox"/>		Developed a targeted integrated preventative model called High Health Gains, which improves community focussed health and wellbeing outcomes and

	<p>department, referred directly to acute respiratory assessment service where in place..</p> <p>Consider use of self-management tools including anticipatory care plans/asthma care plans and that patients have advice information on action to take/who to contact in the event of an exacerbation.</p> <p>Patients should have their regular and emergency medication to hand, their care needs are supported and additional care needs identified (should they have an exacerbation).</p>			reduces hospital emergency admissions. This model was trialled within 3 GP practice localities and worked well
6.1.4	<p>Simple messages around keeping warm etc. are well displayed at points of contact, and are covered as part of any clinical review. This is an important part of 'preparing for winter for HCPs and patients.</p> <p>Simple measures are important in winter for patients with chronic disease/COPD. For example, keeping warm during cold weather and avoiding where possible family and friends with current illness can reduce the risk of exacerbation and hospitalisation.</p>	☒		
6.2	There is effective discharge planning in place for people with chronic respiratory disease including COPD			
6.2.1	<p>Discharge planning includes medication review, ensuring correct usage/dosage (including O2), checking received appropriate immunisation, good inhaler technique, advice on support available from community pharmacy, general advice on keeping well e.g. keeping warm, eating well, smoking cessation.</p> <p>Local arrangements should be made to ensure that the actions described are done in the case of all admissions, either in hospital, before discharge, or in Primary Care soon after discharge, by a clinician with sufficient knowledge and skills to perform the review and make necessary clinical decisions (specifically including teaching or correcting inhaler technique).</p>	☒		The Emergency Care Assessment Suite within the Victoria Hospital continues to extend the number and types of patient that can be assessed and treated there. This includes an enhanced range of interventions including DVT, IV Antibiotics/Infusions, Lumbar Puncture and Blood Transfusion.
6.2.2	All necessary medications and how to use them will be supplied on hospital discharge and patients will have their planned review arranged with the appropriate primary, secondary or intermediate care team.	☒		
6.3	People with chronic respiratory disease including COPD are managed with anticipatory and palliative care approaches and have access to specialist palliative care if clinically indicated.			
6.3.1	<p>Anticipatory Care Plan's (ACPs) will be completed for people with significant COPD and Palliative Care plans for those with end stage disease.</p> <p>Spread the use of ACPs and share with Out of Hours services.</p>	☒		These patients are part of High Health Gain patient group.

7	Key Roles / Services		RAG	Further Action/Comments
	Heads of Service	<input checked="" type="checkbox"/>		
	Nursing / Medical Consultants	<input checked="" type="checkbox"/>		
	Consultants in Public Health	<input checked="" type="checkbox"/>		
	AHP Leads	<input checked="" type="checkbox"/>		
	Infection Control Managers	<input checked="" type="checkbox"/>		
	Managers Responsible for Capacity & Flow	<input checked="" type="checkbox"/>		
	Pharmacy Leads	<input checked="" type="checkbox"/>		
	Mental Health Leads	<input checked="" type="checkbox"/>		
	Business Continuity / Emergency Planning Managers	<input checked="" type="checkbox"/>		
	OOH Service Managers	<input checked="" type="checkbox"/>		
	GP's	<input checked="" type="checkbox"/>		
	NHS 24	<input checked="" type="checkbox"/>		
	SAS	<input checked="" type="checkbox"/>		
	Territorial NHS Boards	<input checked="" type="checkbox"/>		
	Independent Sector	<input checked="" type="checkbox"/>		
	Local Authorities	<input checked="" type="checkbox"/>		
	Integration Joint Boards	<input checked="" type="checkbox"/>		
	Strategic Co-ordination Group	<input checked="" type="checkbox"/>		
	Third Sector	<input checked="" type="checkbox"/>		
	SG Health & Social Care Directorate	<input checked="" type="checkbox"/>		

Finance Performance & Resources Committee

DATE OF MEETING:	5 November 2019
TITLE OF REPORT:	Fife Orthopaedic Elective Centre Outline Business Case
EXECUTIVE LEAD:	Carol Potter, Director of Finance
REPORTING OFFICER:	Alan Wilson, Project Director

Purpose of the Report (delete as appropriate)

For Decision	For Discussion	For Information
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SBAR REPORT

Situation

NHS Fife has instigated the next stage of the Scottish Capital Investment Manual (SCIM) process for the development of a new Elective Orthopaedic Centre. This involves the production of an Outline Business Case (OBC) that needs to be submitted to the Scottish Government Health & Social Care Directorates (SGHSCD) Capital Investment Group (CIG) for consideration at their November meeting, in line with the current programme.

The OBC is presented to the Finance, Performance & Resources Committee to provide overall assurance and governance of the project, with particular reference to the management, financial, commercial and economic cases.

The OBC is presented to the Clinical Governance Committee for consideration of all clinical, quality and safety issues, with particular reference to the strategic and management cases.

Background

The new Elective Orthopaedic Centre construction project has key milestones set out within the Outline Business Case to deliver the project within the time/financial requirements.

Assessment

The Outline Business Case has now been completed and is presented through the NHS Fife internal governance processes for approval. The new facility has been designed to the level needed at this stage of the Scottish Capital Investment Manual (SCIM) process and signed off by all relevant stakeholders.

The current design has now been frozen and a cost plan has been produced and agreed with the Principal Supply Chain Partner to provide assurance on affordability. The costs are still within the original budget albeit there has been an inflationary increase to cover the period from when the original cost plan which was done in October 2017 until anticipated construction completion in March 2022.

The OBC incorporates the addition of outpatient, pre-assessment and radiology services within the design that will support elective orthopaedic service. This was not originally anticipated at the Initial Agreement stage but we have managed to achieve this within the financial envelope.

Recommendation

Members are asked to:

- **Note** the Outline Business Case has been submitted to SGHSCD Capital Investment Group for consideration at their 12 November meeting, subject to formal approval by the NHS Board on 27 November.
- **Recommend** approval of the Outline Business Case to the NHS Board on 27 November.

Objectives: (must be completed)

Healthcare Standard(s):	All
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HB Strategic Objectives:	All
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Further Information:

Evidence Base:	
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Glossary of Terms:	SCIM – Scottish Capital Investment Manual OBC – Outline Business Case CIG – Capital Investment Group IAD - Initial agreement Document HFS – Health Facilities Scotland JCA – Joint Cost Advisor PSC – Professional Service Contract PSCP – Principal Supply Chain Partners
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Parties / Committees consulted prior to Committee Meeting:	Fife Capital Investment Group Executive Directors Group
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Impact: (must be completed)

Financial / Value For Money	Increase in costs/ unable to meet all service needs if costs increase.
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Risk / Legal:	Failure to meet key milestones causing delay in business case process.
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Quality / Patient Care:	Potential quality issues/ Delays leading to inadequate facilities.
--------------------------------	--

Workforce:	Ability to recruit extra staff needed to utilise facility to its maximum potential.
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Equality:	Potential failure to meet equality standards needed for new facility through funding issue
------------------	--

October 2019

OBC

Fife Elective Orthopaedic Centre
NHS Fife



Proposed Fife Elective Orthopaedic Centre (Image provided by Norr Achitects)

Alan Wilson, Project Director

Victoria Hospital, Kirkcaldy

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Appendix L – Benefits Register

Appendix M – Benefits Realisation Plan

Appendix N – Risk Register

Appendix O – Communication Plan

Rev	Originator	Approved	Date
0 – DRAFT / Comment	Ben Johnston	Draft for comment	4 October 2019
1 – DRAFT / Comment	Ben Johnston	Draft for comment	10 October 2019
2 – DRAFT / Comment	Ben Johnston	Draft for comment	14 October 2019

Glossary of Terms

AEDET	Achieving Excellence Design Evaluation Toolkit
HAI	Healthcare Associated Infection
IA	Initial Agreement
DC	Day Case
IP	In patient
FBC	Full Business Case
GIFA	Gross Internal Floor Area
GIRFT	Getting it Right First Time
GP	General Practitioner
HFS	Health Facilities Scotland
KPI	Key Performance Indicator
MSK	Musculoskeletal
NDAP	NHSScotland Design Assessment Process
NEC	New Engineering Contract
OBC	Outline Business Case
PSC	Professional Services Consultant
PSCP	Principal Supply Chain partner
QMH	Queen Margaret Hospital, Dunfermline
SA	Strategic Assessment
SCIM	Scottish Capital Investment Manual
TTG	Treatment Time Guarantee
VHK	Victoria Hospital, Kirkcaldy
WTE	Whole Time Equivalent

1 Executive Summary

1.1 Introduction

This proposal sets out the strategy for re-provision of the elective orthopaedic service at Victoria Hospital, Kirkcaldy (VHK). The existing orthopaedic service provides a dedicated environment in which patients within the catchment of Fife can be treated. The service currently performs extremely well, demonstrating a high level of attainment against relevant **benchmarks and KPI's** but is held back by condition and functionality of the existing environment in which the service is provided from. The investment proposal therefore seeks to maintain current performance levels whilst safeguarding the service over the longer term via the provision of a sustainable healthcare environment. This will be delivered by providing a standalone Fife Elective Orthopaedic Centre at Victoria Hospital in Kirkcaldy incorporating theatres, inpatient and outpatient accommodation.

The accommodation has been developed from the IA (IA) stage in collaboration with stakeholder representatives. Notwithstanding the introduction of two new radiography rooms (previously unscheduled) to support the service, net usable area has been controlled within the original allocation. Gross area has increased marginally however to accommodate a covered rooftop plantroom accommodating critical equipment. Given the recent climate in respect to mechanical and electrical systems, this measure is considered a sensible investment.

In respect to cost, whilst there has been an inflationary rise since IA, taking account of this, the costs are reported to be on budget at this stage with reasonable contingencies allocated to control development of the design through FBC.

1.2 Strategic Case

The Strategic Case remains valid and has not changed since the IA.

1.2.1 Existing Arrangements

The existing service consists of 2 laminar flow theatres and a dedicated 24 bed ward provided **from the "phase 2"** tower block within VHK. Over and beyond, orthopaedic outpatient services are provided from Queen Margaret Hospital in Dunfermline and VHK.

Currently, surgery time runs from 09:00 to 17:00 Monday to Friday with additional provision on Saturdays where demand dictates. Two 3.5 hour sessions are scheduled each day. To provide a general perspective, 4 major joint operations can be performed in a day. Through working on Saturdays up to 22 sessions can be performed in a week.

From a utilisation and performance perspective the service performs extremely well against all **benchmarks and KPI's** – further details in this respect can be found at Section 2.2.

The condition and functionality of the existing assets is below the standard expected and is non-compliant in respect to current healthcare guidance (SHTMs and HBNS). The tower block at VHK was constructed in 1967 and the existing main services infrastructure is showing signs of age, increasingly risking service provision and continuity. The service is regularly disrupted because of infrastructure failures. There is no quick fix available (i.e. localised refurbishment) that would allow the service to remain in its current location over the longer term. This investment proposal has therefore been initiated to maintain the current service via the provision of the most effective long-term sustainable solution available within the constraints imposed.

1.2.2 Strategic Context

Through dealing with the need for change, this investment proposal will realise a number of important benefits and these are summarised in the table below:

Need for change	Anticipated benefits
<ul style="list-style-type: none">▪ Current ward provision does not support infection control, safety and the overarching strategy to move towards single room accommodation.	<ul style="list-style-type: none">▪ Positive patient experience and dignity respected
<ul style="list-style-type: none">▪ Current accommodation does not support effective patient pathways / flow with bottle-necks arising. Situation affects efficiency of service provision.	<ul style="list-style-type: none">▪ Maintain support to allow people to live independently together with life quality. Overarching benefit
<ul style="list-style-type: none">▪ Current provision compromises patient dignity and quality of experience overall.	<ul style="list-style-type: none">▪ Improves the healthcare state (condition, quality, perception, statutory, back-log and lifecycle)
<ul style="list-style-type: none">▪ Condition of existing facilities are below the required standard to support the service over the longer term.	<ul style="list-style-type: none">▪ Minimises readmissions (post operation complications) and optimises timely discharge▪ Optimises resource usage (theatre and bed utilisation)▪ Improves HAI and patient safety▪ Community benefits realised from implementation of the investment proposal.

Table 1 - Need for change and benefits

1.2.3 Opportunities

In reviewing the current arrangements and considering the need for change surrounding this investment proposal potential opportunities were highlighted.

1.2.3.1 Capacity to meet future demand

In dealing with the underlying need for change, this investment proposal also seeks to take advantage of an opportunity to increase service capacity to cater for future local demand projections and in doing so reducing any Regional strain particularly in respect to separate elective provision that is being considered. In high-level terms the following accommodation is anticipated to cope with future demand over the next 20 years.

Theatres Current	Theatres Proposed
2 laminar flow theatres	3 laminar flow theatres
Wards Current	Wards proposed
24 beds	33 beds
Outpatient Department Current	Outpatient Department Proposed
11 consulting rooms (variable use)	12 consulting rooms (fully utilised)

Table 2 - Proposed accommodation

1.2.3.2 Colocation of outpatients

Currently Orthopaedic services are delivered across multiple sites within NHS Fife. Working in this manner means there are expected inefficiencies and inconsistency in how some parts of the service is delivered. Clinical time is also lost in asking clinical staff to travel between facilities during the working day. The opportunity to centralise MSK OPD activity within a purpose build facility is appealing and has a potential number of benefits in ensuring the service is delivered in the most efficient way. These benefits are set out at Section 2.2.1.

This investment proposal seeks to pursue this opportunity by making allowance for an outpatient department within the Fife Elective Orthopaedic Centre.

1.2.3.3 Estate rationalisation

In addition to the opportunities noted above another key aspect relates to the long-term benefit of being able to progressively re-provide all clinical services currently within the tower block at VHK. The condition and clinical functionality of the tower block is unsustainable over the longer term. The estimated capital cost to deal with significant clinical backlog within the tower block is £25m, of which £20m relates to repairing the external fabric which has reached the end of its life. Through re-providing clinical services, the Board will be better positioned to implement an option appraisal for the tower block within the context of a VHK masterplan.

1.3 Economic Case

The Economic Case builds upon the initial work presented within the IA where a long-list of options were rationalised into a shortlist of five. The OBC appraises these options in more detail - the non-financial benefits for the options are measured against cost estimates to identify which option represents best value for money. A summary of the results following this exercise is set out in the table below:

	Option 1	Option 2	Option 3	Option 4	Option 5
	As Existing	Refurb. Existing	Refurb other	Modular	New build
Net Present Cost (NPC) - £m	226.7	237	300.1	337.1	303
Weighted Benefit Points (WBP)	545	660	1,250	1,785	2,000
NPC per WBP - £000	416	359	240	189	151
Rank	5th	4th	3rd	2nd	1st

Table 3 - Cost per benefit point for each option

The net present value/cost has been calculated using discounted cash flow techniques on the capital and revenue costs associated with the options as entered into the generic economic model (GEM).

The recommended preferred option as identified at IA stage remains the same for this OBC.

Option 5 – preferred way forward (new-build facility at VHK to meet the current requirements together with added capacity for future demand projections)

1.4 Commercial Case

The Commercial Case has been developed significantly since the IA demonstrating that the proposal is commercially viable. The commercial case covers the following areas:

- The procurement strategy and appropriate procurement route for the Project;
- The scope and content of the proposed commercial arrangement;
- Risk allocation and apportionment between public and private sector;
- The payment structure and how this will be made over the lifetime of the Project; and
- The contractual arrangements for the Project

The project is being delivered using HFS Frameworks Scotland 2 (FS2) which operates using the NEC3/ECC3 form of contract.

1.5 Financial Case

The Financial Case considers the affordability of the scheme, sets out all associated capital and revenue costs, assesses the affordability of the preferred option and considers the impact on **NHS Fife’s finances. The affordability model assessment has been developed to cover all** aspects of projected costs including estimates for:

- Capital costs for the option considered (including construction and equipment);
- Non-recurring revenue costs associated with the project;
- Recurring revenue costs (pay and non-pay) for current model i.e. baseline; and
- Recurring revenue costs (pay and non pay) for the preferred option.

The assumptions within the Financial Case will continue to be challenged and refined through development of the FBC to ensure capital and revenue affordability.

1.5.1 Capital Costs

A capital cost summary is provided in the table below. More detailed information can be found within the Financial Case (Section 6).

IA Initial	Updated IA* (B)	OBC Cost Plan (C)	Difference (B-C) **
£28,258,368	£30,000,000	£32,155,999	-£2,155,999

Table 4 - Summary of capital costs

* There was agreement between NHS Fife and SCIG to increase the IA budget to take account of car parking re-provision and NHS Fife direct labour costs (previously not accounted for).

** The £2,155,999 difference between the updated IA budget and OBC cost plan is attributed to an inflationary increase (construction costs only) from IA to construction. **The Cost Advisor’s** calculation in respect to inflation can be provided upon request.

Given the notes above, the project is reported as being on budget.

1.5.2 Revenue Costs

A summary of the revenue costs is provided in the table below. Further detail can be found within the Commercial Case at Section 6.

Overall Revenue Costs Summary	Proposed Option			
	Baseline	2025	2030	2035
Service Costs	8,379,221	8,953,832	9,847,671	10,901,125
Property Costs	477,452	605,711	664,459	733,698
Total	8,856,673	9,559,543	10,512,131	11,634,823

Table 5 - Summary of revenue costs

1.6 Management Case

The Management Case identifies the actions that will be required to ensure the successful delivery of the scheme; it covers:

- Project management arrangements, reporting structure, key roles and responsibilities and project recruitment needs;
- Project Plan;
- Change management arrangements;
- Stakeholder engagement and communication;
- Benefits realisation;
- Risk management;
- Commissioning arrangements; and
- Post project evaluation

The management case confirms that the project is achievable and can be delivered. Key milestones for the project are identified in the table below:

Description / Activity	Date
▪ OBC Approval	Nov. 2019
▪ FBC Approval	Sept. 2020
▪ Construction start	Oct. 2020
▪ Construction completion	March 2022
▪ Completion	March 2022

Table 6 - Milestone dates

1.7 Conclusion and Recommendations

This investment proposal is a key priority for NHS Fife, to safeguard the provision of a high performing, essential clinical service over the longer term. The preferred option will provide the Board with an opportunity to plan for the future, ensuring that the service is robust enough to offer the necessary supply to meet the projected local future demand and to provide a safe, effective and person-centred orthopaedic service. In addition, the preferred option will contribute towards decanting clinical services from within the tower block at VHK unlocking future options within the context of the site masterplan.

A robust stakeholder focussed outline design has been developed that encompasses all of NHS **Fife’s requirements**. The accommodation requirements have broadly been controlled within the constraints set out at IA and notwithstanding some inflationary impact in respect to cost, the project remains affordable and within budget.

The OBC has been delivered within a challenging programme but on time and within budget providing confidence in respect to delivery of subsequent stages. Approval of this OBC will ensure that progress can be made at pace towards the development of this critical project.

2 Strategic Case

2.1 Introduction

The main purpose of the Strategic Case at OBC stage is to confirm that the background for selecting the preferred strategic / service solution(s) at IA stage has not changed. It will do this by revisiting the Strategic Case set out in the IA whilst responding, as appropriate, to the following questions:

- Have the current arrangements changed?
- Is the case for change still valid?
- Is the choice of preferred strategic / service solution(s) still valid?

Section 2.2 responds to each of these questions providing an overview in respect to any key changes since IA.

2.2 Revisiting the Strategic Case

2.2.1 Outpatients

Generally, the Strategic Case has not changed since IA. The key change relates to the inclusion of the outpatient department within the narrative. Previously the strategic case focussed on theatres and wards as the main emphasis of the investment proposal was concerned with re-providing this accommodation due to problems with the building's infrastructure and condition. Orthopaedic outpatient services are provided across Fife at Queen Margaret Hospital in Dunfermline and at Victoria Hospital in Kirkcaldy and are not subject to the same risks.

The schedule of accommodation included within the IA, did however reference outpatient accommodation and through implementing this project there is a great opportunity to combine and collocate the planned orthopaedic service into one facility.

Currently Orthopaedic services are delivered across multiple sites within NHS Fife. Working in this manner means there are expected inefficiencies and inconsistency in how some parts of the service is delivered. Clinical time is also lost in asking clinical staff to travel between facilities during the working day. The opportunity to centralise all MSK OPD activity within a purpose build facility is appealing and has a potential number of benefits in ensuring service is delivered in the most efficient way.

1. Maximising potential efficiencies in new patient flow management;
2. Fulfil aims of the Scottish Access Collaborative and Modern Outpatient Programme
3. Rationalise how some services are delivered (currently trauma fracture clinics are delivered **in 10 individual consultant's clinics and capacity is** impacted by consultant leave etc). There is potential to rationalise fracture clinic care by the provision of generic clinics five times a week. This is enabled by running clinics from a centralised facility. This will improve the sustainability and planning for of fracture clinic service, allowing greater flexibility in managing variable trauma demand;
4. MDT development. All clinical staff contributing to MSK service delivery will benefit from working within a single facility.
5. Clinical pathway consistency – working from a single clinical hub will ensure pathways are consistently applied to the benefit of the patient;

6. Working from a single unit will promote staff development within the MSK service. By working in a single speciality area staff can be encouraged to upskill and perform enhanced roles (e.g. nurse led fracture clinics); and
7. Staff may be able to be trained to contribute to a number of roles (OPD staff contributing to the pre assessment of patients).

This centralised working is likely to lead to efficiencies in how orthopaedic new patient assessment is undertaken.

2.2.2 Have the current arrangements changed?

The current arrangements have not changed. The strategic case has however been updated to include outpatients as referenced at Section 2.2.1.

The backlog maintenance figures have been updated to reflect the movement in costs since IA.

2.2.3 Is the case for change still valid?

Yes – the case for change remains the same as set out within the IA. The need for change and investment objectives remain unaltered.

2.2.4 Is the choice of preferred strategic / service solution(s) still valid?

The strategic case has not changed therefore the preferred service solution remains valid. In fact, with the decision taken to incorporate outpatients strengthens the case for the preferred service solution as many of the other options could not have accommodated this proportion of accommodation. A standalone new elective orthopaedic centre is therefore the obvious solution.

2.3 Description of Existing Service

The service affected by this proposal is the Fife Elective Orthopaedic Centre which caters locally for the community of Fife providing elective orthopaedic treatment.

The service is located within “Phase 2” of the Victoria Hospital Tower Block in Kirkcaldy and includes 2 orthopaedic laminar flow theatres on the 3rd floor with supporting ward accommodation (24 bed) on the 4th floor. The two floors are connected by a dedicated lift and an adjacent staircase.



Figure 1 – VHK Tower Block



Figure 2 – VHK Tower Block

Plan drawings capturing the existing theatre and ward layouts are referenced in Appendix B for information.

Orthopaedic Outpatient and Pre-assessment services support the overall care provision. These services are currently spread across two sites at Queen Margaret Hospital (QMH) in Dunfermline and Victoria Hospital in Kirkcaldy (VHK). Resources are diluted and duplicated across sites. Staff travelling time compromises clinical time efficiencies. Opportunities exist to improve the efficiency of OPD service by centralising the majority of service within a single purpose-built facility.

Queen Margaret Hospital Outpatient Facilities

- OPD 1 (Ortho)
- OPD 2 (GPwSI)
- OPD 5 (Hands)
- Physio department (ad hoc)
- Treatment room
- Venepuncture room

Victoria Hospital Outpatient Facilities

- OPD 5 (ortho)
- OPD 3 and 4
- Preassessment clinic (Level 8) – 3 rooms/venepuncture facilities/communal education area
- VFC Triage room
- Physio department (ad hoc)
- Two treatment rooms

2.4 Existing Service Arrangements

The service currently performs extremely well, demonstrating a high level of attainment **against relevant benchmarks and KPI's** as demonstrated below.

2.4.1 Care Pathways

The patient journey is normally initiated through a GP referral. Thereafter specialist clinics triage the patients prior to listing for surgery. The twelve-week Treatment Time Guarantee (TTG) sets out the requirement for patients to receive treatment within twelve weeks from the point of being diagnosed and agreeing to treatment.

The beds allocated for the service are protected which facilitates an improved patient flow and as a result ensures fewer cancellations. NHS Fife have recently introduced advanced nursing practitioners to support the ward, therefore the ward is not reliant on either rotating junior doctors or locum medical staff. This ensures standardised and consistent care. The clinical and financial benefits of protected beds are well documented (GIRFT Report, March 2016), these include; reduced infection, shorter length of stay and better patient flow with fewer cancellations. As testament to this, NHS Fife is one of the 40% high performing hospitals which manage four daily knee or hip replacements through its elective theatre lists.

From the point of receiving elective orthopaedic treatment in Fife the patient can stay on the ward for circa four days for major joint replacements (hips/knees). This is however amongst the shortest lengths of stay in Scotland (refer to figures 3 and 4 below) demonstrating the excellent service efficiencies.

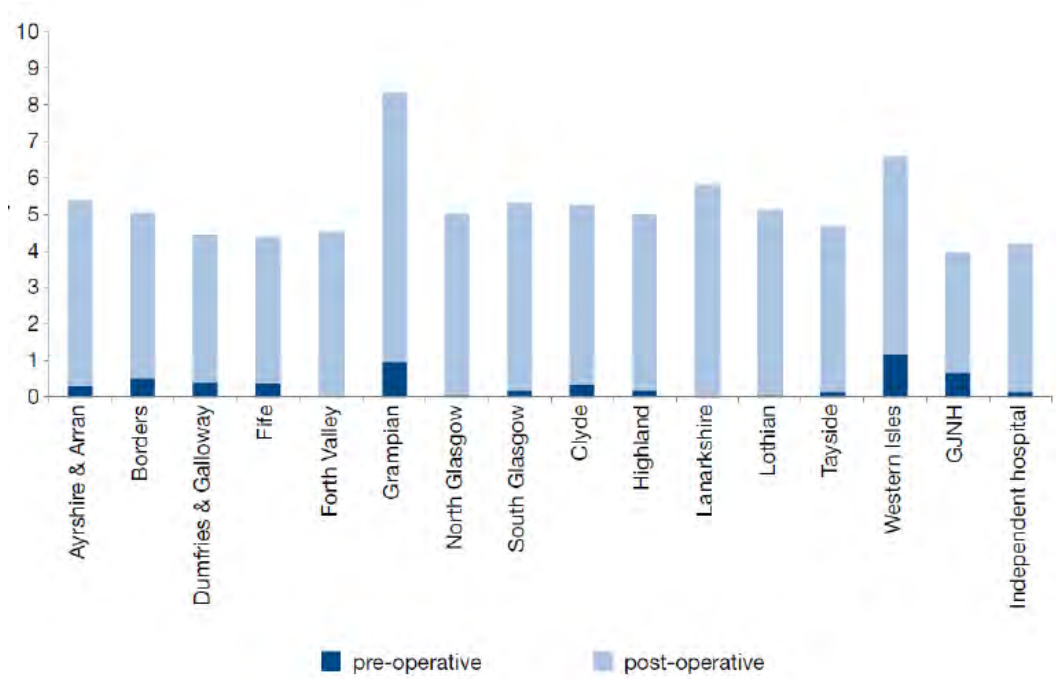


Figure 3 – Average (days) Pre/Post Operative Length Stay – Hip Replacements (2015)



Figure 4 – Average (days) Pre/Post Operative Length Stay – Knee Replacements (2015)

2.4.2 Patterns of Working

2.4.2.1 Theatres

Currently, surgery time runs from 09:00 to 17:00 Monday to Friday with additional provision **on Saturday's where demand dictates. Two 3.5 hour sessions are** scheduled each day. To provide a general perspective, 4 no. major joint operations can be performed in a day. There are 22 sessions running from Monday to Saturday and the Whole Time Equivalent (WTE) is 16.6 (currently short of 1.0 WTE based on number of sessions covered).

2.4.2.2 Outpatient Department

Total clinic room usage is summarised in the graph below. There are 91 sessions per week. The current job plans have a disproportionate number of sessions at the beginning of the week.

Pre assessment clinics currently accounts for 28 sessions of clinic room utilisation. These clinics run 5 days a week and require approximately 3-4 clinic rooms all day Monday to Friday.

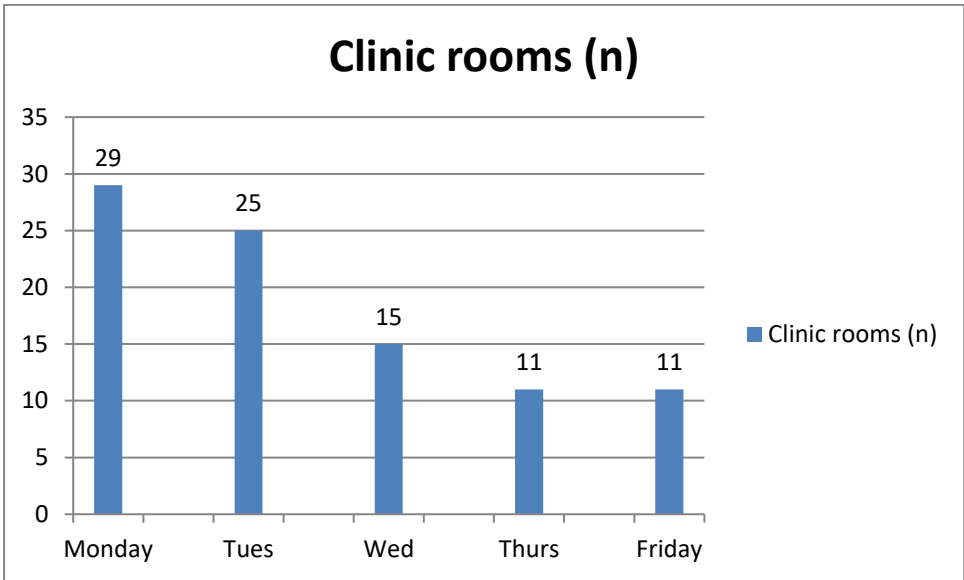


Figure 5 - Clinic room utilisation by day of the week. Each clinic room corresponds to a session (hrs) of clinical activity. Two sessions equates to a clinic room being utilised all day.

2.4.2.3 Wards

The wards facilitate orthopaedic theatre activity and function 24 hours per day, 7 days a week. The available bed numbers reduce from 24 to 16 at weekends. Currently the wards cater for inpatient activity predominantly (90%) as there is no dedicated support for day case activity.

2.4.3 Staffing

2.4.3.1 Theatre Staff

There are currently 22.04 whole time equivalent theatre staff, comprising:

- Band 7 – 1.00
- Band 6 – 1.00
- Band 5 – 11.88
- Band 3 – 2.76
- ODP theatres (band 5) – 2.9
- Anaesthetist – 2.5

2.4.3.2 Ward staff

There are currently 32.46 whole time equivalent ward staff, comprising:

- Band 7 – 1.00
- Band 6 – 1.00
- Band 5 – 17.96
- Band 3 – 1.00
- Band 2 – 6.22
- Physio / OT – 5.28

2.4.3.3 Consultants

There are currently 13.7 whole time equivalent orthopaedic consultants.

2.4.4 Existing Service Capacity

2.4.4.1 Theatres

Based on patterns of working and staffing noted under Section 2.2.2, the theatres are capable of accommodating 22 sessions per week. Two theatres run Monday to Friday (20 sessions) whilst one theatre operates on a Saturday (2 sessions).

No of theatres	Days per week	Sessions per day	Sessions available per week
2	5.5	2	22

Table 7 – Existing service capacity

2.4.4.2 Outpatient Department

Current OPD capacity for NP attendances based on clinic templates for 2018-2019 equate to 12,987 appointments. This includes NP appointments offered by all clinical staff (Cons, ESP, Podiatry, GPwSI). It also includes Virtual Fracture Clinic (VFC) NP referrals.

2.4.4.3 Wards

There is currently access to 24 beds within ward 10 made up of six 4-bedded bays. Capacity can be affected by male/female ratios. Furthermore, day cases are restricted due to a lack of dedicated support.

2.4.5 Existing Service Utilisation

2.4.5.1 Service Utilisation

The theatres and supporting ward accommodation currently run at capacity utilising the proportion of available hours. Table 1 demonstrates the utilisation rate for all specialities, the figures are an accumulation of both VHK and QMH activity.

Session Holder	June 2019		July 2019		August 2019	
	Unutilised Hours - %	Utilised Hours - %	Unutilised Hours - %	Utilised Hours - %	Unutilised Hours - %	Utilised Hours - %
Cardiology	16.9%	83.1%	7.9%	92.1%	7.6%	92.4%
Ear, Nose & Throat	14.3%	85.7%	15.3%	84.7%	11.7%	88.3%
General Surgery	-1.9%	101.9%	-0.3%	100.3%	-0.2%	100.2%
Gynaecology	3.3%	96.7%	13.2%	86.8%	5.3%	94.7%
Obstetrics	54.7%	45.3%	53.4%	46.6%	55.5%	44.5%
Ophthalmology	10.1%	89.9%	10.4%	89.6%	16.1%	83.9%
Oral-Maxillofacial Sugery	-2.9%	102.9%	-28.7%	128.7%	11.1%	88.9%
Paediatric Surgery	-5.0%	105.0%	-22.0%	122.0%	-1.1%	101.1%
Plastic Surgery	16.0%	84.0%	30.5%	69.5%	22.8%	77.2%
Respiratory Medicine	27.5%	72.5%	21.1%	78.9%	41.8%	58.2%
Trauma and Orthopaedics	-2.0%	102.0%	-0.1%	100.1%	1.0%	99.0%
Urology	6.0%	94.0%	0.9%	99.1%	11.6%	88.4%
Vascular Surgery	39.0%	61.0%	24.9%	75.1%	29.2%	70.8%
Total	17.2%	82.8%	17.5%	82.5%	20.4%	79.6%

Table 8 – Existing service utilisation

2.4.6 Future Projections

2.4.6.1 Theatre demand

Projected future sessional demand for elective surgical in-patient (IP) and day case (DC) activity within NHS Fife is set out below. It should be noted that IP care is currently provided from Victoria Hospital Kirkcaldy whilst DC procedures are delivered from Queen Margaret Hospital in Dunfermline. A more detailed table providing context and assumptions used to project future demand is contained at Appendix C.

	Current	2025	2030	2035
Session demand	1,459	1,722	1,868	1,940
Percentage change	0%	18%	28%	33%

Table 9 - Projected future sessional demand for elective surgical activity

From table 5 it can be seen that by 2035 it is projected that there will be a requirement for an additional 481 sessions representing an increase of 33% against current demand.

2.4.6.2 Outpatient demand

Future demand for OPD NP capacity formed part of the Regional Orthopaedics workgroups 2017-2018, where DCAQ activity for the South East Scotland (NHS Fife, NHS Borders and NHS Lothian) was calculated.

Population demographics described population expansion in all areas. Population expansion was expected to be greatest for the cohort of the population with age of greater than 65. This is important as it is this cohort who form the majority of referrals to MSK services for degenerative musculoskeletal problems. The population changes are described in fig. 6.

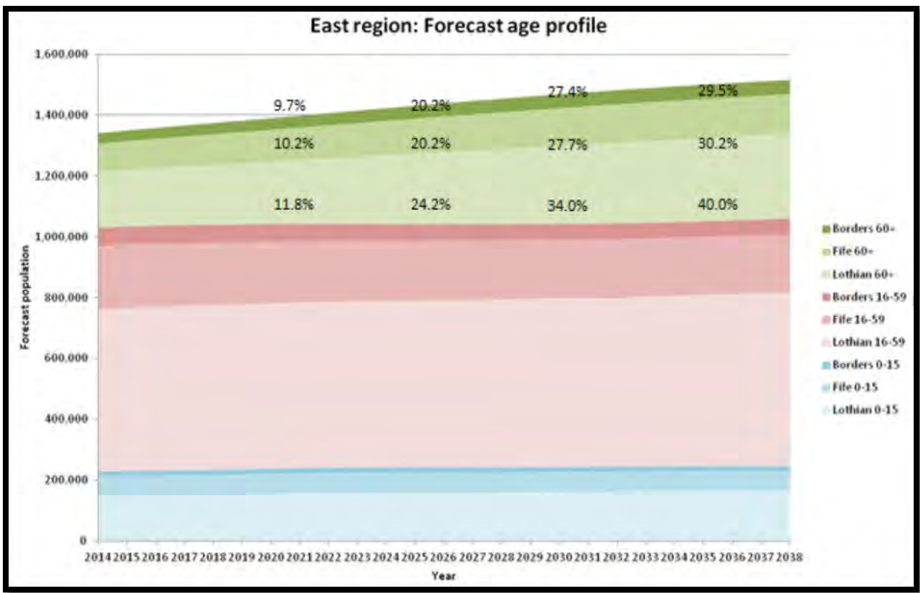


Figure 6 - East Region: Forecast Age profile (presented C Meyers, Acute Workstream Sub Group: Orthopaedic Project Group Workshop 6th Feb 2018)

This is expected to result in an increase in OPD New patient activity (Fig 7). An increase of approximately 6.5% to 10% can be anticipated over the next 20 years. This would equate to an additional 1-2 sessions of NP clinical activity per day across the MSK service if service was to continue to be delivered as it is currently.

Based on growth of arthroplasty in >60 and growth in other demand for <60 years, we feel this is likely to underestimate the increase in new patient attendances for NHS Fife. The true value is likely to be between the 6.5% increase and the 17% indicated for NHS Lothian. For the purpose of projections an increase of 10% is suggested.

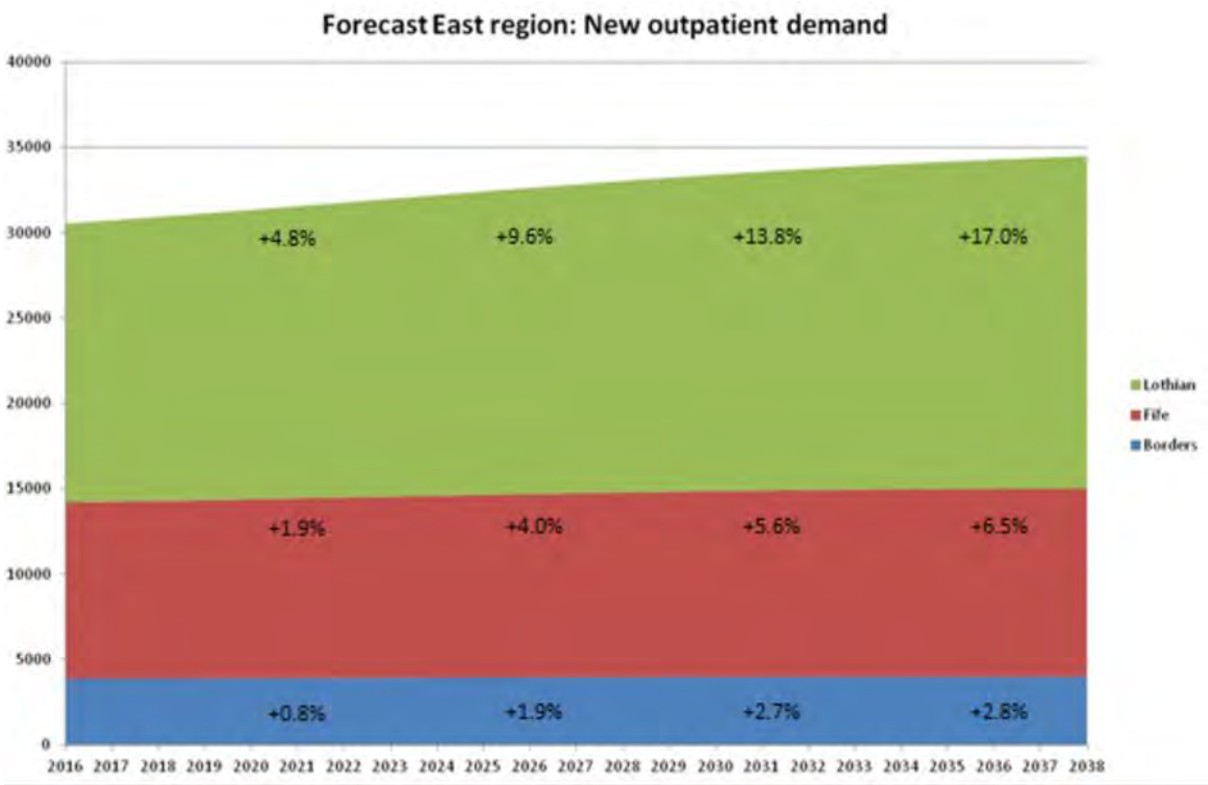


Figure 7 - Forecast East Region: new outpatient demand (presented C Meyers, Acute Workstream Sub-Group: Orthopaedic Project Group Workshop 6th Feb 2018).

2.4.6.3 Wards

In 2022, the Fife Elective Orthopaedic Centre will have a third theatre. This will accommodate hands which is largely a day case activity. Normally they require up to 10 day beds for a full day list. Therefore, the FEOC needs sufficient beds to accommodate:

1. Current and projected elective activity inpatient beds; and
2. A significant increase in day case activity through a dedicated area (hands, day case arthroplasty and other day case procedures).

Inpatient beds need to accommodate increased activity over the next 20 years, but with a decreased length of stay. In respect to total patient bed days it is assumed that these forecast

changes can be accommodated within the current footprint (24 beds). It is projected that an additional 9 beds will be adequate to accommodate increased day case activity over the next 20 years. A spilt of single beds and 4-bedded bays will enable inpatient capacity whilst offering flexibility for an increase in day case demand.

2.4.7 Service Performance

The service is able to demonstrate excellent performance data via a variety of local and national key performance indicators. A high-level overview of relevant performance data is set out below.

2.4.7.1 Getting it Right First Time (GIRFT)

A highly respected peer review (GIRFT NHS Fife Feedback Repot, 26 November 2015) acknowledged and commended the efficient use of orthopaedic theatres in Fife – **“the Health Board should be commended for their orthopaedic advanced recovery programme”**.

2.4.7.2 Bed Optimisation

NHS Fife has lower than average orthopaedic (mixed emergency and elective) beds per consultant and lower beds per 100,000 population. Despite this the Board and Service are able to maintain excellent theatre efficiency.

Indicator	NHS Fife	Scotland
Available beds per consultant	4.6	5.4
Available beds per 100,000 population	16.4	23.2

Table 10 – Table 2: beds optimisation, T&O Dashboard Report

2.4.7.3 Treatment Time Guarantee (TTG)

As a result of current theatre efficiency, NHS Fife is able to demonstrate a significantly better performance than its peers in respect to meeting the **Scottish Government’s** TTG for patients listed for surgery.

Indicator	NHS Fife	Scotland
% of patients not meeting 12 week TTG	0.8	21.7
% of patients not meeting 18 week TTG	9.2	21.5

Table 11 - Inpatient and day case capacity optimisation, T&O Dashboard Report

In respect to the outpatient department, NHS Fife currently performs well against Scottish outpatient waiting times standards. There is a 0.8% failure to meet the 12-week target. The national mean is 30.8%. In addition, NHS Fife has the lowest time to clear its outpatient queue in Scotland.

2.4.7.4 Theatre Capacity Optimisation

The Service is able to demonstrate superior efficiencies in theatre capacity optimisation when compared against its peers.

Indicator	NHS Fife	Scotland
Late starts (>15 min) as % of used theatre hours (scheduled planned sessions)	1.7	4.5
Theatre cancelled session time - % of planned session hours cancelled (scheduled planned sessions)	0	11.8

Table 12 – Table 4: Theatre capacity optimisation, T&O Dashboard Report

2.4.7.5 Workforce

For trauma and orthopaedic services, NHS Fife are able to demonstrate an efficient use of their workforce.

Indicator	NHS Fife	Scotland
Consultants per 100,000 population	3.5	4.5

Table 13 – Table 5: Trauma and orthopaedics WTE headcount, T&O Dashboard Report

2.5 Future Arrangements

2.5.1 Theatres

Referring back to Section 2.4.6.1, it was noted that by 2035 an additional 481 sessions will be required representing an increase of 33% against current demand.

In terms of total orthopaedic care within NHS Fife (IP and DC) there are currently 1,664 sessions available at 100% utilisation. A realistic percentage for session availability is considered to be 85%, therefore if one assumes that 1,414 sessions are available currently and the demand by 2035 is calling for 1,940 sessions then the deficit is 526 sessions. A theatre running 5 days a week for 52 weeks a year would provide 520 sessions. As a result there is considered to be a solid case supporting the requirement for a third theatre.

The above noted projections combine orthopaedic activity at VHK (IP) and QMH (DC). Further detail supporting this analysis can be found at Appendix C.

2.5.2 Wards

The clinical team are projecting a requirement for a further 9 beds which takes the ward accommodation from 24 beds to 33.

2.5.3 Outpatient Department

It is anticipated that twelve consulting and four treatment rooms will provide the required capacity to deliver a centralised orthopaedic OPD services over the next 20 years.

Twelve consulting rooms will allow current activity to be accommodated, however in order to ensure sustainability of the OPD service over the next 20 years other strategies will be developed as part of the transition of services. It is recognised there will be an increase in OPD activity of approximately 10% over the next 20 years (see Section 2.4.6.2). These strategies will link into initiatives being proposed by the MSK Quality improvement Project in relation to how outpatient services in MSK are delivered. The aim of these strategies is to limit the number of patients who are required to attend for face to face consultant appointments. Strategies include:

- Active Clinical Referral Triage (ACRT): Patients are triaged by trained clinical staff, and where appropriate before patients are offered a face to face new patient appointment, the patient is provided with information which describes treatment options.
- Patient Initiated Follow up (PIFU): This allows patients to be discharged with guidance on how they can access secondary care again if there is a problem, rather than arranging a routine review.
- Remote Consultation via NHSNearMe: This is a video conferencing platform that can allow patient to access clinical appointment remotely by their phone or home PC.

2.5.4 Projected Staffing

Following on from the proposed increase in accommodation, initial staffing projections have also been contemplated and these are set out in the tables below. Staff increases will not be realised straight away, but are likely to be phased to meet demand from 2022 to 2035.

2.5.4.1 Theatres

	Current Staff (WTE)	Projected Staff (WTE)	Difference (WTE)
Band 7	1.00	1.00	0
Band 6	1.00	2.46	1.46
Band 5	11.88	16.88	5.00
Band 3	2.76	4.76	2.00
ODP Theatres – Band 5	2.90	4.36	1.46
Anaesthetist	2.5	3.75	1.25
Total	22.04	33.21	11.17

Table 14 - Theatre Staffing

2.5.4.2 Ward Staffing

	Current Staff (WTE)	Projected Staff (WTE)	Difference (WTE)
Band 7	1.00	1.00	0
Band 6	1.00	1.00	0
Band 5	17.96	24.13	6.17
Band 3	1.00	1.00	0
Band 2	6.22	15.61	9.39
Physio / OT	5.28	8.5	3.22
Total	32.46	51.24	18.78

Table 15 - Ward staffing

2.5.4.3 Consultants

Current Staff (WTE)	Projected Staff (WTE)	Difference (WTE)
13.7	15.7	2

Table 16 - Consultant staffing

2.6 Service Provider

The service is currently provided exclusively by NHS Fife.

2.7 Condition and Performance

2.7.1 Condition

The condition of the existing facilities from where the service is provided is commensurate with the age of the building and supporting infrastructure. The building was erected in 1967 and the last major refurbishment took place circa 20 years ago. The internal fabric of the facilities are showing signs of age which requires to be replenished. The external fabric is in extremely poor condition having reached the end of its useful life. The replacement of the curtain walling would be a significant and costly undertaking due to the location of the tower block within the site.

- Internal fabric condition rating: B (acceptable) / C (requires capital)
- External fabric condition rating: D (not acceptable)

The primary supporting infrastructure (electrical and mechanical) within the tower block is reaching the end of its useful life and requires to be replaced. There are now a number of recurring environmental problems arising from the tower block infrastructure – flooding/leaks and electrical issues. These will continue to occur regardless of any localised upgrade undertaken. Intermittently the service has lost activity within theatres due to drainage problems. In respect to the existing arrangements, it is considered that there is no sustainable

solution for this service to be provided from the tower block in the medium to longer term. Meanwhile the current conditions represent a significant threat to service continuity.

- Engineering condition rating: D (not acceptable)

2.7.2 Safety

The facilities are generally considered to be safe when taking recent HAI reports into consideration. Safety performance is considered to be achieved through good management and staff commitment in respect to following mandated processes and procedures. The building fabric and layout does not currently maximise opportunities to support the provision of a safe environment in which to treat patients effectively. This is evidenced via the following statements and photograph.

- The bed accommodation within the wards is provided via open plan bays off the main corridors which is not conducive to best practice infection control;
- The scrub area within the theatres is open plan and can be viewed from the theatre main reception area (Figure 5); and
- The laminar flow within theatres it currently too small to enable all of the trays to be accommodated within the clean air flow.

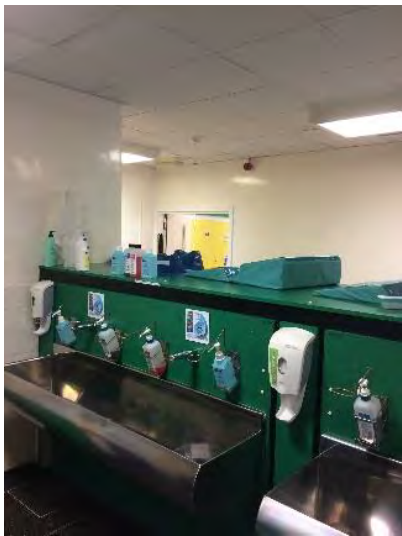


Figure 9 - Scrub area



Figure 8 - Existing bed accommodation

2.7.3 Backlog Maintenance

The summary in respect to the current back-log for the theatres and the ward accommodation is outlined below.

Theatres	£1.185m
Ward 10	£0.954m
Total	£2.139m

Table 17 - Backlog maintenance

The estimated capital cost to deal with significant clinical backlog within the tower block is £36.5m, of which £21.4m relates to repairing the external fabric which has reached the end of its life.

2.7.4 Functional Suitability

The ward and theatres may have been functionally suitable at a point in time, however the facilities are now inhibited on a number of fronts.

The patient journey from the ward to the theatre and vice-versa is functionally unsuitable as there is a bottle-neck when patients arrive at the theatre reception. Patients arriving have to be parked to the side whilst outgoing patients pass-by. There is a privacy curtain, however the current situation does little to contribute towards patient assurance and dignity. Furthermore this staggered approach to patient arrival and departure is inefficient where time is lost transferring patients affecting theatre productivity.



Figure 10 - Lifts to theatre (congested)



Figure 11 - Theatre reception lobby

With advances in surgery and complexities in revision surgery, the theatres area is no longer suitable or compliant in terms of current technical guidance in respect to size. This means that currently the area of the laminar flow is too small to allow all of the trays to be accommodated inside the clean air flow. To mitigate this stacking arrangements are used which is inefficient. In addition, circulating areas are also less than recommended. There is a general lack of storage within the theatre accommodation. The effect is that storage has to be found in rooms/spaces that were not designed for this purpose. The knock on effect is that rooms and corridors are cluttered contributing towards inefficiencies in these spaces.



Figure 13 - Existing theatre



Figure 12 - Circulation storage

2.7.5 Space Utilisation

Both the ward and theatre accommodation is currently running at capacity and the space is fully utilised to meet this demand.

2.7.6 AEDET Review of Existing Facilities

An AEDET review of the existing facilities was undertaken where the Stakeholders considered the facilities against the predefined scoring criteria. A summary of the scoring is set out in fig. 14 below.

Note: scoring ranges from “1 – virtually no agreement” to “6 – virtually total agreement”.

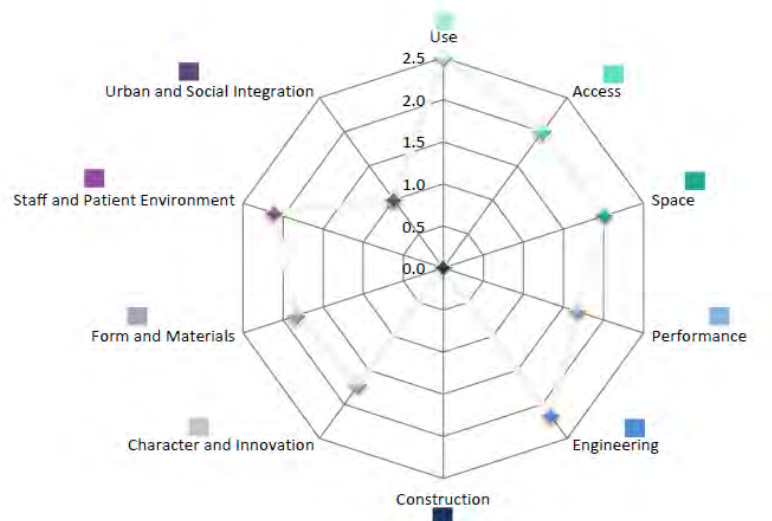


Figure 14 - Existing facility AEDET score



Figure 15 - Existing facility AEDET score

A score of 3 is “little agreement”. It can be seen that all of the scores are 2.5 or less which demonstrates that in the Stakeholder’s collective view, the existing facilities are below expectations across all categories.

2.8 Supporting Statement

The current services are still needed and they need to be provided in a similar manner to build upon what is an excellent and efficient service, serving the community of Fife. Wide ranging options were considered as part of the option appraisal exercise and this process helped to reinforce this view.

If the current arrangement is maintained with little or no investment, then there will be significant risks in respect to safety and service continuity due to the condition of the existing accommodation and supporting infrastructure. The VHK tower block is unsustainable as a clinical environment over the longer term, therefore a strategy is required to decant clinical activity to environments that are more suitable. In addition to service risk, the current arrangements fail to contribute sufficiently towards patient dignity and theatre access flows are inefficient counteracting against what is otherwise a very efficient high performing service.

This business case was initially conceived in response to dealing with the condition of the current environment. The problems flowing from the existing situation are not currently performance, demand/supply or patient pathway related. It is more concerned with improving the current condition, functionality and safety of the environment whilst considering other opportunities arising from this principle requirement. In taking forward this investment proposal the following opportunities are being incorporated:

- To increase capacity to cope with future demand on the service.
- To create a standalone Fife Elective Orthopaedic Centre incorporating theatres, inpatients and outpatients.

3 Strategic Context

3.1 The Need for Change

3.1.1 Problems Associated with the Current Arrangements

The problems associated with the current arrangements all primarily flow from the condition and performance of the current facilities as set-out and described in Section 2.7. In addition the key needs for change are summarised within the Strategic Assessment which is contained as Appendix A. A summary of the need for change is outlined below.

What is the cause of the need for change?	What effect is it having, or likely to have, on the organisation?	Why action now:
Current ward provision does not support infection control, safety and the overarching strategy to move towards single room accommodation.	Existing arrangements are contributing towards increased levels of infection risk.	To mitigate the existing risk and in doing so seek to contribute towards NHS Scotland's policy of providing single room accommodation across the NHS Estate.
Current accommodation does not support effective patient pathways / flow with bottle-necks arising. Situation affects efficiency of service provision.	Whilst the service is very efficient making the best of the existing situation, the current arrangements are affecting the service's ability to maximise its potential.	With demand for elective orthopaedic procedures set to increase in the future, any additional efficiencies that can be created maximising supply will be of benefit in protecting the sustainability of the service over the longer term.
Current provision compromises patient dignity and quality of experience overall.	The existing situation contributes towards a negative perception from patients diminishing the quality of work/care administered by staff.	Person Centred care is one of NHS Scotland's strategic investment priorities with "positive experiences" and "dignity" at the core.
Condition of existing facilities are below the required standard to support the service over the longer term.	Space constraints are affecting the services potential to work more efficiently and the existing fabric/infrastructure has and will continue to cause disruptions to service continuity.	Building condition and performance risks will continue to deteriorate if action isn't taken now.

Table 18 – Summarising the Need for Change

3.1.2 Opportunities for Improvement

Opportunities for improvement relate to aspects of the current arrangements that are not necessarily causing a problem but may still present an opportunity to improve as a consequence of instigating the investment proposal. Potential opportunities are noted below.

1. Increased supply through additional beds and/or theatres protecting supply v demand over the longer term;
2. An increase in beds and/or theatres, may permit additional capacity and flexibility for trauma and/or general day surgery;

3. Through increasing supply to meet local future projected demand it may be possible to reduce strain on services from a Regional perspective.
4. A significant increase in capacity may be able to do all of the above plus offer Regional utilisation (i.e. use by other Boards).
5. **There may be an opportunity to improve the Board's quality of estate generally by removing clinical care from the VHK tower block.** This in turn would assist with the strategy of removing clinical services from the tower block to enable a tower block option appraisal to be conducted.
6. There is an **opportunity to "spend to save"**. A refurbishment or new-build option could omit the requirement for back-log costs in the order of £2m overall.
7. There is an opportunity to create a dedicated Fife Elective Orthopaedic Centre incorporating theatres, wards, outpatients and pre-assessment.

The above noted opportunities were considered as part of the option appraisal exercise and have been reflected within the 5 no. shortlisted options where appropriate.

3.1.3 Other Drivers for Change

National, local and service strategies are also contributing towards the need for change. Key strategies are outlined below:

3.1.3.1 National Strategies

- The Healthcare Quality Strategy for NHSScotland, May 2010: Quality Ambitions include **"safe" and "effective" care.**
- 2020 Vision for Health and Social Care: the 2020 vision describes a healthcare system **where "care will be provided to the highest standards of quality and safety" and where "there will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk to readmission".**

3.1.3.2 Local Strategies

- NHS Fife Clinical Strategy, 2016: the strategy discusses the intention to continue the ongoing review into theatre efficiency across all sites (i.e. increase efficiencies within the current capacity). For elective orthopaedics this may involve investigating options for seven day working and longer days whilst continuing to protect beds. The strategy also **mentions the requirement for "efficient, fit-for-purpose facilities" and the intention to "reconfigure the estate to provide safe, high quality, person centred care from the most suitable locations".**

3.1.3.3 Service Strategies & Reports

- GIRFT, Trauma and Orthopaedic ACCESS Review, March 2016 (for NHSScotland): the report focuses on sustainably embedding quality patient pathways of care, optimising the use of existing capacity (theatres and beds), determining if there is sufficient capacity and addressing gaps to deliver safe and timely care for patients now and in the future – having the services in the right place with the patient at the centre.
- MSK and Orthopaedic Quality Drive: five priority work-strands, each with a clinical evidence/best practice base, have been identified to have the greatest impact. The work-strands relevant to theatre redesign are:
 - *Enhanced Recovery - Optimising patient recovery after joint replacement*
 - *Demand and Capacity Planning and Management - Supporting strategic and operational decisions*

- GIRFT, Trauma and Orthopaedic ACCESS Review, November 2015 (for NHS Fife): The report **commends the Board's orthopaedic enhanced recovery programme, acknowledging the** efficient use of the theatres. However the report also notes the risks to theatre efficiency over the longer term due to the age of the existing facilities.

3.2 Organisation’s Goals

3.2.1 Investment Objectives

The existing arrangements and the associated need for change have been set in previous Sections. The table below summarises the key problems flowing from the current arrangements together with what needs to be achieved to overcome these problems – i.e. investment objectives.

Effect of the need for change on the organisation:	What has to be achieved to deliver the necessary change? (Investment Objectives)
Existing arrangements are contributing towards increased levels of infection risk.	Improve infection control and safety risk.
Whilst the service is very efficient making the best of the existing accommodation, the current arrangements are affecting the service’s ability to maximise its potential.	Improve patient pathways / flows.
The existing environment contributes towards a negative perception from patients which potentially may lead to reputational damage for the Board.	Improve patient perception.
Space constraints are affecting the services potential to work more efficiently and the existing fabric/infrastructure has and will continue to cause disruptions to service continuity.	Improve accommodation in respect to space standards and physical condition.

Table 19 - Investment Objectives

Each of the identified investment objectives is described in further detail below outlining how they may be achieved.

3.2.1.1 Improve Infection Control and Safety Risk

This investment objective could be achieved by improving the condition of the facilities, utilising best practice finishes, fixtures and fittings to achieve a modern environment that can be cleaned and maintained efficiently. In addition functionality of rooms and spaces can be improved to reduce infection risk – as discussed previously single room accommodation and segregated scrub areas are key examples of where improvement can be sought.

3.2.1.2 Improve Patient Pathways / Flows

This can be achieved by reviewing the accommodation requirements and planning spatial adjacencies in such a way that maximises efficiencies in respect to the patient throughput. The patient journey from the ward to theatre and vice-versa will be important considerations.

3.2.1.3 *Improve Patient Perception*

This objective can be realised by improving the condition of the facilities generally and by planning the accommodation, flows and adjacencies in such a way that patient dignity can be respected in a passive manner.

3.2.1.4 *Improve Accommodation in Respect to Space Standards and Physical Condition*

This can be achieved ensuring that any new facilities are designed and constructed in accordance with current healthcare guidance in respect to space planning and technical requirements.

3.2.2 Benefits

If the investment objectives can successfully be realised then it is anticipated that the associated benefits will also be generated.

A summary of the key benefits flowing from the investment objective is outlined below:

- Positive patient experience and dignity respected;
- Maintain support to allow people to live independently, together with life quality;
- Improves the healthcare state (condition, sustainability, quality, perception, statutory, back-log and lifecycle);
- Minimises readmissions (post operation complications) and optimises timely discharge;
- Optimises resource usage (theatre and bed utilisation);
- Improves HAI and patient safety; and
- Community benefits flowing from the need for a project necessary to implement the changes.

The Benefits Register is located at Appendix M and the Benefits Realisation Plan can be found at Appendix N.

3.2.3 Risks

Risk is now covered within the Commercial Case (Section 5) and Management Case (Section 7). **The project's Risk Register can be found at Appendix O.**

3.2.4 Constraints and Dependencies

3.2.4.1 *Constraints*

Constraints are limitations on the investment proposal. Key constraints relating to this particular investment proposal are noted below:

- Financial – given the current climate it is recognised that the project is likely to be constrained financially. Once the project budget it is set, the project will require to be delivered within this.
- Programme – given the risks associated with the current arrangements, there is a need to deliver the project as quickly as possible.
- Quality – the project will require to comply with all applicable healthcare guidance and achieve the AEDT pre-defined target criteria across all categories.
- Sustainability – as the preferred option is a new-build there will be a requirement to achieve BREEAM "Excellent".

- Site – as the preferred option is within a live environment, delivery of the project may be restricted and constrained depending on the preferred location. Careful planning will be required to plan how the project can be delivered efficiently and safely with minimal disturbance to adjacent areas of the hospital.

3.2.4.2 Dependencies

Dependencies are where action from others is required to ensure success of the investment proposal.

The preferred option is a new-build facility at Victoria Hospital Kirkcaldy. The new facility will be constructed on existing car parking spaces in order to provide a physical connection to the existing building for an ICU adjacency. The car parking spaces will be re-**provided at Whyteman's Brae and** must be in place in advance of the main building works to ensure there is no deficit in parking provision.

This car park enabling project is considered to be the only dependency project, however it is controlled by the Project Team helping to mitigate any associated programme risk.

4 Economic Case

4.1 Introduction

The purpose of the Economic Case is to undertake a detailed analysis of the costs and benefits of a short list of options, including a do nothing and/or do minimum option, for implementing the preferred strategic / service solution(s) identified within the IA.

The objective is to demonstrate the relative value for money of the chosen option in delivering the required outcomes and services.

4.2 Revisiting the Economic Case

Within the IA, the Economic Case established a long list of possible options from which a short list of five options were established. The IA contemplated the advantages and disadvantages associated with each option and established budget costs for comparison purposes. Based on this information the IA selected the best option and this was:

Option 5 – preferred way forward (new-build facility at VHK to meet the current requirements together with added capacity for future demand projections)

The OBC seeks to analyse the options in greater detail to evidence if the preferred option is in fact the correct decision. It does this by using benefits and costs to evaluate each option. Sensitivity analysis is then carried out to validate the result.

4.3 Stakeholder Engagement

An important aspect of considering options and developing them in subsequent business case stages is Stakeholder engagement. The following table summarises the current status in respect to Stakeholder engagement for the project.

Stakeholder Group	Engagement	Support
Patients / service users	<p>As outlined in Section 4.9 the proposed option relates to providing the same service at the same hospital. As such patients and service users will not materially be affected by the proposal.</p> <p>Patient surveys are underway to understand views, opinions and experiences so that key themes can be addressed particularly in respect to briefing and design development. Patient surveys will also be used as part of the benefit measurement criteria.</p> <p>To date patient representatives have been actively involved in developing the Design Statement. They have also</p>	<p>To date patient participation has been gained through the Design Assessment process where patient representatives provided views on the important characteristics of the proposed facility from their perspective.</p> <p>They have also recently participated in the OBC AEDET workshop where they were able to critique the design proposals.</p> <p>Overall, there has been enthusiastic support for the project and praise in connection with the design proposals.</p>

Stakeholder Group	Engagement	Support
	recently participated in the OBC AEDET workshop.	
General public	<p>Given the proposed option, the general public are unlikely to be negatively affected by this proposal from a clinical perspective.</p> <p>General public may become involved in any statutory planning activity. The Project Team may hold an open day as this has been a tried and tested successful means of engaging with the public on other new-build projects implemented by the Project Board in the recent past.</p>	<p>Not applicable</p> <p>Advanced planning consultation with Fife Council has been applied for at OBC. Discussions and actions will become clear within the FBC period.</p>
Staff / resources	<p>Staff are well represented at Project Board and Project Team level.</p> <p>In order to develop this OBC, several collaborative workshops have taken place to develop the design proposals. Workshops have included 1:500 (site/departmental adjacency) and 1:200 (room adjacency).</p>	The staff consultation process has been robust with staff attending all key workshops to date. This has culminated in an agreed set of plans for OBC.
Other key stakeholders and partners	<p>Elective services at Phase 3 – based on the preferred option, no impact envisaged.</p> <p>Anaesthetic services – no impact envisaged.</p> <p>Hospital at night – require to be consulted as a change of location may have an impact on their service.</p> <p>Ambulance/transport service – require to be consulted as drop-off arrangements are likely to change. Note: drop-off arrangements likely to improve under preferred option.</p>	<p>Consultation established. No significant impact envisaged.</p> <p>Consultation established. Proposals offer a betterment compared to the status quo.</p>

Table 20 – Stakeholder engagement

4.4 Long List of Options

A Stakeholder workshop was arranged to review a long list of possible options. Options were generated against 3 no. headings:

- Scope of Services
- Service Solution
- Potential Delivery Options

The feasibility of the options were considered and either noted as “preferred”, “possible” or “discounted”. For detail in respect to the long list of options considered, please refer to Appendix D.

In contemplating the long list of options against the needs for change and investment objectives, the Stakeholders also considered the opportunities arising through contemplating change. Whilst the fundamental initial need for change could be tackled by providing like for like facilities it was considered to be remiss not to take cognisance of future orthopaedic care requirements and what this might mean in terms of demand and supply. A decision was taken to present this business case on the basis of re-provision whilst taking advantage of the opportunity to plan for future demand. Whilst this will result in an increase in accommodation, staffing and overall affordability, the key benefits are as follows:

- Additional accommodation would provide NHS Fife with additional surgical capacity to manage NHS Fife patients locally now and well into the future;
- The theatres would be used flexibly offering in-patient and day case capacity;
- It is important to maintain a robust core orthopaedic service (i.e. provision of care for low volume complex work such as ankle replacements, shoulder replacements, elbow replacements). This will support the increasing trauma demand for fragility fractures over the next 20 years; and
- A robust orthopaedic service within Fife will reduce strain on any interconnected Regional offer.

In addition to building in capacity to meet future demand, the opportunity to develop a standalone Fife Elective Orthopaedic Centre was pursued. This involves providing theatres, inpatients and outpatient services via one standalone facility.

4.5 Short List of Options

From the long list of options, the Stakeholders subsequently consolidated a blend of feasible options to arrive at a shortlist of five main options.

The shortlist of options were considered in detail, together with their advantages and disadvantages and to what extent they met the investment objectives. High level affordability was also considered before determining whether the short listed option was **“preferred”, “possible” or “rejected”**. **All of the detail in respect to the option appraisal is clearly set out in Appendix D**, however a high-level summary is provided below for ease of reference.

Option	Description	Meets Investment Objectives?	Preferred / Possible / Rejected
Option 1 - Do minimum (as existing)	Elective orthopaedic centre as per current arrangements	No	Rejected
Option 2 – Refurbishment of existing	Elective orthopaedic centre as per current arrangements provided from its current location	Partially but not sufficiently	Rejected
Option 3 – Refurbish other estate at VHK	Services to be provided at VHK within a refurbished area of the existing Estate Elective orthopaedic centre as per current arrangements but with added capacity to meet future local service demand projections	Partially	Possible
Option 4 – VHK modular new-build	Service would be provided within a dedicated new modular building on the VHK site. Elective orthopaedic centre as per current arrangements but with added capacity to meet future service demand projections	Yes, but not to the same extent as option 5	Rejected
Option 5 – VHK new-build	Service would be provided within a dedicated traditional new building on the VHK site. Elective orthopaedic centre as per current arrangements but with added capacity to meet future service demand projections	Fully	Preferred

Table 21 - Shortlist of options

4.5.1 Option 1 – do minimum (as existing)

This option is the base option where the existing service would be provided in the same way from the same facilities. It is considered that some work (minimal) would be required to improve the existing condition of the facilities, however this would not be sufficient to overcome the wider systemic issues present within the VHK tower block which is no longer fit for clinical use as a consequence of risks within the existing supporting infrastructure which cannot be resolved locally. In addition, this option fails to realise the opportunity to remove clinical services from **the tower block, restricting the Board's ability to consider longer term options for the tower block within the context of the site masterplan**. Option 1 does not sufficiently deal with the needs for change or meet the investment objectives and thus has been discounted.

4.5.2 Option 2 – refurbishment of existing

This option is similar to option 1, in that the existing services would continue to be provided in the same way from the same facilities. The existing accommodation would undergo a more significant refurbishment under this option which would go some way to improving conditions at least in the short term. Ongoing risks with the VHK tower block would continue to threaten service provision under this option and it is considered that the existing footprint would do little to improve accommodation adjacencies or space standards. In addition, this option fails to realise the opportunity to remove clinical services from the tower block, restricting the **Board's ability to consider longer term options for the tower block within the context of the site masterplan**. Option 2 does not sufficiently deal with the needs for change or meet the investment objectives and thus has been discounted.

4.5.3 Option 3 – refurbish other estate at VHK

This option is based on the same service but anticipates additional accommodation to meet local future demand projections. Additional capacity will also help the orthopaedic service to work more flexibly servicing in-patient and day case to meet spikes in demand. The **accommodation would be offered through refurbishment of the Board's existing assets** elsewhere within the VHK estate. Space has been identified at Phase 1 of the hospital that would be suitable for refurbishment, however the space is inadequate to accommodate a third theatre, additional ward space and supporting accommodation. This option is the best in terms **of utilising the Board's existing estate and reducing back-log**, however decant and space re-provision costs would need to be offset against this benefit. This option would assist with enabling clinical services to be removed from the tower block and this is of value to the Board in the context of the long-term site masterplan at VHK. This option overall is worthy of consideration for a like for like service solution. However, in contemplating additional accommodation to meet future demand, this option is inadequate as sufficient and suitable space is not available.

4.5.4 Option 4 – VHK modular new-build

This option is based on the same service but anticipates additional accommodation to meet local future demand projections. Additional capacity will also help the orthopaedic service to work more flexibly servicing in-patient and day case to meet spikes in demand. This option would assist with enabling clinical services to be removed from the tower block and this is of value to the Board in the context of the long-term site masterplan at VHK. The accommodation would be offered through a modular new building at VHK. This option is quite attractive in that it meets most of the investment objectives and being modular could be delivered more quickly than a conventional building. Although the quality of modular buildings have improved in recent years there is a concern that a modular facility would not offer the required quality over the longer term (FM and lifecycle) when compared to a conventional building and being

modular compromises might require to be accepted in terms of the design, layout, future flexibility and adjacencies. Initial cost projects also suggest that a modular building might be more expensive than a traditional building due to the scale. This option is a possibility but due to compromises on quality and initial cost projections it has been discounted.

4.5.5 Option 5 – VHK new-build

This option is based on the same services but anticipates additional accommodation to meet local future demand projections. Additional capacity will also help the orthopaedic service to work more flexibly servicing in-patient and day case to meet spikes in demand. This option would assist with enabling clinical services to be removed from the tower block and this is of value to the Board in the context of the long-term site masterplan at VHK. The accommodation would be offered through a conventional new building at VHK. The option would meet all of the investment objectives and stands the best chance of realising all of the briefing criteria set out within the Design Statement. It is the second most expensive option, but money spent on this option will not be compromised to the same extent that it might be if another option was to be pursued – as such it is the preferred option.

4.6 Indicative Costs

Indicative costs for each of the proposed solutions is demonstrated in the table below.

Description	Option 1	Option 2	Option 3	Option 4	Option 5
	As existing (GIFA – 1,992m/2	Refurb. of existing asset GIFA – 1,992m/2	Refurb of other asset GIFA – 5,920m/2	New-build modular (GIFA – 5,920m/2	New-build traditional (GIFA – 5,920m/2
Capital cost	£63,386	£12,154,400	£25,611,943	£44,166,612	£33,637,272
Life cycle costs (60 years)	£7,627,913	£8,627,913	£23,669,300	£89,358,224	£7,967,369
Operating costs (FM) (60 years)	£539,081,109	£550,156,954	£715,999,520	£797,150,669	£706,985,364
Estimated net present value of costs (60 years)	£226,669,632	£236,964,794	£300,090,439	£337,129,911	£302,982,384

Table 22 - Indicative costs

The net present value/cost has been calculated using discounted cash flow techniques on the capital and revenue costs associated with the options as entered into the generic economic model (GEM).

4.7 Option Appraisal

The non-financial benefits for the options are measured against cost estimates to identify which option represents best value for money.

4.7.1 Benefits Criteria and Weightings

The benefits criteria and associated weightings were established at a workshop in August 2019. Service Leads, the Clinical Lead and Service Manager were in attendance. The table provided below summarises the benefits and agreed weightings.

Benefit	Weighting (%)
Positive patient experience and dignity respected	20
Maintain support to allow people to live independently together with life quality	10
Improves the healthcare estate (condition, quality, perception, statutory, back-log and lifecycle)	20
Minimises readmissions (post operation complications) and optimises timely discharge	15
Optimises resource usage (theatre and bed utilisation)	15
Improves HAI and patient safety	15
Community benefits	5
	100

Table 23 - Benefits and weightings

4.7.2 Option Scoring

Following the exercise to weight the benefits, the group systematically scored the options using a scale of 0 to 20. A score of 0 indicates that the option offers no benefits at all in terms of the relevant criterion, while a score of +20 indicates that it represents some "maximum" or "ideal" level of performance. Scores between 0 and +20 indicate intermediate levels of performance. Net scoring of the options prior to applying the benefit weighting criteria is presented in the table below.

Benefit	Option 1	Option 2	Option 3	Option 4	Option 5
	As Existing	Refurb. Existing	Refurb other	Modular	New build
Positive patient experience and dignity respected	5	7	10	13	20
Maintain support to allow people to live independently together with life quality	15	15	16	19	20
Improves the healthcare estate (condition, quality, perception, statutory, back-log and lifecycle)	0	2	12	18	20
Minimises readmissions (post operation complications) and optimises timely discharge	12	12	18	20	20
Optimises resource usage (theatre and bed utilisation)	5	5	12	20	20
Improves HAI and patient safety	2	4	10	20	20
Community benefits	2	3	10	15	20
Total	41	48	88	125	140
Rank	5th	4th	3rd	2nd	1st

Table 24 - Non financial benefits scoring (net scores)

The net scores were then multiplied by the agreed benefit weighting criteria to arrive at a total weighted score. The results are summarised in the table below:

Benefit	Option 1	Option 2	Option 3	Option 4	Option 5
	As Existing	Refurb. Existing	Refurb other	Modular	New build
Positive patient experience and dignity respected	100	140	200	260	400
Maintain support to allow people to live independently together with life quality	150	150	160	190	200
Improves the healthcare estate (condition, quality, perception, statutory, back-log and lifecycle)	0	40	240	360	400
Minimises readmissions (post operation complications) and optimises timely discharge	180	180	270	300	300
Optimises resource usage (theatre and bed utilisation)	75	75	180	300	300
Improves HAI and patient safety	30	60	150	300	300
Community benefits	10	15	50	75	100
Total	545	660	1,250	1,785	2,000
Rank	5th	4th	3rd	2nd	1st

Table 25 - Non financial benefits scoring (weighted scores)

4.7.3 The Preferred Option

This section presents the case for the selection of the preferred option. The first step merges the results of the NPV/NPC calculations and non-financial benefits. In line with HM Treasury guidance, the NPC is divided by the weighted benefits (WBP) score to determine the cost per benefit point for each option.

	Option 1	Option 2	Option 3	Option 4	Option 5
	As Existing	Refurb. Existing	Refurb other	Modular	New build
Net Present Cost (NPC) - £m	226.7	237	300.1	337.1	303
Weighted Benefit Points (WBP)	545	660	1,250	1,785	2,000
NPC per WBP - £000	416	359	240	189	151
Rank	5th	4th	3rd	2nd	1st

Table 26 - Cost per benefit point for each option

These results demonstrate that although option 5 has second highest NPC, it has the highest WBP and also the lowest cost of providing each weighted benefit point. Option 5 is therefore confirmed as the preferred option.

4.8 Sensitivity Analysis

Sensitivity analysis is a technique used to assess the impact of uncertainty over the assumptions being made within the evaluation. The basic procedure is to alter an assumption and recalculate the NPC for each option, to test how these uncertainties may affect the choice between options. This tests the rigour of the appraisal conclusions to consider how options are affected relative to each other by reasonable variations in each assumption.

Sensitivity analysis of both costs and non-financial benefits has been carried out to understand how reactive the results are to change in the underlying assumptions. This tests whether changes to any of the capital or revenue costs have a significant impact on the option rankings. The following scenarios/tests were undertaken for each option:

- Capital costs increased/reduced by 20%; and
- Service costs increased/reduced by 20%.

Sensitivity Scenario	Option 1		Option 2		Option 3		Option 4		Option 5	
	NPC per WBP £000	Rank	NPC per WBP £000	Rank	NPC per WBP £000	Rank	NPC per WBP £000	Rank	NPC per WBP £000	Rank
No changes	416	5	359	4	240	3	189	2	151	1

Sensitivity Scenario	Option 1		Option 2		Option 3		Option 4		Option 5	
Capital costs increased by 20%	416	5	362	4	243	3	193	2	154	1
Capital costs decreased by 20%	416	5	356	4	237	3	185	2	149	1
Service costs increased by 20%	498	5	427	4	284	3	219	2	179	1
Service costs decreased by 20%	333	5	291	4	196	3	158	2	124	1

Table 27 - Sensitivity Analysis (costs)

The ranking is unchanged in all cases and Option 5 remains ranked above all other options.

Sensitivity analysis has also been undertaken in relation to the changes in the weights and scores used to evaluate non-financial benefits. The following scenarios have been evaluated:

- Equal weighting applied to all criteria; and
- Scores with the highest weighted criterion excluded.

Sensitivity Scenario	Option 1		Option 2		Option 3		Option 4		Option 5	
	NPC per WBP £000	Rank	NPC per WBP £000	Rank	NPC per WBP £000	Rank	NPC per WBP £000	Rank	NPC per WBP £000	Rank
No changes	416	5	359	4	240	3	189	2	151	1
Equal weight	395	5	353	4	244	3	193	2	155	1
Exclude top rank score	509	5	494	4	370	3	289	2	252	1

Table 28 - Sensitivity analysis non-financial benefits

The ranking is unchanged in all cases and Option 5 remains ranked above all other options.

4.9 Conclusion

The recommended preferred option as identified at IA stage remains the same for this OBC.

Option 5 – preferred way forward (new-build facility at VHK to meet the current requirements together with added capacity for future demand projections)

5 Commercial Case

5.1 Introduction

This section outlines the commercial arrangements and implications for the Project. This is done by responding to the following points:

- The procurement strategy and appropriate procurement route for the Project
- The scope and content of the proposed commercial arrangement
- Risk allocation and apportionment between public and private sector
- The payment structure and how this will be made over the lifetime of the Project
- The contractual arrangements for the Project

5.2 Revisiting the Commercial Case

The commercial case has generally been updated and expanded since IA in accordance with SCIM OBC guidance. In particular, the design of the preferred option has been progressed allowing for a detailed overview on the status of the design to be provided.

5.3 Procurement Strategy

To enable the project to be delivered in accordance with NHS Scotland construction procurement policy, NHSScotland Frameworks Scotland 2 (FS2) has been selected as the most appropriate option. This procurement route operates via capital funding where a single contractor (including design team) is appointed to deliver the project within agreed time, cost and briefing parameters. FS2 has been used successfully by NHS Fife for many years and there is a clear organisational understanding of the process.

The following are the key features of the proposed procurement route for the delivery of this Project:

- The Framework Agreement is managed by Health Facilities Scotland (HFS) (a division of NHS National Services Scotland) on behalf of the Scottish Government Health Directorate (SGHSCD).
- The Framework embraces the principles of collaborative working, public and private sectors working together effectively, and it is designed to deliver on-going tangible performance improvements due to repeat work being undertaken by the supply chains.
- The form of contract is likely to be the Engineering and Construction Contract (NEC3), Option A or C.
- **The general principle of the Framework is that risks are passed to 'the party best able to manage them', subject to value for money.**

This capital procurement route is consistent with the other elective care developments currently being progressed across Scotland as part of the national elective care programme.

Under FS2, there is no need to advertise in the Official Journal of the European Union (OJEU). The five PSCPs on the Framework have been selected via a compliant OJEU tender process in 2012 / 2013 for capital investment construction schemes across Scotland up to 2019. Appointment of a PSCP is made following a mini-competition process.

The same form of process applies to the NHSScotland Consultants Frameworks (PSCs) for Project Manager and Joint Cost Advisor.

The summary table below provides an overview in respect to procurements to date:

Framework	Appointment	Status
Contractor, designers and Principal Designer (PSCP)	Graham Construction	Appointed to OBC
Project Manager	Thomson Gray	Appointed to OBC
Joint Cost Advisor	Gardiner and Theobald	Appointed to OBC
NEC3 Supervisor	TBC	To be appointed at FBC

Table 29 - Consultant procurement status

Upon approval of the OBC, NHS Fife would look to extend the above appointments to cover the FBC stage of the project.

5.4 Scope of Works

5.4.1 Overview

The project involves designing and constructing a new Fife Elective Orthopaedic Centre at Victoria Hospital in Kirkcaldy. The new building is currently scheduled to be 6,142m2 in size and will be physically connected to the existing buildings to enable a direct route to the Intensive Care Unit. The facility will include 3 no. operating theatres, a 33-bed ward, an outpatient department, radiology rooms and supporting staff areas. The overall complement of accommodation will serve to provide a dedicated Fife Elective Orthopaedic Centre.

In order to facilitate the connection to ICU, the new building will be located on an existing car park. The displaced car parking space will be re-provided as part of the project and costs relating to this aspect have been included and set out within the Financial Case. A conceptual image is provided below to aid context and understanding of the proposed development.



Figure 16 - Proposed development (Norr Architects)

The scope of the project entails designing and constructing the Fife Elective Orthopaedic Centre. The operation of the new facilities following completion and handover of the

construction phase will be undertaken directly by NHS Fife and fall out with the scope of the project.

5.4.2 Current Design Status

The design has been completed to RIBA Stage 2 which aligns with OBC and NDAP requirements. The table referenced below provides an overview of how the project is performing against predefined OBC requirements.

OBC Design Requirements	Project Status
Concept Design incl. Arch, M&E, C&S, Fire, Landscape	Complete
Outline drawings ($\geq 1:200$, key $\geq 1: 50$) & specifications	Complete
Outline sustainability strategy	BREEAM Pre-assessment completed
Outline construction strategy incl. HAI, CDM H&S Plan	Complete
3D sketches of key Design Statement spaces	Complete
Completed Design Statement OBC self-assessment	Complete – assessed through AEDET workshop
Completed AEDET OBC self-assessment	Complete
Photographs of site showing broader context	Complete
Evidence of Local Authority Planning consultation and/or alignment with Local Development Plan.	Pre-planning engagement has been sought from Fife Council via a formal application and fee. Consultation and feedback will be received early within the FBC period.
Extract of draft OBC detailing benefits & risks analysis	Provided within this OBC.
Evidence of HAI & CDM consultation	HAI SCRIBE Stage 1 has been completed on draft – awaiting ground investigation results to conclude. A Principal Designer is in place.
Evidence Sustainability commitments will be met. e.g. accurate & NCM models (DSM). BREEAM, .CAB files and BRUKL; show how design will be optimised	This has been achieved through regular consultation with HFS where the approach to modelling was agreed.

OBC Design Requirements	Project Status
Evidence Equality & access commitments will be met	Complete.
Evidence of VfM e.g. WLC on key design options	Value against the brief has been monitored throughout the OBC programme.
Evidence Activity Data Base (ADB) use optimised	Room data sheets and 1:50 layouts have been produced for repeatable rooms (bedrooms and consulting rooms etc). Remaining room data sheets and 1:50 layouts will be developed and finalised within the FBC programme.
Evidence NHS guidance & technical standards will be met; list any derogations, with their technical reasons	Complete – refer to Section 5.4.5 below.
OBC design report evidencing all above & IA brief met ≥1:500, ≥1:200, key ≥1:50 ; diagrams, sections plans, 3Ds, specs, comfort & energy DSMs, to RIBA Stage 2 Concept plus key elements developed to Stage 3	Complete – NDAP submission made on 26 September 2019.

Table 30 - OBC design status

5.4.3 Schedule of Accommodation (SoA) Development

A SoA was developed at the IA stage of the project. Whilst the schedule was tested with stakeholders at this stage to inform budgetary costings it was very much a working draft. The schedule was developed further within the OBC stage in parallel with the concept design.

The table below compares the IA SoA to the OBC “as drawn” outturn. As it can be seen there is an increase of 222m² overall. The net area (usable rooms) has actually decreased against the original schedule despite adding two radiology rooms. The gross area has increased due to a requirement for a link corridor and a rooftop plantroom.

Description	IA SoA (m ²)	OBC “as drawn” (m ²)	Difference (m ²)
	5,920	6,142	222

Table 31 - SoA Development

5.4.4 Inpatient beds

The initial schedule of accommodation (presented as part of the IA) set out the requirement for 34 beds made up of 16 single rooms, 7 double rooms and 1 4-bedded rooms (47% single beds).

At commencement of the OBC Stage the schedule of accommodation was reviewed and refined. A decision was taken to omit the double rooms and provide 14 single rooms and 5 4-bedded rooms (41% single rooms).

Through engagement with HFS and NHS Fife's internal infection control department, notwithstanding clinical preference, the Project Team was requested to increase the proportion of single rooms. As things stand the schedule of accommodation now allows for 33 beds comprising 17 single rooms and 4 4-bedded rooms (52% single beds). Two of the 4-bedded rooms are likely to be used for day cases initially so shall be furnished with chairs as opposed to beds. As time moves on it is likely that the third and eventually fourth 4-bedded bays will be used in this manner also.

Current guidance for new healthcare facilities in Scotland suggests that 100% single rooms should be provided unless there is a justifiable clinical reason for not doing so. To this end, our Clinical Lead has prepared a report setting out the key reasons why a mix of room accommodation is most appropriate for planned Orthopaedic care. Key reasons are summarised below for ease of reference:

- The facility is being designed exclusively for planned orthopaedic care where patients are medically well – there are admission requirements for MRSA screened patients and high-risk patients are not admitted;
- The existing ward configuration is made up of 6 4-bedded bays with 4 side rooms and the ward has very low surgical site infection rates for major joint surgery;
- A mix of accommodation will provide flexibility aligned with changing requirements for elective orthopaedics where patients are increasingly being treated as day cases;
- Through engaging with patients, there is a preference for a mix of accommodation – some patients prefer single rooms offering privacy where others favour 4-bedded bays which tend to be more sociable;
- Ward staff have advised that a mix of beds will be more efficient to manage offering patients more face-to-face time; and
- 4-bedded bays will support patients to rehabilitate more quickly through peer support and encouragement.

It is important to note that the Project Board have carefully reviewed the **Clinical Lead's paper** and are supportive of it together with the current room configuration. We have discussed the matter with HFS and are hopeful that they will positively support the planned strategy also.

5.4.5 Standards

The brief for the design process is that the proposal must conform to all statutory requirements. In addition, the design proposals must meet all relevant Healthcare Guidance as published by HFS on their website.

The PSCP is required to schedule all relevant healthcare guidance and identify any associated derogations against that guidance. The OBC draft derogation schedule is located at Appendix J.

In respect to governance, the Project Team will be charged with reviewing and agreeing proposed derogations. Thereafter the Project Board have assumed responsibility for sanctioning any proposed derogations. This will be an iterative process culminating in formal acceptance of derogations in advance of Stage 4 (construction). The Project Team will liaise with Health Facilities Scotland for support and guidance where necessary when contemplating derogations.

Please note that the derogations schedule contained in the Appendix to this document is a draft working version and no derogations have been formally accepted to date in line with the process outlined in the paragraph above. This will be undertaken during FBC up to FBC submission where derogations will be formalised.

5.4.6 NHSScotland Design Assessment Process (NDAP)

The purpose of NDAP is to promote design quality and service. It does this by mapping design standards to the key investment deliverables, including Scottish Government objectives and expectations for public investment, then demonstrating their delivery via self, and independent assessments. NDAP is made up of personnel from Health Facilities Scotland (HFS) and Architecture Design Scotland (A&DS).

During the IA Stage, A&DS helped to facilitate a Design Statement workshop. This document forms part of the Project Brief, setting out design objectives for the Project Team. **The project's** design statement is located at Appendix I.

At commencement of OBC shortly after PSCP appointment, the Project Team met with HFS and A&DS to discuss the project, principles and expectations. This helped to provide a framework for development of the design during the OBC Stage.

The OBC NDAP submission was issued on 26 September 2019. The Project Team met with HFS and A&DS on 9 October 2019 to present the proposals. This forum helped to inform HFS and A&DS aiding their independent assessment of the design.

HFS and NDAP's report is currently awaited at the time of concluding this OBC.

5.4.7 Achieving Excellence Design Evaluation Toolkit (AEDET)

In accordance with SCIM guidance and the investment objectives, AEDET will be used throughout the development of the Project to help NHS Fife manage the design from initial proposals through to detailed design and will continue to do so through to Project Evaluation.

The AEDET toolkit has three key dimensions (functionality, build quality and impact) and outlines 10 assessment criteria. Each of the 10 areas is assessed using a series of questions which are scored on a scale of 1 - 6.

AEDET assessments are to be undertaken at predefined stages throughout the project's lifecycle. The stages are outlined in the table below together project progress against these to date.

Stage	Project Progress
Benchmark – assessment of current asset(s)	Completed at IA
Target – aspiration for project	Completed at IA
OBC – assessment of design proposals	Complete
FBC – assessment of design proposals	To be completed at FBC

Table 32 - AEDET status

On 26 September 2019, an AEDET workshop was held to review the OBC stage design against the agreed target scores. This workshop involved a wide range of participants including staff, service users and the PSCP. During each AEDET assessment, an effort was made to achieve a consistent approach in terms of who was involved in the workshops. A core of people has been involved in all three AEDET workshops to date. The OBC AEDET scores are included in the table below together with the benchmark and target scores.

Category	Benchmark	Target	OBC	FBC	POE
Use	2.5	4.2	4.5	0.0	0.0
Access	2.0	2.0	3.4	0.0	0.0
Space	2.0	4.1	4.5	0.0	0.0
Performance	1.7	4.1	2.1	0.0	0.0
Engineering	2.2	3.4	0.0	0.0	0.0
Construction	0.0	4.0	0.0	0.0	0.0
Character and Innovation	1.7	3.4	3.3	0.0	0.0
Form and Materials	1.8	3.7	2.1	0.0	0.0
Staff and Patient Environment	2.1	3.9	4.0	0.0	0.0
Urban and Social Integration	1.0	3.0	4.5	0.0	0.0

The “performance”, “engineering”, “construction” and “innovation and character” sections could not be fully completed at this stage of the design process and will be reviewed again at the FBC stage when the design is fully detailed. The design scored well across all other categories at this stage with opportunities to improve the scoring further at FBC.

5.4.8 BREEAM

Projects requiring capital investment through the Scottish Government are required to demonstrate sustainable credentials in order to contribute towards the development of a sustainable NHS estate.

The project has been assessed using BREEAM UK New Construction 2018. The assessment took place at a workshop on 15 August 2019 with representation from the Project Team and HFS. The collaborative workshop allowed all the criteria to be discussed and debated. A bespoke

approach was adopted where criteria offering value to NHS Fife was targeted. Following the exercise an initial target score of 34.44% was identified which equates to a PASS rating. A number of additional credits have been identified as possibilities, so the target score has opportunities to increase further at the FBC stage.

BREEAM UK New Construction 2018 is in its infancy – initial benchmarks for other recent healthcare projects in Scotland are generating target scores between 30-40%. As a comparison the Fife Elective Orthopaedic Project currently sits within this range with opportunities to increase the target further at FBC.

5.4.9 Healthcare Associated Infection System for Controlling Risk in the Built Environment (HAI SCRIBE)

HAI SCRIBE is a risk management process aiding the identification and mitigation of design and construction related infection risks within the built environment. There are four stages within the process – these are identified in the table below together with project progress against these stages to date.

Stage	Project Progress
Stage 1 – Site Selection	Draft complete within OBC stage. Ground investigation required to complete in final format.
Stage 2 – Design	To be completed at FBC stage.
Stage 3 – Construction	To be completed at FBC stage.
Stage 4 – Occupation	To be completed post completion.

Table 33 - HAI SCRIBE status

5.4.10 Building Information Modelling (BIM)

Building Information Modelling (BIM) describes the process of designing and constructing a building collaboratively using one coherent system of digital models and linked non graphical data, as opposed to separate sets of drawings and documents. These models and data also incorporate information which will be carried over and used in the operational phase.

NHSScotland is supporting the adoption of Level 2 BIM maturity following the SG mandate in **support of the recommendations of the “Review of Scottish Public Sector Procurement in Construction” which endorsed that “BIM will be introduced in central government with a view to encouraging adoption across the public sector. The objective states that, where appropriate, projects across the public sector adopt BIM level 2 by April 2017.”**

The NHSScotland BIM strategy is intended to ensure the creation of a digitised information management process which all Boards and teams working on NHSScotland programmes should follow to maintain consistency and facilitate collaborative working, which will in turn reduce waste and non-conformances.

The Project will use BIM as a key design tool during the design and construction phases of the project helping to facilitate coordination and mitigate risks. Another benefit of BIM is that NHS

Fife will have **true “as built” records along with the project specific asset tagging that will assist** with the operation, maintenance and replacement of components.

An NHS Fife Employers Information Requirements (EIR) has been developed and offered to the PSCP as part of the Project Brief. The EIR in turn has helped to inform the BIM Execution Plan (BEP) which has been developed by the PSCP. These two documents control how BIM will be utilised on the project.

5.4.11 eHealth

Consultation has been ongoing with eHealth during the OBC phase of the project. Initial efforts have largely focussed on ensuring the IT infrastructure will be sufficiently robust and flexible to accommodate a number of wider initiatives that will help to support the service over the longer term during the operational phase. Such initiatives (subject to separate funding sources) include:

- Pre appointment system via internet / mobile phones
- Self check-in facilities
- Virtual clinics
- Waiting management solutions for OPD
- Theatre cameras for education
- Theatre sound system
- General information screens
- Trak care
- Flexible/efficient patient entertainment system
- Pharmacy fridges security controlled like “hotel fridges” (to identify user)
- Theatre robot

5.5 Risk Allocation

Framework Scotland 2 stipulates the use of the NEC, Engineering and Construction Contract (ECC). The ECC is a collaborative form of contract that encourages good management, flexibility and ease of understanding. The contract endeavours to allocate risk fairly via its Compensation Event procedure where the Contractor is compensated if a predefined event occurs. The risk table below provides a high-level overview in respect to the likely risk profile through utilising this form of contract.

	Potential allocation of risk		
Risk Category	Public	Private	Shared
Client / Business risks (title, ground conditions, where not disclosed)	100%	0%	
Design	0%	100%	

	Potential allocation of risk		
Risk Category	Public	Private	Shared
Development and Construction (note dark ground and contamination remain with the public)	50%	50%	√
Transition and Implementation (commissioning and migration Board responsibility)	100%	0%	
Availability and Performance (during operation)	100%	0%	
Operating	100%	0%	
Revenue	100%	0%	
Termination	40%	60%	√
Technology and Obsolescence	80%	20%	√
Control	100%	0%	
Financing	100%	0%	
Legislative	100%	0%	
Other Project risks	50%	50%	√

Table 34 - Risk allocation

The risk register established at IA has been developed in greater detail during the OBC stage. A copy of the updated project risk register is contained at Appendix O.

5.5.1 Key Risks

Key risks have been extracted from the risk register and set out in the table below for ease of reference.

Risk	Mitigation
Building Size/Configuration (Clinical Pathways) New clinical pathways may impact on schedule of accommodation — pre-assessment, radiology and outpatient require further clarification.	Patient flows, demand and future operational design to be better understood and planned.

Risk	Mitigation
The project becomes unaffordable.	Complete and agree stage 2 cost plan.
Project Plan. The Project Plan does not adequately reflect required tasks and timescales.	A Project Plan is in place and accepted. The pace is fairly aggressive however the Project Team is assembled and motivated to meet the objectives. Progress currently in line with programme.
Risks associated with ground conditions.	Undertake ground investigation. OBC design based on reasonable volume of existing information meantime.

Table 35 - key risks

5.6 Payment Structure

Under Frameworks Scotland 2 Consultants and the PSCP are appointed under the NEC form of contract – Options A or C. Under option A, a fixed price is submitted and payment is made on completion of each activity in an activity schedule. Option C is a target price paid monthly up to a target cap.

For the OBC stage of the project, consultants have been appointed under Option A whilst the PSCP has been appointed under Option C. If the OBC is approved, it is envisaged that this arrangement would be extended to cover the FBC stage of the project.

In respect to construction phase it is envisaged that the consultants will remain on Option A contracts. Further consideration on the most appropriate option for the PSCP will be undertaken during the FBC stage of the project. This decision would depend on the maturity of the design and cost information at a point in time. Where the design is practically complete and robust market testing has been undertaken, then an Option A might be more appropriate for the PSCP. Where the design and costs are more fluid then an Option C could be more beneficial helping to encourage collaboration and the joint pursuit of value for money resulting in **“share gain” for both parties.**

Payments are generally made on a monthly basis in line with the NEC contract provisions.

5.6.1 Project Bank Account

The Project will operate a Project Bank Account (PBA), consistent with Scottish Government Guidance for public sector construction projects. A Project Bank Account is a ring-fenced bank account from which prompt payments are made directly and simultaneously to a lead **contractor and members of the supply chain. PBA's improve subcontractors' cashflow and ring-fence it from upstream insolvency.**

It is the intention that the PBA will become operational during Stage 4 (construction) of the project. The documentation and contractual arrangements associated with setting up the are currently being developed in collaboration between NHS Fife and the PSCP.

5.6.2 Risk Contingency Management

A project risk register was developed at IA and this has since been developed further during OBC. It is used as an active management tool to identify and mitigate risks progressively as

the design is developed. The risk register has been priced at the OBC stage to inform contingency allowances. It will be developed further during the FBC stage and priced again at the end of that stage to reflect the residual balance of risk contingency required to complete the project. The balance or risk contingency will generally be apportioned to the party best able to manage each risk as set out and agreed in the risk register.

During the construction stage of the project risks and issues are communicated using the NEC3 Early Warning process. This process encourages the PSCP and Project Manager to alert each other to emerging issues and risks so that they can be discussed and managed collaboratively for the overall benefit of the project.

It is important to note that the risk register is primarily a tool for identifying and managing risks. It is then conveniently used as a method for assessing reasonable allocations of risk contingency in advance of construction. Once in construction however, Employer risks are defined within the NEC3 contract and administered in line with the contract provisions – i.e. the risk register has no commercial relevance.

5.6.3 Contract Variations

As noted, the project is procured under the FS2 NEC3 form of contract which manages contract variations by means of Compensation Events. The major benefit of this process is that Compensation Events are dealt with quickly within pre-defined timescales, this helps to maintain an up to date cost forecast.

The Compensation Event process enables Employer's risk items which transpire to be reflected in an adjustment to the Target/Price and/or an adjustment to the programme.

5.6.4 Disputed Payments

The FS2 NEC3 form of contract has processes to manage disputed payments. PSCP applications for payment may have disallowed costs which are monitored by the Joint Cost Advisor (JCA) at each monthly assessment to ensure that only payments due and fully accounted for are passed.

5.6.5 Payment Indexation

Payment indexation is managed centrally on FS2 and hourly staff rates for both PSCs and PSCPs are adjusted and notified annually across the Frameworks by HFS.

Construction inflation is managed by reference to Building Cost Information Services (BCIS) published cost indices. The construction inflation risk is held by the PSCP for the first two years of the programme. The risk is then passed to the NHS Client for the balance of the programme beyond two years.

5.6.6 Utilities and Service Connection Charges

As the Project is publicly funded, utilities and service connection charges are paid by NHS Fife as part of the contract.

5.6.7 Performance Incentives

The main NEC3 PSCP contract option for construction has yet to be selected. There is an opportunity to use an Option C Target Price arrangement which is an incentivised arrangement.

Once the Target Price has been agreed, the PSCP is paid their defined costs plus fee on a **monthly basis. If the PSCP's defined cost at the end of the project falls below the Target Price,**

then they are entitled to a **share of the difference**. If, however the PSCP's defined cost exceeds the Target Price then they are wholly liable for the difference. The share/pain arrangements are summarised on the table below.

Share range of Target Price	Contractor Share at Stage 4 (construction)
Less than 95%	Nil %
From 95% to 100%	50%
Greater than 100%	100%

Table 36 - NEC contract data share ranges

5.7 Contractual Arrangements

5.7.1 Contractual Overview

As previously noted under FS2 the NEC3 (ECC3) form of contract will be used to administer the contract. The NEC3 is a flexible contract allowing Client or Contractor design. It also allows for sharing of design responsibility. In addition, the contract supports six main pricing options. Under FS2, two options are offered these being:

- Option A: Price contract with activity schedule
- Option C: Target Contract with Activity schedule

In respect to design responsibility, the contract will be drafted so that 100% design responsibility is allocated to the contractor (PSCP). The contract will therefore be 100% contractor led design and build.

In terms of the main options for the PSCP, it is anticipated that Option C will be utilised for the pre-construction phases of the project (OBC and FBC). A decision on the preferred option for the construction stage together with rationale will be set out within the FBC.

The project will be procured via stages in line with Framework Scotland 2 methodology. At the end of each stage the contract documentation for consultants and the contractor will be updated and executed to allow entry into the subsequent stage. The key stages and outline dates are set out below:

Stage	Dates	In contract?
Stage 2 – OBC	May 19 to Oct. 19	Yes
Stage 3 – FBC	Nov. 19 to Sept. 20	No
Stage 4 – Construction	October 20 to Mar 22	No

Table 37 - Milestone dates

5.7.2 Roles and Responsibilities

Contractual roles and responsibilities are set out within the ECC. These roles are summarised below:

- Employer: NHS Fife
- Contractor: Graham Construction
- Project Manager: Thomson Gray
- Supervisor: To be confirmed

5.7.3 Dispute Resolution and Termination

Procedures for contract administration, dispute resolution and termination are clearly set out within the NEC3 form of contract.

5.7.4 Asset Ownership

In respect to asset ownership, the project is being procured using traditional capital funding. In this relationship the PSCP is responsible for designing and constructing the facilities. At Completion, NHS Fife will take possession of the building and will be responsible for the ongoing operation and maintenance of the facilities.

5.7.5 Personnel Implications

There are no employees who are wholly or substantially employed on services that will be transferred to the private sector under the proposals for this Project, and therefore the Transfer of Undertakings (Protection of Employment) Regulations 1981 (TUPE) will not apply.

6 Financial Case

6.1 Introduction

The Financial Case considers the affordability of the scheme. This section sets out all associated capital and revenue costs, assesses the affordability of the preferred option and **considers the impact on NHS Fife's finances. The affordability model assessment has been developed to cover all aspects of projected costs including estimates for:**

- Capital costs for the option considered (including construction and equipment);
- Non-recurring revenue costs associated with the project;
- Recurring revenue costs (pay and non-pay) for current model i.e. baseline; and
- Recurring revenue costs (pay and non pay) for the preferred option.

6.2 Revisiting the Financial Case

The IA was approved by Scottish Government Health and Social Care Department (SGHSCD) in January 2018 and no specific conditions were outlined in the approval letter in relation to the Financial Case.

NHS Fife have considered the affordability of this proposal by undertaking a review of the financial implications of investment, both capital and revenue.

6.3 Financial Model: Costs and Associated Funding for the Project

6.3.1 Capital Costs

Capital costs have been estimated by independent cost Advisors Gardiner & Theobald and have been summarised in Table 38 below. The Capital Cost Report Summary is included in appendix K and the full detailed Cost Report is available if required.

Summary of conventional capital costs						
Capital Costs:	Funding					
	IAD Submission	Post IAD Agreed with SGHSCD at CIG	Revised IAD Total	Partner Contributions	SGHSCD Funding Requirement	Additional Funding required due to Movement from IAD to OBC
	£000's	£000's	£000's	£000's	£000's	£000's
Building & Engineering Works	22,458,640		22,458,640		21,396,989	- 1,061,651
Location Adjustment						-
Pre October 2019 Inflation					718,617	718,617
Post October 2019 Inflation					1,078,074	1,078,074
Quantified Construction Risk	250,000		250,000		614,445	364,445
Total Construction Costs	22,708,640		22,708,640		23,808,125	1,099,485
Site Acquisition						
Reprovision of Car Parking		1,138,255	1,138,255		700,788	- 437,467
<i>Decant</i>	100,000		100,000		108,000	8,000
Total other construction related costs	100,000	1,138,255	1,238,255		808,788	- 429,467
Furniture						
IT						
Medical Equipment	340,000		340,000		367,200	27,200
<i>Additional itemised costs</i>						
Total Furniture and equipment	340,000		340,000		367,200	27,200
Additional Quantified Risk					1,115,473	1,115,473
Total estimated cost before VAT and fees	23,148,640	1,138,255	24,286,895		26,099,586	1,812,692
VAT	4,629,728	227,651	4,857,379		5,219,917	362,538
Estimated Vat Recovery PSCP			-		- 318,199	- 318,199
Project Direct Labour Costs		375,727	375,727		375,727	0
Professional Fees	480,000		480,000		862,762	382,762
Estimated Vat Recovery on Fees					- 83,794	- 83,794
Total estimated cost including VAT and fees but before optimism bias	28,258,368	1,741,632	30,000,000		32,155,999	2,155,999
Allowance for optimism bias						
Total estimated cost	28,258,368	1,741,632	30,000,000		32,155,999	2,155,999

Table 38 - Summary of conventional capital costs

The total cost of the preferred option, which is to develop an Elective Orthopaedic Centre for NHS Fife is £32,155,999.

Table 39 below provides a summary of key project cost adjustments. The adjustments are described further beneath the table from a budgetary perspective.

Project Cost Adjustments			
Construction Cost Details	IA £000's	OBC £000's	Increase £000's
Increased risk allowance as IAD figure was low and not sufficient to cover identified risk register	250,000	1,729,918	1,479,918
Schedule of Accommodation reduction	22,458,640	21,396,989	- 1,061,651
Direct Labour Costs for project	375,727	375,727	0
Medical equipment allowance due to sqm increases	340,000	367,200	27,200
Inflation costs not included in IAD		1,796,691	1,796,691
Decant allowance due to sqm increase	100,000	108,000	8,000
External Works - Reprovision of car parking spaces	1,138,255	700,788	- 437,467
Professional fees increase - due to surveys , statutory consents not originally part of IAD costs	480,000	862,762	382,762
VAT adjustments due to increased costs and VAT recovery estimates applied.	4,857,379	4,817,924	- 39,455
Total	30,000,000	32,155,999	2,155,999

Table 39 - Project cost adjustments

Following submission of the IA to SGHSCD it was agreed at CIG that car parking re-provision and direct labour costs associated with the project should be allowed for within the budget – the IA figure rose from £28,258,368 to an agreed £30,000,000 to take account of this. The car parking re-provision amounted to £1,365,906 whilst the direct labour costs for the project were established at £375,727.

In respect to the OBC cost plan, there is a difference amounting to £2,155,999 when compared to the agreed IA allocation (£30,000,000). This difference is attributed to inflation from a budgetary perspective and has been calculated against the construction costs from IA to construction. Costs have been allocated within the adjusted budget taking account of inflation.

In the OBC cost plan the inflation assumptions have been rebased to ensure they are as current as possible, and inflation relating to the period between IA and OBC is now historical, and therefore now included in the current construction costs. There is a forecast inflation allowance built in from the period October 2019 to construction. This highlights the need when developing business cases to avoid unnecessary delay in order to alleviate inflationary pressures.

The estimates above include the following key assumptions:

Cost	Assumption
Professional Fees	Professional fees are based on tenders awarded except the supervisor fees, survey and statutory consents which are currently an estimate and yet to be awarded.
Equipment	Estimated % cost based on cost advisor allowance. Transferable equipment will be moved to the new unit.
Contingency	A priced risk register has replaced Optimism bias at OBC stage.
Inflation	Based on October 2019 Indices to construction.
VAT	VAT has been applied where applicable. Cost advisor VAT recovery estimates have been built in to the cost plan – this will to be confirmed with VAT advisors and HMRC after contract is awarded.

Table 40 – Capital key assumptions

6.3.2 Revenue costs

In order to confirm the revenue implications of the project the baseline costs (do nothing/minimum option) have been thoroughly reviewed and then compared to the projected costs of the preferred option to assess the financial implications.

A number of assumptions have been made at the OBC stage which will be further evaluated and revised throughout the process to FBC development. These assumptions are as detailed in the table below.

Cost	Assumption
Costs	Costs are calculated using 2018/19 prices and using 2018/19 budgetary information.
Workforce	Calculations include allowances for on-costs, enhancements, sick leave, public holidays and annual leave. Workforce increases are based on forecast demand growth.
Non-Pay	Non-pay costs assumed to increase in line with phased forecast demand.
Depreciation	Building – 60 years and equipment 10yrs.

Table 41 - Revenue key assumptions

The clinical and support costs for the existing Elective Orthopaedic service have been calculated as the baseline and then used as a benchmark against which any changes are considered. Estimated costs for the preferred option reflect forecast demand from 2025 (initial forecast activity increase), 2030 the second phased activity increase and then 2035 onwards showing the full impact of the increased anticipated activity.

6.3.2.1 *Service model costs*

The tables below summarise the total increase in costs arising from these estimates.

	Baseline	Proposed Option		
		2025	2030	2035
Clinical Pays	5,185,618	5,541,181	6,094,279	6,746,144
Non-pays (inc drugs)	3,142,774	3,358,242	3,693,414	4,088,438
Other Services Pays	50,829	54,409	59,979	66,543
	8,379,221	8,953,832	9,847,671	10,901,125

Table 42 - Revenue cost increases

6.3.2.2 *Property costs*

An outline of the changes in both running costs and depreciation is summarised below:

Property Costs				
Service	Baseline	Proposed Option		
		2025	2030	2035
Maintenance	34,190	35,895	38,546	41,670
Catering	47,217	50,767	56,289	62,798
Utilities	30,359	44,194	65,714	91,078
Rates	45,246	135,738	135,738	135,738
Portering	35,347	35,347	35,347	35,347
Security	9,216	9,216	9,216	9,216
Domestics	222,634	237,275	260,049	286,890
General Service	47,379	50,975	56,570	63,163
Bedding & Linen	5,863	6,304	6,989	7,797
Total	477,452	605,711	664,459	733,698

Table 43 - Property costs

6.3.2.3 Depreciation

The depreciation for the preferred option is £572,653 based on an asset building life of 60yrs and 10yrs for equipment on an overall capital cost of £32,156,000. The overall increase in depreciation is £572,653 - which will be met from the current ring-fenced NHS Fife non-core depreciation budget. The buildings depreciation charge is pre any Valuation Office valuation being done after completion – there is an expectation that any non-value works will reduce the value held in the balance sheet once the valuation is carried out and therefore reduce the depreciation charge going forward.

6.3.2.4 Revenue cost summary

Overall Revenue Costs Summary	Proposed Option			
	Baseline	2025	2030	2035
Service Costs	8,379,221	8,953,832	9,847,671	10,901,125
Property Costs	477,452	605,711	664,459	733,698
Total	8,856,673	9,559,543	10,512,131	11,634,823

Table 44 - Revenue cost summary

The OBC identifies a phased overall recurring revenue impact by 2035 onward of £2,778,150 (excluding depreciation) for the preferred option against the baseline costs.

There are considerable staff costs associated with this development - staffing, non-pay and consumable costs will continue to be reviewed as the FBC develops.

6.3.3 Accounting Treatment

The traditional funding route for the project will impact on NHS Fife's Balance Sheet - both the capital cost of the development and the associated capital equipment will be added as non-current assets to the balance sheet and depreciated over the life of the assets in line with accounting policies.

6.4 Statement of Affordability

NHS Fife confirm that this project remains affordable in both revenue and capital terms. The capital costs of the investment will be met through a capital contribution from the Scottish Government Health and Social Care Division capital budget.

Additional recurring revenue costs for the Elective Orthopaedic Centre will be incorporated into **NHS Fife's** Annual Operational Plan for future years.

6.5 Stakeholder Support

As the project will be delivered by NHS Fife for Fife, written agreement of Stakeholder support from other NHSScotland / public sector organisations is not required in this instance.

6.6 Financial situation

Based on the current costs and assumptions identified, NHS Fife recognises the project will exceed what was estimated within the Local Delivery Plan 2017/18, due to various different

models that were considered. The original submission has since evolved into a standalone elective orthopaedic centre, providing future sustainability for the people of Fife.

The revenue costs are considered to be affordable within the revenue resources available.

All costs will continue to be reviewed and refined throughout the FBC process.

6.7 Resources

Both Project Board and Project Team have been established with governance arrangements in place. The Project Board will ensure appropriate governance throughout the project. The Board has insured that the following dedicated internal resources have been made available to date:

- Project Director (full time);
- Finance Accountant (part-time);
- Clinical Advisor (part-time);
- Project Administrator (full time);

Other internal stakeholders outlined at Section 7.3.1 are involved and committed to the project as noted – their project roles are over and above their core day to day roles.

6.8 Capital and revenue constraints

NHS Fife's capital funding commitments mean that the project cannot exceed the available budget. Any additional revenue costs will be met within NHS Fife's overall revenue resource envelope.

6.9 Financial contributions

Other than capital funding from the Scottish Government, there will be no financial contributions from external partners in respect to this project.

7 Management Case

7.1 Introduction

The main purpose of the Management Case is to demonstrate that NHS Fife is ready and capable of delivering the project successfully.

7.2 Revisiting the Management Case

Since IA, the management case has generally been developed in greater depth. This has been done using SCIM OBC guidance as a framework.

7.3 Reporting Structure and Governance Arrangements

7.3.1 Project Organisation

In order to deliver the project successfully, good governance is required to monitor and direct it. An understanding of the structure and mechanisms for escalation and reporting is set out on the organogram overleaf.

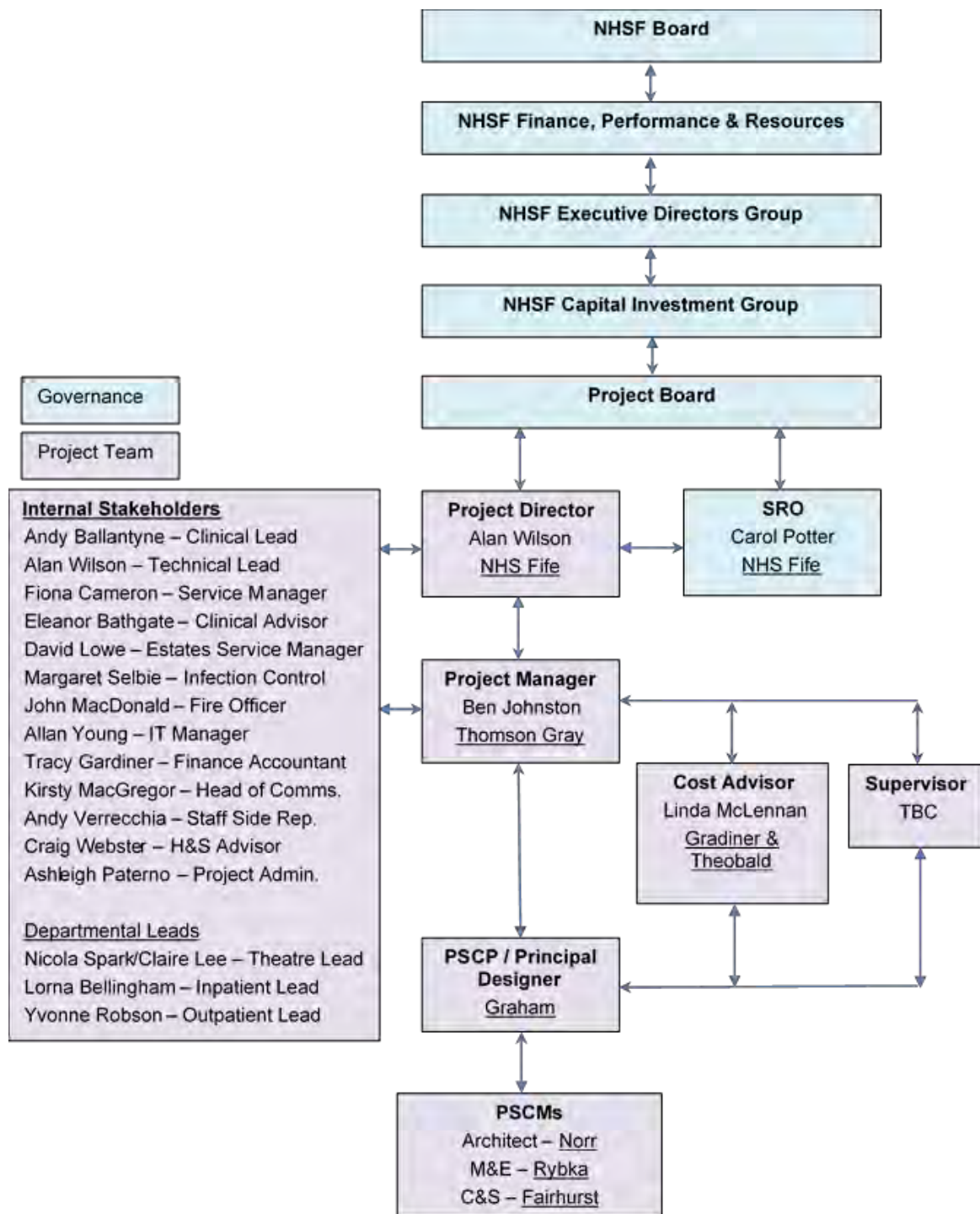


Figure 17 - Project structure

7.3.2 Project Board

A Project Board has been established to oversee the project. The Project Board was set up at commencement of the OBC and Terms of Reference have been agreed. The Project Board meets monthly where they receive a regular project update report from the Project Director. Necessary matters are escalated by the Project Director as required whilst the Project Board offers direction to the Project Team.

Project Board membership and experience is outlined in the table below:

Named Person	Project Role and Responsibilities	Experience
Carol Potter (Director of Finance)	Senior Responsible Officer – SRO with overall responsibility and accountability for the project.	Carol is a strategic finance leader with over 25 years experience across the public sector and a Chartered Public Finance Accountant. Carol has provided strong financial management support and governance to major capital investment projects within the NHS. Carol is an Executive Board Director with NHS Fife and provides a direct governance link to the NHS Board and associated Committees.
Alan Wilson (Capital Projects Director)	Project Director – Responsible for the delivery of the project from inception to completion.	Alan has worked within NHS Fife for 23 years within Estates Operations. He has over 10 years experience in the delivery of a wide range of Capital Projects within Healthcare environment. Alan is a Chartered Engineer and also an accredited NEC Project Manager.
Andy Ballantyne (Lead Consultant Orthopaedics)	Clinical Lead - Responsible for clinical governance.	Andy Ballantyne is a Consultant Orthopaedic Surgeon with NHS Fife since 2005. Andy has been the Clinical lead for Orthopaedics in NHS Fife since 2015. Andy was also a member of the core team involved in the development and submission of the IA for the Fife Elective Orthopaedic Centre delivered to CIG in Nov 2018. Andy has extensive experience in local

Named Person	Project Role and Responsibilities	Experience
		DCAQ planning and delivery. Andy is an active member of the national Scottish Committee for Orthopaedics and Trauma for 10 years, in roles of treasurer and more recently secretary and is also Co-Chair on the East Region Acute service review – orthopaedics work stream with specific involvement in DCAQ evaluation 2016-2018.
Andrew Fairgrieve (Director of Estates, Facilities & Capital Services)	Project Board Member – Responsible for contributing towards general governance.	Andrew has vast Property and Asset management experience in the private sector and within the NHS. Andrew has a degree in IT/Electronics and a Masters Degree in building services design (mechanical and electrical). Andrew has also managed large new build and refurbishment projects.
Ellen Ryabov (Chief Operating Officer)	Project Board Member – Responsible for contributing towards general governance.	Ellen has worked in the NHS for 30 years and is both a qualified accountant ACMA and an MBA Graduate of Strathclyde Graduate Business School. Ellen has extensive Board level experience, having worked in three of the largest Acute Trusts in England. Ellen was appointed to the post of Chief Operating Officer (Acute Services) on 28 January 2019, prior to this she held the post of Chief Operating Officer with Hull and East Yorkshire Hospital before deciding to return to the NHS in Scotland.
Fiona Cameron (Service Manager Planned Care)	Service Lead – Responsible for service governance.	Fiona is Service manager Orthopaedic, theatres & anaesthetics. Fiona has 15 years experiences of Orthopaedics as an extended

Named Person	Project Role and Responsibilities	Experience
		scope physiotherapist, Orthopaedic service improvement lead and service manager. Fiona was a member of the core team involved in the development and submission of the IA for the Fife Elective Orthopaedic Centre. Fiona is also a Member of the Scottish Orthopaedic Service managers group and a member of East Region Orthopaedic service review group. Fiona has extensive experience of Orthopaedic and theatre redesign projects.
Kirsty MacGregor (Communications Manager)	Project Board Member – Responsible for communications governance.	<p>Kirsty MacGregor brings more than 25 years of experience in public relations and marketing communications. Kirsty has a proven track record of providing expert and informed advice to senior management teams on all aspects of internal and external communications across a range of sectors including Higher Education, Local Government and the NHS.</p> <p>A CIPR Accredited Practitioner, Kirsty also holds two Postgraduate Diplomas from the Chartered Institute of Public Relations, and the Chartered Institute of Marketing.</p>
Murray Cross (General Manager Planned Care)	Project Board Member - Responsible for contributing towards general governance.	Murray has worked in NHS Fife for over 30 years, having started in Finance before moving into management in 1999. Murray has held a wide range of management

Named Person	Project Role and Responsibilities	Experience
		positions across the Acute Division and has been in his current post of General Manager for Planned Care for the last 4 years.
Rona Laing (Non Executive Board Member)	Project Board Member – Responsible for contributing towards general governance.	Rona has been a Non-Executive Board member for 5 years she chaired the Audit and Risk Committee for several years and now chairs the Finance Performance and Resources Committee. Rona has contributed to the review and enhancement of the Board governance processes
Tracy Gardiner (Capital Accountant)	Capital Finance Lead – Responsible for financial governance.	Tracy has worked within NHS Fife for 25 years within the capital branch of the finance department. Tracy has a wide range of knowledge and experience in the delivery of capital projects within NHS Fife.
Wilma Brown (Employee Director)	Project Board Member – Responsible for staff governance.	Wilma has been the Employee Director for 10 years and will ensure we meet the required Staff Governance Standards through our Partnership processes. Wilma has been involved in a number of projects such as this and will ensure any aspects of the SG Standards are correctly identified and communicated between staff, staff side reps and the Project Board.

Table 45 - Project Board experience

7.3.3 Project Team

The project team sits below the Project Board and are responsible for delivering the project on a day to day basis. This includes, developing the design, managing risks, developing the costs, developing the business case, constructing the facility, commissioning the facility and successfully handing the facility over to NHS Fife at completion.

Within the Project Team, there are a range of roles with different responsibilities. The key roles and responsibilities are listed below:

Project Director – the Project Director is responsible for overseeing the delivery of the project on a day-to-day basis and for generally acting as the link between the Project Team and the Project Board. The Project Director will report to the Senior Responsible Officer and Project Board.

Clinical Lead and Service Manager – the Clinical Lead and Service Manager is responsible for clinical governance ensuring that sufficient engagement and participation is evidenced to allow the briefing and related design proposals to be robustly developed. They will also be responsible for accepting design proposals from a clinical perspective at key stages as part of the governance process and for resolving any conflict amongst Clinical Stakeholders.

Clinical Advisor – the Clinical Advisor role will involve providing support to the Clinical Lead and Service Manager. The role will also include leading on commissioning from a clinical perspective ensuring that the transfer to the new asset is managed smoothly.

Technical Lead – the Technical Lead will be responsible for ensuring that the briefing and **related technical proposals align with the Board's expectations and requirements. The** Technical Lead will also be responsible for accepting design proposals from a technical perspective at key stages as part of the governance process.

Technical Stakeholders – the Technical Stakeholder group consists of representation from the following areas: estates, FM, fire, ICT and infection control. They will be responsible for providing local knowledge and advice in order to refine the briefing. They will also be required **to review the PSCP's proposals and attend agreed meetings so that the proposals can** progressively be accepted in advance of the construction stage.

Clinical Stakeholders – the Clinical Stakeholder group are responsible for providing local knowledge and advice in order to refine the briefing. They will also be required to review the **PSCP's proposals and attend agreed meetings so that** the proposals can progressively be accepted in advance of the construction stage.

Project Manager – the Project Manager will be the central hub within the project responsible for delivering the project within pre-agreed time, cost and quality parameters. All project communication should flow through the Project Manager as outlined within the organogram at Section 7.3.1. The Project Manager will report to the Project Director. The Project Manager will also be responsible for managing the project in accordance with the contract option selected.

Joint Cost Advisor – the Joint Cost Advisor will primarily work alongside the Project Manager assisting with setting the budget, creating cost plans, agreeing the target/price whilst contributing towards value management, value engineering and risk management. They will also assist the Project Manager with payment assessments and compensation events. The **Joint Cost Advisor will act in a "joint" capacity assisting the PSCP with preparing pricing schedules /** bills of quantities and other documentation required for tender purposes.

Supervisor – the Supervisor’s main duties relate to ensuring quality is provided during the construction stage. They do this through acting in accordance with the contract. The Supervisor may be appointed during the pre-construction phase to assist with developing the Works Information (testing requirements) and reviewing the PSCP’s proposals.

PSCP – the PSCP is responsible for designing and constructing the project within the agreed time, cost and quality constraints. They are also responsible for working in a safe manner whilst mitigating the risk of any operational disruption caused by the works. The PSCP’s full scope of duties are contained within the contract Works Information.

Principal Designer – the PSCP will be appointed as Principal Designer, in line with the CDM Regulations 2015. The role involves planning, management and coordination of health and safety in the pre-construction period, help and advice in bringing together the pre-construction information pack, working with the other designers to eliminate foreseeable health and safety risks, and ensuring the PSCP team are informed of risks requiring management in construction.

The Principal Designer is also responsible for coordinating and developing the Health and Safety File and for providing copies at the end of the project.

PSCMs – Principal Supply Chain members are designers and sub-contractors appointed directly by the PSCP to deliver and design the works.

7.3.4 External Advisors

Independent consultants who have been appointed by the Board are set out in the table below:

Project role	Organisation	Lead person(s)
Project Manager	Thomson Gray	Ben Johnston
Cost Advisor	Gardiner & Theobald	Neil Cowan Linda McLennan
Business Case Author	Thomson Gray	Ben Johnston
NEC Supervisor	TBC	TBC
Clerk of Works	TBC	TBC

Table 46 - External Advisors

7.3.5 Project Recruitment Needs

The Project Team has been developed robustly during the OBC Stage. The only remaining roles to be filled are NEC Supervisor and Clerk of Works. At this point in time, it is considered that these roles will be external appointments and will be procured towards the end of the FBC Stage. The roles may be combined into one procurement to be fulfilled by one organisation.

7.3.6 Project Plan and Key Milestones

The project plan and key milestones are set out in the table below:

Description / Activity	Date
OBC	
▪ Submit to Capital Investment Group (CIG), Scottish Government (SG)	15 Oct. 2019
▪ Finance Performance and Resources Committee (FP&R), NHS Fife	5 Nov. 2019
▪ Capital Investment Group (CIG), Scottish Government (SG) Meeting	12 Nov. 2019
▪ NHS Fife Board Meeting	27 Nov. 2019
FBC	
▪ Complete car park enabling works (to enable site to be cleared for construction)	Aug. 2020
▪ Statutory consents	Aug. 2020
▪ Submit to Capital Investment Group (CIG), Scottish Government (SG)	11 Aug. 2020
▪ Finance Performance and Resources Committee (FP&R), NHS Fife	Aug. 2020
▪ Capital Investment Group (CIG), Scottish Government (SG) Meeting	9 Sept. 2020
▪ NHS Fife Board Meeting	Sept. 2020
Construction and handover	
▪ Start	Sept. 2020
▪ Completion	March 2022
▪ Post Project Evaluation	March 2023

Table 47 - Project plan and key milestones

7.3.6.1 Car Park

As noted within the project plan, the current strategy is to complete a replacement car park as enabling works during FBC. This will allow displaced car parking to be re-provided in advance of main project works commencing.

The car park will be formed at **Whyteman's Brae on land currently owned by NHS Fife**. This will **allow additional staff car parking at Whyteman's Brae freeing up patient/visitor car parking** adjacent to the hospital.

Costs associated with the car park have been budgeted and included within the Financial Case capital cost allocation.

7.4 Change Management Arrangements

7.4.1 Operational and Service Change Plan

The Fife Elective Orthopaedic Centre will result in the following changes:

1. Increased surgical capacity by the provision of a third elective orthopaedic theatre with capacity to manage elective orthopaedic requirements for inpatient activity for the next 20 years based on ISD projections;
2. Increased ward capacity to provide a mixture of single room and day case facility to reflect the changing requirements for inpatient elective orthopaedic surgery;
3. Centralisation of NHS Fife MSK services to a single site, with resultant improved efficiency in OPD activity through developments consistent with the objectives of the Scottish Access Collaborative (SAC) in demand management within outpatients;
4. Utilisation (where appropriate) of IT strategies building consistency with local and national strategy in the delivery of the aims of the SAC in demand management.

7.4.1.1 Theatres

Theatres plan to provide increased capacity by the provision of a third elective orthopaedic theatre. This will accommodate future demand for major joint surgery within NHS Fife over the next 20 years. These calculations are based on ISD projections for hip and knee arthroplasty (2017).

Short term theatre utilisation will be attained by relocating the Hand Service to the Fife Elective Orthopaedic Centre. Future demand will be accommodated by increasing theatre time utilisation and job plan redesign (weekend working and 3 session days).

The relocation of hand service will coincide with the opening of the Fife Elective Orthopaedic Centre. Subsequent adjustment to job plans will be recognised in future consultant appointments and a review of current job plans will be undertaken with a view to increasing flexibility. This will be a progressive process over the next 20 years reflecting the demands on service.

This will be led by Clinical Leads and Service Managers working in partnership with consultants to achieve theatre efficiency and delivery of the TTG.

7.4.1.2 Wards

In respect to the increased ward capacity, the workforce planning tool will be utilised to determine future nursing needs.

It is recognised that providing a mixture of day case beds and single room inpatient beds offers patient capacity consistent to the changing requirements for inpatient bed space. An increasing number of patients, including lower limb arthroplasty, can be managed through a day case facility. This has the benefit of maximising the efficient use of staff as it is recognised that a 100% single room wards have increased nursing requirements.

7.4.1.3 Centralisation of MSK services

Currently MSK service is delivered from a number of sites across NHS Fife. Often MSK practitioners are working in isolation with limited clinical or peer support. The centralisation of MSK services to a single purpose-built facility in Fife offers a number of benefits:

- MDT MSK delivery from single site;
- Opportunity to develop MDT support – clinical staff not working in isolation;
- Development of consistently applied pathways for MSK conditions;
- Efficiency opportunities in how aspects of service delivered (fracture clinics);
- Opportunities to develop AHP staff into more advanced roles (fracture clinic nurses/ANP roles); and
- Opportunities to incorporate national and local IT strategies consistent with the Scottish Access Collaborative aims in demand management within outpatient services:
 - a Opt-In care
 - b Patient initiated review appointments
 - c Development of virtual clinics (NP and review)

This will be achieved by the service undertaking a review of current OPD activity and through a series of workshops looking at redesigning part of the service. Staff and patient engagement will be implemented within this transition. Service redesign will occur over the next three years to enable changes to be embedded prior to the transfer of services to the Fife Elective Orthopaedic Centre.

7.4.2 Facilities Change Plan

The new facility will be serviced by NHS Fife's in-house facilities team. The facility is a replacement for the current orthopaedic theatres and the associated ward currently located in Phase 2 tower block. The facility will be serviced under the existing facilities strategy through the link corridor provided in the new design that connects to the hospital's main FM corridor. Recognition has taken place that there will be a need for extra revenue costs for providing facilities services to the new building due to the increase in patient numbers projected over the next 25 years. These costs have been provided within the Financial Case (see Section 6).

7.4.3 Stakeholder Engagement and Communications Plan

A Stakeholder Engagement and Communication Plan has been developed and endorsed by the Project Board. A copy of the plan can be located at Appendix P.

Stakeholder engagement has occurred at different levels to date. From a design perspective staff and service users have been actively involved in helping to develop the design of the facility. This has occurred through the following workshops:

- **Development of the project's Design Statement;**
- 1:500 / 1:200 site and departmental adjacency workshops; and
- Achieving Excellence Design Evaluation Toolkit (AEDET) workshop.

At a higher level several tools have been used to communicate the project to wider staff, service users and the general public. These tools have included:

- Dedicated intranet page for staff;
- **Dedicated page on NHS Fife's website for the public; and**
- Project displays / notice boards within the main hospital reception at VHK.

7.5 Benefits Realisation

7.5.1 Benefits Register

The rationale for an investment needs to be reflected in the realisation of demonstrable benefits, as this will provide the evidence base that the proposal is worthwhile and that a successful outcome is achievable. The benefits to be achieved are discussed in the Strategic Case and have resulted in the creation of a Benefits Register and Benefit Realisation Plan for the Project. The Benefits Register is located at Appendix M.

The benefits register includes a range of benefits to be realised by the development. Each benefit includes a target that will be used to indicate the measure of success during the Post Project Evaluation (PPE).

Benefits are either assessed in a quantitative or qualitative manner.

For the quantitative benefits, the register indicates the baseline (current position) at the start of the project including the source. This will be compared with the same data source in 2023 when the PPE is completed.

For benefits that are qualitative in nature, questionnaires will be developed, and a mix of patient and staff surveys/interviews will be undertaken to outline the baseline for these benefits. The same survey tools will be used during the PPE to examine to what degree the improvements sought were achieved.

Additionally, a Red, Amber, Green (RAG) score highlighting the relative importance of each benefit is indicated using the scale outlined below in the table below.

Scale / RAG	Relative importance
1	Fairly insignificant
2	↕
3	Moderately important
4	↕
5	Vital

Table 48 - Benefits and relative importance

Whilst the benefits “measurement methods” have been identified within the OBC period, further work is required to identify the baseline and target values for each benefit – this will be undertaken within the FBC period.

Community Benefits

The Benefits Register also sets out wider sustainability opportunities associated with this Project. Notably there is potential to deliver community benefits through education, training and recruitment, whilst targeting work packages offered to Small or Medium Size Enterprises (SMEs).

Within the procurement process the requirement for community benefits was set out in the tender documentation. These requirements are referenced within the Benefits Register which the PSCP will be expected to meet and surpass.

7.5.2 Benefits Realisation Plan

A Benefits Realisation Plan has been produced to support the achievement of the benefits outlined in the Benefits Register, and it is included as Appendix N.

The benefits realisation process is a planned and systematic process consisting of four defined stages outlined below. The implementation of this plan will be reviewed regularly by the Project Board.

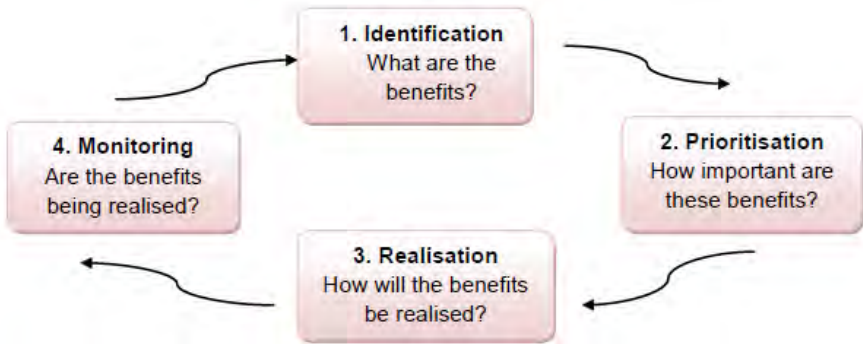


Figure 18 - Benefits realisation process

The Benefits Realisation Plan outlines:

- Which Investment Objective the benefit addresses;
- Who will receive the benefit;
- Who is responsible for delivering the benefit;
- Any dependencies that could affect delivery of the benefit; and
- Any support needed from other agencies etc. to realise the benefit.

Benefits monitoring will be ongoing over the life of the Project through the planning, procurement and implementation phases. Progress will be reported to the Project Board at regular intervals and will culminate in the Project Evaluation Report to be produced in 2023.

7.6 Risk Management

Risk management is a structured approach to identifying, assessing and controlling risks that emerge during the project lifecycle. It is a critical and continuous process throughout the planning, procurement and implementation journey of a project.

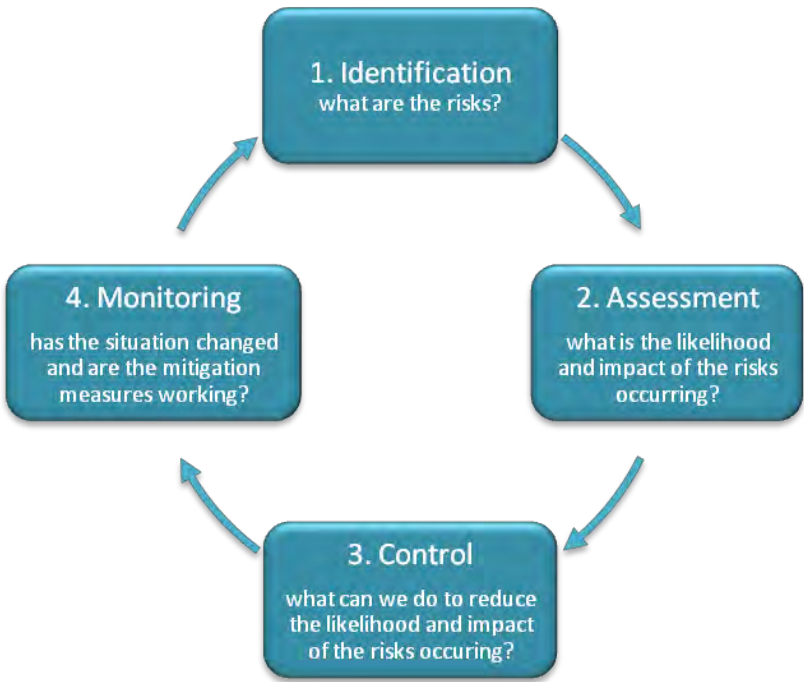


Figure 19 - Risk management process

7.6.1 Updated Risk Register

The Project Team have developed the initial Risk Register created at IA. The current risk register can be located at Appendix O. The risks are generally now more project focussed on balance and reflective of the current stage in the process. The headline items noted below, demonstrate how the risk register has been developed since IA.

- New risks have been identified and added to the register, whilst other risk have been closed;
- Probability, impact and risk ratings have been updated progressively at risk workshops;
- Mitigation measures have been agreed and updated;
- Each risk has been identified as quantifiable or unquantifiable – where the risk is identified as quantifiable it has been carried forward to allow pricing of contingency;
- Risk owners and managers have been allocated. *A risk owner has overall responsibility for the risk, whilst a manager is responsible for helping to mitigate the risk.*

7.6.2 Governance

The Project Director has overall responsibility for the project risk register. The Project Manager is however responsible for maintaining the risk register on a day to day basis and for organising regular risk workshops to review and manage the risks.

The risk register is updated and provided to the Project Board on a monthly basis as an **Appendix to the Project Manager's monthly progress report. Key risks are extracted from the risk register and highlighted within the Project Manager's monthly report for ease of reference.** The Project Board provide direction to the Project Director and Project Manager on risk matters as necessary.

7.7 Commissioning

The importance of the commissioning process cannot be underestimated, as failure to adequately consider this process is likely to cause increases to project costs and failure to deliver agreed service benefits and project outcomes. The Project Board and Director are fully committed to implementing a robust commissioning process, ensuring that the facilities are safe to use and operate from the outset. With this in mind; the Project Director is actively keen to embrace and trial new commissioning and testing procedures. These will be collaboratively agreed with the PSCP, NEC Supervisor and Clerk of Works and incorporated into the contractual Works Information as agreed obligations.

The commissioning process will be treated as a distinct workstreams, but fully integrated into the overall project to enable a smooth transition to the new working arrangements and realisation of the anticipated benefits. Workstreams will include Technical Commissioning and Operational Commissioning and these will be supported by BIM and Soft Landing processes.

Technical Commissioning concentrates on the readiness of the facility to support operational activity. As such the mechanical and electrical systems all need to be operating satisfactorily at handover of the facility and beyond. Operational Commissioning on the other hand is involved with getting the clinical services transferred into the facility with minimal disruption to business continuity. Given these separate requirements an Operational Commissioning Manager will be appointed directly by NHS Fife (this appointment is already in place). The Technical Commissioning Manager role will be undertaken by the PSCP; however, the Project Director, Project Manager, NEC Supervisor and Clerk of Works will maintain active roles helping to facilitate a robust technical commissioning process.

The Commissioning Managers will report to the Project Manager on a day to day basis but will maintain lines of communication with the wider team to deliver against the plans.

The Commissioning Managers will be charged with developing the Commissioning Requirement Brief and Masterplan within the FBC stage of the programme. These documents will be offered as part of the FBC submission.

7.8 Post Project Evaluation

The arrangements for post implementation review and project evaluation reviews have been established in accordance with best practice. These reviews will determine whether the anticipated benefits identified at the outset have been delivered. The project will be evaluated in stages:

Stage 1 – Procurement Process Evaluation

An evaluation of the procurement process will be undertaken following the signing of the contract to assess the effectiveness of the procurement process in meeting the project objectives. This will identify any issues and lessons to be learned that will benefit future projects.

Stage 2 – Monitoring Construction

During the construction period progress will be monitored to ensure delivery of the project to time, cost, and quality to identify issues and actions arising. On completion of the construction phase the actual project outputs achieved will be reviewed and assessed against requirements, **to ensure these match the project's intended outputs and deliver its objectives.**

Stage 3 – Initial Project Evaluation of the Service Outcomes

This will be undertaken 6 to 12 months after the new facility has been commissioned. The objective is to determine the success of the commissioning phase and the transfer of services into the new facilities and what lessons may be learned from the process.

Stage 4 – Follow-up Project Evaluation

This will be undertaken 2 years into the operational phase by the Evaluation Team to assess the longer-term **service outcomes and ensure that the project's objectives continue to be delivered.**

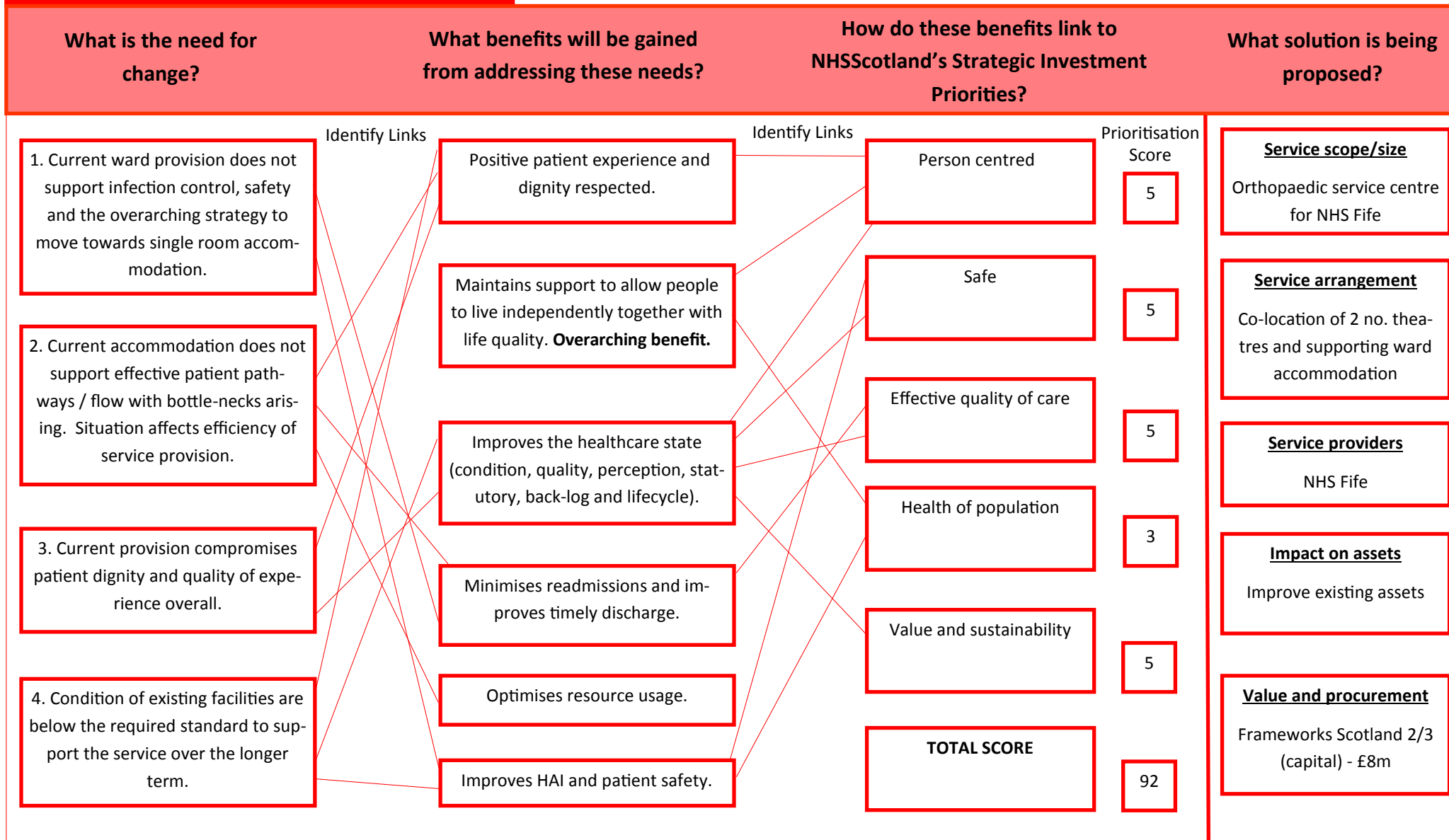
The following questions will be asked at each stage:

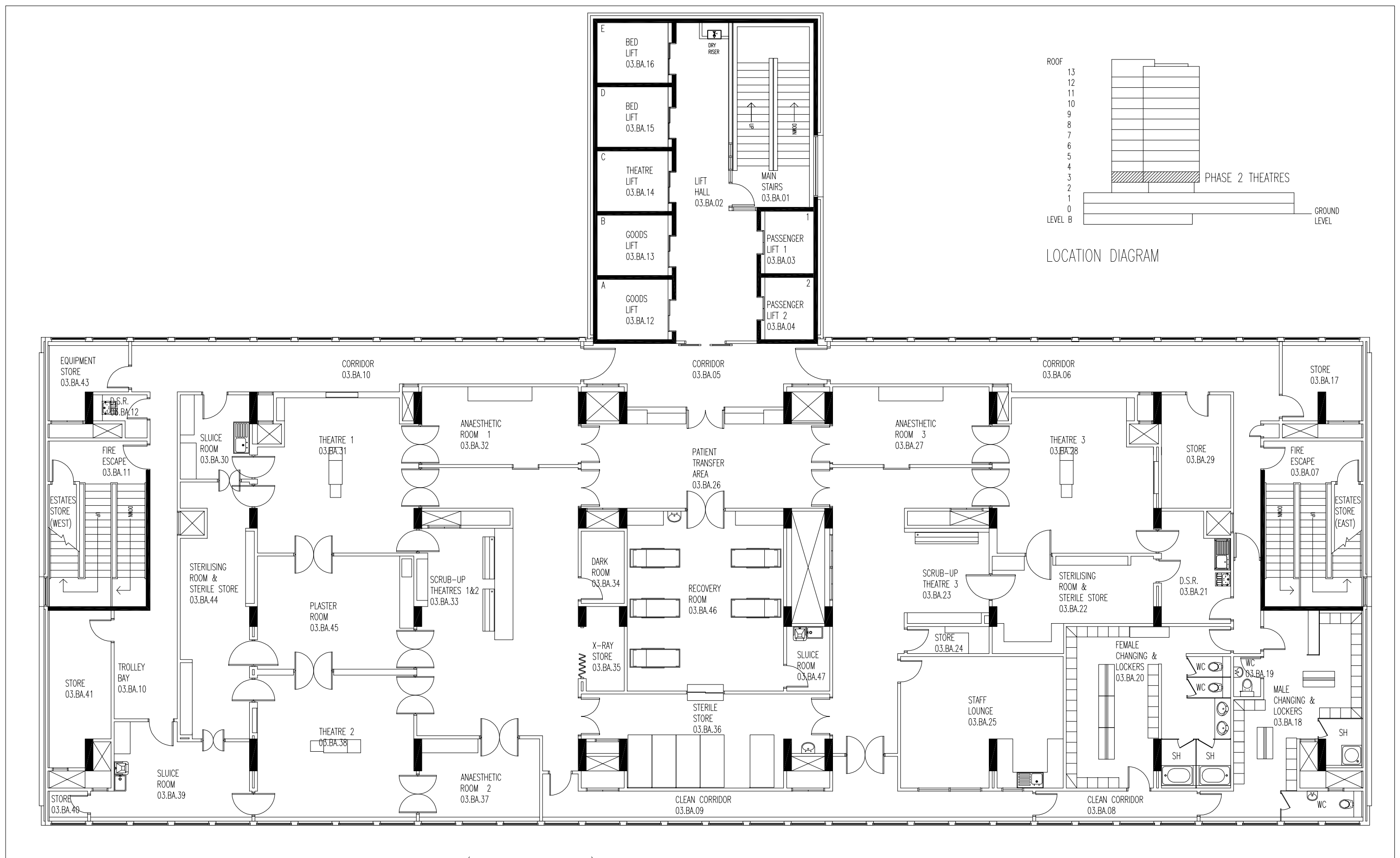
- Have relevant project objectives been achieved?
- Has the project progressed as planned?
- If the plan was not followed, why did this occur?
- If appropriate, how should plans for future projects be amended?


The process will be led by evaluators, independent of the delivery team, who will meet with representatives of the user groups and other key stakeholders. The Project Sponsor, on behalf of the Project Board, will receive reports at each stage of the evaluation process.

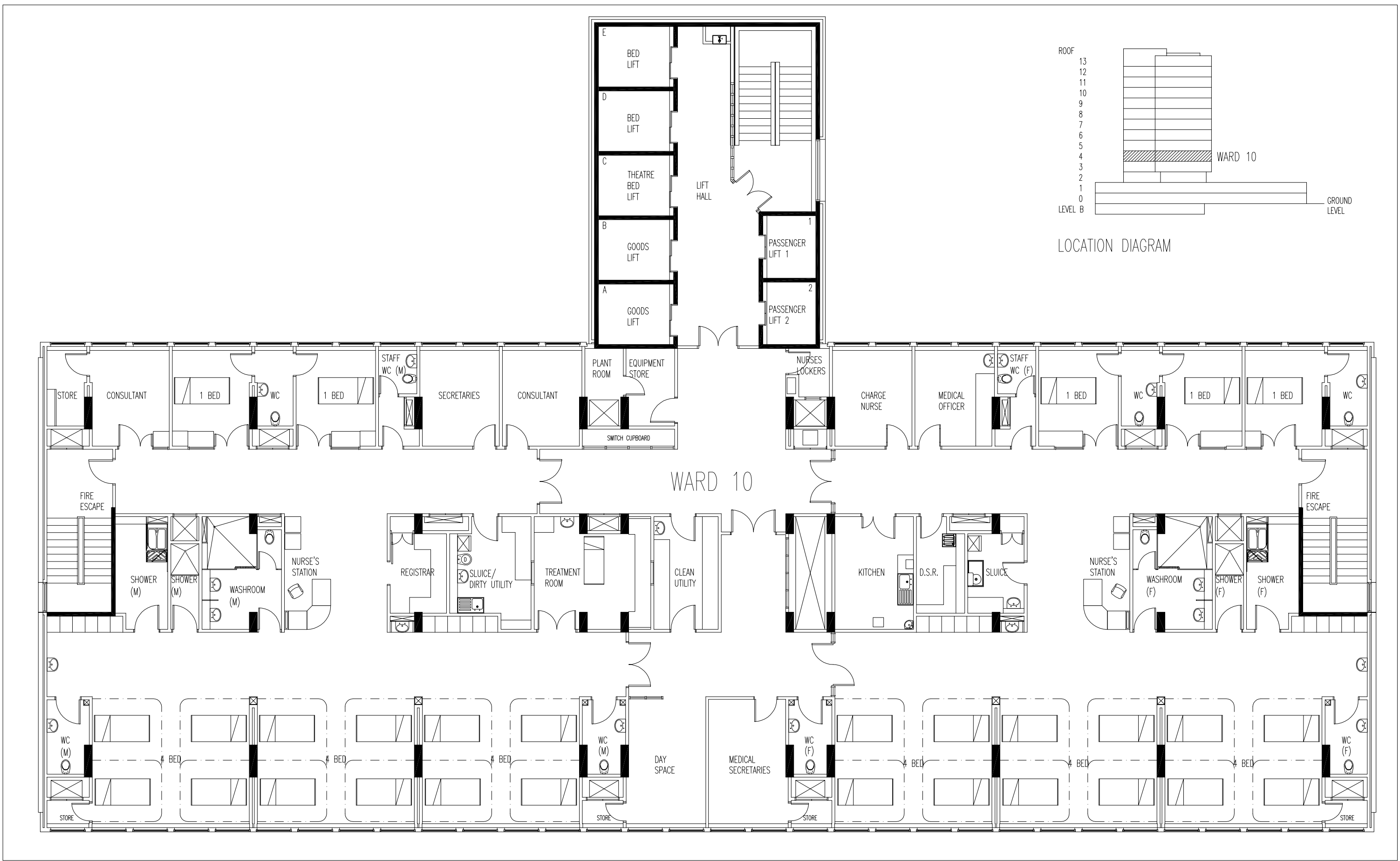
Strategic Assessment**Project: Fife Elective Orthopaedic Centre****13/03/2017—Rev. 3**


Current Arrangements: Service is provided within Phase 2 at Victoria Hospital, Kirkcaldy serving the community of Fife. Current provision includes 2 no. orthopaedic laminar flow theatres and a supporting 24 bed ward. 22 no. sessions delivered over 6 days at capacity. Condition and flow of existing accommodation in need of improvement in order to sustain the service for the future.





	Directorate of Estates, Facilities and Capital Services	Project Title VICTORIA HOSPITAL, KIRKCALDY PHASE 2 - LEVEL 3, (BLOCK BA-3) THEATRES	Drawing Title FLOOR PLAN	Date SEPT 11	Rev
				Drawn I.D.	
				Scale N.T.S.	
	Victoria Hospital Hayfield Road KIRKCALDY Fife KY2 5AH Tel: (01592) 643355 Fax: (01592) 648062				Drawing No VHK \ BA-3 \ FIRE \ A3



	Directorate of Estates, Facilities and Capital Services	Project Title VICTORIA HOSPITAL, KIRKCALDY PHASE 2 - LEVEL 4, (BLOCK BA-4) WARD 10	Drawing Title FLOOR PLAN	Date JUN 96	Rev
	Victoria Hospital Hayfield Road KIRKCALDY Fife KY2 5AH Tel: (01592) 643355 Fax: (01592) 648062			Drawn ROB	
	Scale N.T.S.				
	Drawing No VHK \ BA-4 \ FLOOR \ A3				

Sessions required to maintain demand/capapcity balance using ISD projections for arthroplasty applied to all subspecialities ²						
	Description of the sessional surplus/defecit of planned ortho theatre when comparing current availability with projected demand until 2035					Comments
		Current	2025	2030	2035	
Total sessions activity 2016-2017 and forward projections (2025,2030,2035) ¹	Total	0% 1459	18% 1722	28% 1868	33% 1940	
Total theatre (IP/DC) sessions available current (@90% utilisation)	1498	39 ⁴	-224	-370	-442	
Total theatre (IP/DC) sessions available current (@85% utilisation)	1414	-45	-308	-454	-526	Reflects current utilisation 1 theatre utilised 52 week/yr = 520 sessions
Total theatre (IP/DC) sessions available current (@80% utilisation)	1331	-128	-391	-537	-609	

Notes:

¹Total activity (planned orthopaedics) includes all the funded consultant core capapcity (as in Cons contracts), WLI and activity undertaken outwith board (GJNH). In 2016-17 demand and capapcity was balanced

² ISD produced projections for increased arthroplasty activity in 2025,2030 and 2035. It was assumed similar increases would be seen across all specialities. These projected increase in activity were applied to sessional requirements for 2016-2017 to give an estimate of future demand. These are described in sessional requirements for NHS Fife for elctive orthopaedics in 2025,2030 and 2035

³ Theatre utilisation (as a percentage of all available sessions) was calculated at 100%, 90%, 85% and 80%. The figure calcculated reflects the total number electvie orthopaedic theatre sessions avaiulable for the described utilisation. The figures of 85% utilisation is reflective of current theatre use. NHS Fife is recognised as having some of the most efficient electvie orthopaedics theatres within Scotland.

⁴ A positive number represents a surplus of theatre sessions at the defined theatre utilisation, a negative number represents a defecit of theatre sessions to meet demand compared to current sessional availability.

Fife Elective Orthopaedic Centre

Options

5 January 2018 – Rev. 2

Ref. no	Option Description	Service Size		Feasibility	Preferred, possible of discounted
Scope of Services					
1	As per current arrangements – elective orthopaedic centre	Similar to existing arrangements		Feasible. This may however include an increased schedule of accommodation compared to the existing situation in order to plan for future demand.	Preferred
2	Provide increased flexibility for trauma use	May need to increase to achieve this		Flexible use. Feasible although accommodation and resources would need to increase to accommodate this.	Possible
3	Provision for day surgery at the weekends (in/out same day)	May need to increase to achieve this		Flexible use. Feasible although accommodation and resources would need to increase to accommodate this.	Possible
4	Regional utilisation – i.e. use by other health boards	May need to increase to achieve this		Flexible use. Feasible although accommodation and resources would need to increase to accommodate this.	Possible
Service Solution					
1	Service to be delivered as per the status quo—i.e. dedicated service by NHS Fife	1a	Size to meet status quo.	Feasible.	Possible
		1b	Increase size to meet local future demand projections	Feasible, although would impact on resources/workforce and project/whole life costs.	Preferred
		1c	Increase size to meet local future demand and neighbouring Health Boards	Feasible, although would impact on resources/workforce and project/whole life costs.	Possible
2	Service to be delivered using general theatres and wards within NHS Fife (in part or whole)	1a	Size to meet status quo	Not feasible. Laminar flow theatres required and may dilute quality of service provision and efficiencies which is currently excellent.	Discount
		1b	Increase size to meet local future demand projections	Not feasible. Laminar flow theatres required and may dilute quality of service provision and efficiencies which is currently excellent.	Discount
		1c	Increase size to meet local future demand and neighbouring Health Boards	Not feasible. Laminar flow theatres required and may dilute quality of service provision and efficiencies which is currently excellent.	Discount

3	Service to be delivered by another Health Board		Not feasible – no capacity elsewhere. Potential loss of knowledge and expertise.	Discount
4	Service to be provided by a bespoke Regional Elective Centre		Not feasible. No current insight into when an elective centre might be ready or where it might be located. Centre could however eventually offer support to ease supply/demand issues in the future.	Discount
5	Private provision		Expensive solution and issues over locality.	Discount
Potential Delivery Options (based on likely scope of service and solutions as detailed above)				
1	Traditional new-build at VHK		Feasible, if finances allow. Although space to facilitate new-builds is constrained at VHK it is considered that a new-build unit could be accommodated at the site.	Possible
2	Modular new-build at VHK		Feasible, if finances allow. Although space to facilitate new-builds is constrained at VHK it is considered that a new-build unit could be accommodated at the site. Could be more affordable than a traditional new-build but design/quality constraints could be the compromise.	Possible
3	New build elsewhere within NHS Fife’s estate		Not really feasible due to required adjacencies – i.e. suits service to be located at an acute site.	Discount
4	Refurbishment of existing		Not really feasible. Issues with size of existing accommodation to provide the space required and local refurbishment would not overcome inherent issues within the tower block. Furthermore service would require to be decanted to allow a refurbishment.	Discounted on the basis that any spend is considered to be a poor investment due to the inherent infrastructure issues.
5	Refurbishment/extension elsewhere at VHK		Feasible. Option would allow the Board to rationalise their existing estate proving services within suitable accommodation. Option perhaps lends itself better if replicating the existing accommodation is the preference.	Possible
6	Refurbishment/extension elsewhere within NHS Fife		Not really feasible due to required adjacencies – i.e. suits service to be located at an acute site. Could only be feasible for selected cases which would mean spitting the service across Fife which is inefficient.	Possible for selected cases but not preferred. Therefore discount.
7	Use of Vanguard facilities		Feasible although expensive and space on site is limited at the VHK to accommodate this. Perhaps more feasible for a decant option on a short-term basis.	Possible but not preferred. Therefore discount.

Summary of Options

	Option 1 - Do minimum (as existing)	Option 2 – Refurbishment of existing	Option 3 – Refurbish other estate at VHK	Option 4 – VHK modular new- build	Option 5 – VHK new-build
Service provision	Elective orthopaedic centre as per current arrangements	Elective orthopaedic centre as per current arrangements provided from its current location	Services to be provided at VHK within a refurbished area of the existing Estate Elective orthopaedic centre as per current arrangements but with added capacity to meet future local service demand projections At this stage the service has projected the need for a further theatre (3 no. in total) and a 34 no. bed ward (an increase of 6 no. beds versus the current arrangements).	Service would be provided within a dedicated new modular building on the VHK site. Elective orthopaedic centre as per current arrangements but with added capacity to meet future service demand projections At this stage the service has projected the need for a further theatre (3 no. in total) and a 34 no. bed ward (an increase of 6 no. beds versus the current arrangements).	Service would be provided within a dedicated traditional new building on the VHK site. Elective orthopaedic centre as per current arrangements but with added capacity to meet future service demand projections At this stage the service has projected the need for a further theatre (3 no. in total) and a 34 no. bed ward (an increase of 6 no. beds versus the current arrangements).
Service arrangements	As per the status quo	As per the status quo	As per the status quo but offering additional supply/capacity.	As per the status quo but offering additional supply/capacity.	As per the status quo but offering additional supply/capacity.
Service provider and workforce arrangements	As per status quo	As per status quo	Service provider as per the status quo. Workforce arrangements would need to increase in order to facilitate the extra supply offered by the service. Increase projections noted in business case.	Service provider as per the status quo. Workforce arrangements would need to increase in order to facilitate the extra supply offered by the service. Increase projections noted in business case.	Service provider as per the status quo. Workforce arrangements would need to increase in order to facilitate the extra supply offered by the service. Increase projections noted in business case.
Supporting assets	Minimal change to condition and performance of existing assets/properties	The proposal here is to refurbish the existing accommodation. Conditions would improve locally, however the inherent risks posed by the existing wider infrastructure within the VHK tower block would remain and as a result there would continue to be an ongoing risk to operations from these facilities.	Condition and performance of the existing assets/properties will be improved significantly. When the service is relocated to its new location, there will then be an opportunity to improve the condition of the accommodation where it moved from for a suitable purpose (non-clinical).	When the service is relocated to its new location, there will then be an opportunity to improve the condition of the accommodation where it moved from for a suitable purpose (non-clinical).	When the service is relocated to its new location, there will then be an opportunity to improve the condition of the accommodation where it moved from for a suitable purpose (non-clinical).
Public and service user expectations	No change to expectations or perception.	As the service will be more or less the same, expectations will be unchanged, however positive perception levels in respect to the service would increase through cosmetic improvements to the facilities. Ongoing risk that perception could be affected by a failure in the VHK tower block infrastructure causing damage to	Service user expectations should improve as the facilities, layout and accommodation on offer will contribute towards a positive patient experience. Better than options 1 and 2, similar to option 4 but perhaps not as good as option 5.	Service user expectations should improve as the facilities, layout and accommodation on offer will contribute towards a positive patient experience. Better than options 1 and 2, similar to option 3 but perhaps not as good as option 5.	Service user expectations should improve as the facilities, layout and accommodation on offer will contribute towards a positive patient experience. Considered to offer the most against all other options in this regard.

		the facilities and disruption to service provision.			
Advantages (Strengths and Opportunities)	No disruption to existing services. No capital investment required.	Improvement to the condition of the facilities which would have a positive impact on back-log costs. Limited capital investment required.	Option should realise many of the investment objectives and associated benefits but perhaps not to the same extent as option 5. Makes best use of the Boards existing assets. This option is likely to reduce back-log in the current location by the order of £1m and potentially back-log within its new location by the order of £1m (£2m back-log spend to save overall). If sufficient space can be found within the existing estate to facilitate the needs of the existing service plus future projected demand, then this option may also offer opportunities locally for dealing with trauma day surgery peaks. Dealing with future projected demand locally will also have the benefit of reducing stresses on any Regional facility.	Option should realise many of the investment objectives and associated benefits but perhaps not to the same extent as option 5. No decant strategy required (cost saving). With a new-build, more opportunity/flexibility to plan effective adjacencies and ensure suitable space provision. In addition flexibility can be built into the facility for future expansion if required. This option may offer opportunities locally for dealing with trauma day surgery peaks. Dealing with future projected demand locally will also have the benefit of reducing stresses on any Regional facility. Modular facilities tend to be able to delivered more quickly than traditional builds however this if often offset by quality.	It is considered that this option should be able to satisfy all of the investment objectives and realise all of the associated benefits. No decant strategy required (cost saving). With a new-build, more opportunity/flexibility to plan effective adjacencies and ensure suitable space provision. In addition flexibility can be built into the facility for future expansion if required. This option may offer opportunities locally for dealing with trauma day surgery peaks. Dealing with future projected demand locally will also have the benefit of reducing stresses on any Regional facility. It is considered that this option will offer the most in terms of quality over the longer term and will stand the best chance of successfully responding to the parameters set out within the Design Statement.
Disadvantages (weaknesses and threats)	As per the “need for change”. Risk to service remains.	Does not successfully deal with the “need for change” . Risk to service remains. Service would require to decant temporarily to facilitate this option which could be costly.	Option is likely to necessitate the need for a dependency decant project which will add additional cost. Depending on the building footprint and design, it may not be possible to achieve complete single bed accommodation. Other healthcare guidance may not be realised due to constraints. Potentially noisy/disruptive to adjacent accommodation. Option does not offer the same degree of future proofing for future demand. Furthermore opportunities to expand will be constrained.	Space for a new-build at VHK limited. Less opportunity than option 3 in respect to improving existing assets. Potential planning/public engagement implications. The building footprint required to accommodate 3 no. theatres, a 30 bed ward and supporting accommodation may not be appropriate for a modular build. Further to the point above initial cost projections are higher than option 5.	Space for a new-build at VHK limited. Less opportunity than option 3 in respect to improving existing assets. Potential planning/public engagement implications. Initial cost projections identify this option as being the second most expensive.

APPENDIX D - LONG & SHORT LIST OF OPTIONS					
Does it meet the investment objectives (fully, partially, no, NA)?					
IO.1 – Reduce infection control and safety risk.	No	No – limitations	Partially – some compromise on complete “single-bed” provision may be required	Yes	Yes
IO.02 - Improve patient pathways / flows.	No	No – limitations	Partially – a refurbishment may introduce constraints and compromises	Yes	Yes
IO.03 - Improve patient perception.	No	Yes, although limitations and risk of failure in asset ongoing	Yes	Yes – but not to the same extent as option 5	Yes
IO.04 - Improve accommodation in respect to space standards and physical condition.	No	Partially – physical condition could be improved, however ability to improve space standards within existing footprint is unlikely	Partially – a refurbishment may introduce constraints and compromises	Yes	Yes
Are the indicative costs likely to be affordable (yes, maybe / unknown / no)?					
Affordability	Yes	Yes	Potentially	Potentially	Potentially
Option preferred / possible / rejected?					
Option selection	Reject	Reject	Possible	Reject	Preferred



<u>Options</u>	<u>Cost updated for inflation</u>	<u>Cost updated for inflation and Optimism Bias</u>
1 - As existing - do minimum	£ 63,380	£ 63,386
2 - Refurbishment of Existing	£ 11,104,993	£ 12,154,401
3 - Refurbishment of Other Asset	£ 23,185,372	£ 25,611,943
4 - Modular New Build	£ 39,841,269	£ 44,166,612
5 - Traditional New Build	£ 30,519,037	£ 33,637,272



As Existing Option 1 - Do Minimum

Minor Betterment of existing Assets; including decoration etc	1,992	m2	£	12	£	23,904
PSCP Design					£	5,000 allowance
PSC					£	15,000 allowance
Contingency					£	5,000 allowance
Equipment					£	- allowance
					£	48,904
Adjustment for inflation - 8%					£	3,912.32
					£	52,816.32
Client Decant Costs					£	-
VAT @ 20%					£	10,563
					£	63,380



As Existing Option 1 - Do Minimum

Minor Betterment of existing Assets; including decoration etc	1,992	m2	£	12	£	23,904
PSCP Design			£		5,000	allowance
PSC			£		15,000	allowance
Contingency			£		-	See optimism bias allowance
Equipment			£		-	allowance
			£		43,904	
Adjustment for inflation - 8%			£		3,512	
			£		47,416	
Client Decant Costs			£		-	
Optimism Bias at 11.40%			£		5,405	
			£		52,822	
VAT @ 20%			£		10,564.36	
			£		63,386	



Refurb Existing Asset Option 2

	<u>Raigmore *</u> 1Q16	<u>Monklands *</u> 1Q15	<u>Royal Cornwall *</u> 2Q12	<u>Ward 20 St Johns *</u> 2Q16
	£ 2,509.00	£ 3,179.00	£ 2,122.00	£ 2,298.00
Adjusted to 1Q18	5.60%	10.40%	26.10%	4.90%
	<u>£ 140.50</u> £ 2,649.50	<u>£ 330.62</u> £ 3,509.62	<u>£ 553.84</u> £ 2,675.84	<u>£ 112.60</u> £ 2,410.60
Average	£ 2,811			
Adjustment to scope as 10% greater	£ 281			
Rate /m2	<u>£ 3,093</u>			
Therefore:	1,992 m2	Total Area		
Theatres and ancillary spaces	995 m2	£ 3,093	£ 3,077,067	
Recovery and wards	<u>997 m2</u> 1,992	£ 2,800	£ 2,791,600	
PSCP Design			£ 500,000	(allowance as T&T 15.12.16)
PSC			£ 250,000	(allowance as T&T 15.12.16)
Contingency			£ 150,000	(allowance as T&T 15.12.16)
Equipment			<u>£ 200,000</u> £ 6,968,667	(allowance as T&T 15.12.16)
Client Decant Costs			£ 750,000	(allowance as T&T e-mail 10.03.17)
Upgrade existing accommodation			£ 250,000	(prior to decant)
Vanguard Theatres - 2nr			£ 600,000 <u>£ 8,568,667</u>	(to maintain service during construction)
Adjustment for inflation - 8%			£ 685,493.40 <u>£ 9,254,161</u>	
VAT @ 20%			<u>£ 1,850,832</u> <u>£ 11,104,993</u>	

* Cost Data Provided by Graham Construction June 2016



Refurb Existing Asset Option 2

	<u>Raigmore *</u> 1Q16	<u>Monklands *</u> 1Q15	<u>Royal Cornwall *</u> 2Q12	<u>Ward 20 St Johns *</u> 2Q16
	£ 2,509.00	£ 3,179.00	£ 2,122.00	£ 2,298.00
Adjusted to 1Q18	5.60%	10.40%	26.10%	4.90%
	£ 140.50	£ 330.62	£ 553.84	£ 112.60
	£ 2,649.50	£ 3,509.62	£ 2,675.84	£ 2,410.60

Average	£ 2,811
Adjustment to scope as 10% greater	£ 281
Rate /m2	£ 3,093

Therefore: 1,992 m2 Total Area

Theatres and ancillary spaces	995 m2	£ 3,093	£ 3,077,067
Recovery and wards	997 m2	£ 2,800	£ 2,791,600
	1,992		

PSCP Design £ 500,000 (allowance as T&T 15.12.16)

PSC £ 250,000 (allowance as T&T 15.12.16)

Contingency £ - See optimism bias allowance

Equipment £ 200,000 (allowance as T&T 15.12.16)
£ 6,818,667

Client Decant Costs £ 750,000 (allowance as T&T e-mail 10.03.17)

Upgrade existing
accommodation £ 250,000 (prior to decant)

Vanguard Theatres -
2nr £ 600,000 (to maintain service during construction)
£ 8,418,667

Adjustment for inflation - 8% £ 673,493
£ 9,092,161

Optimism Bias at
11.40% £ 1,036,506
£ 10,128,667

VAT @ 20% £ 2,025,733
£ 12,154,401

* Cost Data Provided by Graham Construction June 2016



Refurb Other Asset (with Increased Area) Option 3

	<u>Raigmore *</u> 1Q16	<u>Monklands *</u> 1Q15	<u>Royal Cornwall *</u> 2Q12	<u>Ward 20 St Johns *</u> 2Q16
	£ 2,509.00	£ 3,179.00	£ 2,122.00	£ 2,298.00
Adjusted to 1Q18	5.60%	10.40%	26.10%	4.90%
	<u>£ 140.50</u>	<u>£ 330.62</u>	<u>£ 553.84</u>	<u>£ 112.60</u>
	£ 2,649.50	£ 3,509.62	£ 2,675.84	£ 2,410.60
Average	£ 2,811			
Adjustment to scope as 10% greater	£ 281			
Rate /m2	<u>£ 3,093</u>			
Therefore:	5,920 m2	Total Area		
Theatres and ancillary spaces	1,667 m2	£ 3,093	£ 5,155,248	
Recovery and wards	1,674 m2	£ 2,800	£ 4,687,200	
Balance	<u>2,579 m2</u>	£ 2,500	£ 6,447,500	
	5,920			
PSCP Design			£ 500,000	(allowance as T&T 15.12.16)
PSC			£ 250,000	(allowance as T&T 15.12.16)
Contingency			£ 150,000	(allowance as T&T 15.12.16)
Equipment			<u>£ 200,000</u>	(allowance as T&T 15.12.16)
			£ 17,389,948	
Client Decant Costs			<u>£ 500,000</u>	(allowance as T&T e-mail 10.03.17)
			£ 17,889,948	
Adjustment for inflation - 8%			<u>£ 1,431,196</u>	
			£ 19,321,143	
VAT @ 20%			<u>£ 3,864,229</u>	
			<u>£ 23,185,372</u>	

* Cost Data Provided by Graham Construction June 2016



Refurb Other Asset (with Increased Area) Option 3

	<u>Raigmore *</u> 1Q16	<u>Monklands *</u> 1Q15	<u>Royal Cornwall *</u> 2Q12	<u>Ward 20 St Johns *</u> 2Q16
	£ 2,509.00	£ 3,179.00	£ 2,122.00	£ 2,298.00
Adjusted to 1Q18	5.60%	10.40%	26.10%	4.90%
	<u>£ 140.50</u>	<u>£ 330.62</u>	<u>£ 553.84</u>	<u>£ 112.60</u>
	£ 2,649.50	£ 3,509.62	£ 2,675.84	£ 2,410.60
Average	£ 2,811			
Adjustment to scope as 10% greater	£ 281			
Rate /m2	<u>£ 3,093</u>			
Therefore:	5,920 m2	Total Area		
Theatres and ancillary spaces	1,667 m2	£ 3,093	£ 5,155,248	
Recovery and wards	1,674 m2	£ 2,800	£ 4,687,200	
Balance	<u>2,579 m2</u>	£ 2,500	£ 6,447,500	
	5,920			
PSCP Design			£ 500,000	(allowance as T&T 15.12.16)
PSC			£ 250,000	(allowance as T&T 15.12.16)
Contingency			£ -	See optimism bias allowance
Equipment			<u>£ 200,000</u>	(allowance as T&T 15.12.16)
			£ 17,239,948	
Client Decant Costs			<u>£ 500,000</u>	(allowance as T&T e-mail 10.03.17)
			£ 17,739,948	
Adjustment for inflation - 8%			<u>£ 1,419,196</u>	
			£ 19,159,143	
Optimism Bias at 11.40%			<u>£ 2,184,142</u>	
			£ 21,343,286	
VAT @ 20%			<u>£ 4,268,657</u>	
			<u>£ 25,611,943</u>	

* Cost Data Provided by Graham Construction June 2016



Modular New Build Option 4

Modular New Build Costs as advised by Graham Construction 11.01.18 - £5,116/m2

Total Area:	5,920 m2	£	5,116	£	30,286,720
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Additional Costs

PSCP Design	inc above
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PSC	inc above
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Contingency	£	150,000	(allowance as T&T 15.12.16)
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Equipment	£	205,000	(Pro rata allowance per m2 as T&T 15.12.16)
	£	30,641,720	

Client Decant Costs; from existing to new	£	100,000	(minimal allowance)
	£	30,741,720	

Adjustment for Inflation - 8%	£	2,459,338
	£	33,201,058

VAT @ 20%	£	6,640,212
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£	39,841,269
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Modular New Build Option 4

Modular New Build Costs as advised by Graham Construction 11.01.18 - £5,116/m2

Total Area:	5,920 m2	£	5,116	£	30,286,720
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Additional Costs

PSCP Design	inc above
-------------	-----------

PSC	inc above
-----	-----------

Contingency	£	-	See optimism bias allowance
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Equipment	£	205,000	(Pro rata allowance per m2 as T&T 15.12.16)
	£	30,491,720	

Client Decant Costs; from existing to new	£	100,000	(minimal allowance)
	£	30,591,720	

Adjustment for Inflation - 8%	£	2,447,338
	£	33,039,058

Optimism Bias at 11.40%	£	3,766,453
	£	36,805,510

VAT @ 20%	£	7,361,102
	£	44,166,612



Traditional New Build Option 5

Total Area	5,920 m2	£ 3,667	£ 21,708,640	
PSCP Design			£ 750,000	allowance
PSC			£ 400,000	allowance
Contingency			£ 250,000	allowance
Equipment			£ 340,000	(Pro rata allowance per m2 as T&T 15.12.16)
			£ 23,448,640	
Client Decant Costs; from existing to new			£ 100,000	(minimal allowance)
			£ 23,548,640	
Adjustment for Inflation - 8%			£ 1,883,891	
			£ 25,432,531	
VAT @ 20%			£ 5,086,506	
			£ 30,519,037	



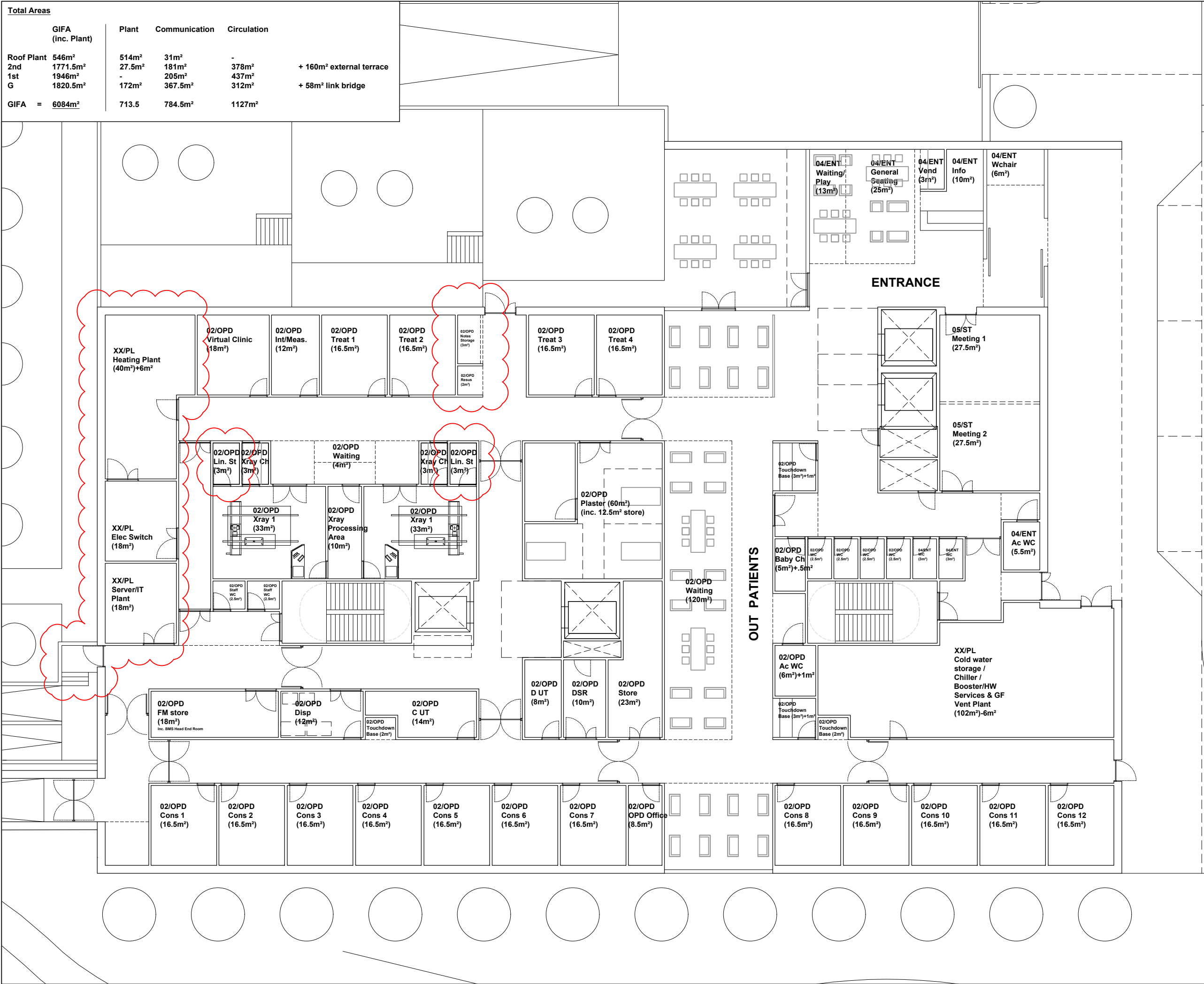
Traditional New Build Option 5

Total Area	5,920 m2	£ 3,667	£ 21,708,640	
PSCP Design			£ 750,000	allowance
PSC			£ 400,000	allowance
Contingency			£ -	see optimism bias
Equipment			£ 340,000	(Pro rata allowance per m2 as T&T 15.12.16)
			£ 23,198,640	
Client Decant Costs; from existing to new			£ 100,000	(minimal allowance)
			£ 23,298,640	
Adjustment for Inflation - 8%			£ 1,863,891	
			£ 25,162,531	
Optimism Bias @ 11.40%			£ 2,868,529	
			£ 28,031,060	
VAT @ 20%			£ 5,606,212	
			£ 33,637,272	

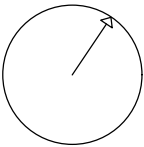


<u>Option</u>	<u>Description</u>	<u>GIFA</u>	<u>Life Cycle Cost</u> <u>(£/m2/annum)</u>	<u>1yr</u>	<u>15 yrs</u>	<u>25yrs</u>	<u>30yrs</u>	<u>60yrs</u>
1	Do minimum	1,992	£ 43.20	£ 86,054.40	£ 1,290,816.00	-	£ 2,581,632.00	£ 5,163,264.00
2	Refubish existing asset	1,992	£ 43.20	£ 86,054.40	£ 1,290,816.00	-	£ 2,581,632.00	£ 5,163,264.00
3	Refurbish other existing asset	5,920	£ 43.20	£ 255,744.00	£ 3,836,160.00	-	£ 7,672,320.00	£ 15,344,640.00
4	Modular New Build	5,920	£ 43.20	£ 255,744.00	£ 3,836,160.00	£ 44,166,612.20	£ 1,278,720.00	£ 7,672,320.00
5	Traditional New Build	5,920	£ 43.20	£ 255,744.00	£ 3,836,160.00	-	£ 7,672,320.00	£ 15,344,640.00

***Note total reinstatement cost of Modular New Build (Option 4) assumed to occur at 25yrs*



DATE	REVISION	REV	DRW	CHK
05/08/19	First Issue	P01	MW	NP
15/08/19	Revised layouts	P02	MW	NP
23/08/19	Revised layouts - usergroup comments	P03	MW	NP
29/08/19	Notes added	P04	MW	NP
30/08/19	Scale bar added	P05	MW	NP
02/09/19	Revised layouts - usergroup comments	P06	MW	NP



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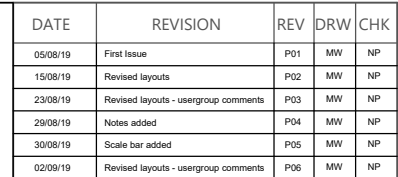
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Drawn	Date
NP	05/08/19
Checked	Date
MW	05/08/19

Project Name
NHS Fife
Fife Elective Orthopaedic Center
Victoria Hospital
Kirkcaldy

Drawing Title
Ground Floor
GA Plan

Scale	1:200 @ A3
Sheet Status	INFORMATION
Project No.	IAGG19-0018
Drawing No. EOC-NOR-XX-00-DR-A-00001	Rev. P06



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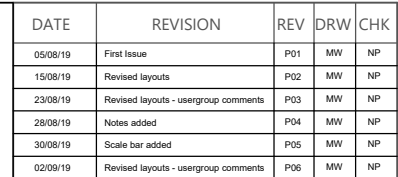
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Drawing Title

First Floor
GA Plan

Drawing No. EOC-NOR-XX-01-DR-A-00002	Rev. P06
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Drawing Title

Second Floor
GA Plan

Project No.	IAGG19-0018
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Drawing No. EOC-NOR-XX-02-DR-A-00003	Rev. P06
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Benchmark

Fife Elective Orthopaedic Centre

AEDET Refresh v1.1 Feb 2016

Functionality

Use	Weight	Score	Notes
A.01 The prime functional requirements of the brief are satisfied	0	0	
A.02 The design facilitates the care model	1	4	
A.03 Overall the design is capable of handling the projected throughput	1	4	
A.04 Work flows and logistics are arranged optimally	1	2	
A.05 The design is sufficiently flexible to respond to clinical /service change and to enable expansion	1	1	
A.06 Where possible spaces are standardised and flexible in use patterns	1	1	
A.07 The design facilitates both security and supervision	1	4	
A.08 The design facilitates health promotion and equality for staff, patients and local community	1	3	
A.09 The design is sufficiently adaptatable to external changes e.g. Climate, Technology	1	1	
A.10 The benchmarks in the Design Statement in relation to building USE are met	0	0	

Access	Weight	Score	Notes
B.01 There is good access from available public transport including any on- site roads	1	6	
B.02 There is adequate parking for visitors/ staff cars/ disabled people	1	3	
B.03 The approach and access for ambulances is appropriately provided	0	0	
B.04 Service vehicle circulation is well considered and does not inappropriately impact on users and staff	0	0	
B.05 Pedestrian access is obvious, pleasant and suitable for wheelchair/ disabled/ impaired sight patients	1	4	
B.06 Outdoor spaces wherever appropriate are usable, with safe lighting indicating paths, ramps, steps etc.	1	5	
B.07 Active travel is encouraged and connections to local green routes and spaces enhanced	0	0	
B.08 Car parking and drop-off should not visually dominate entrances or green routes	0	0	
B.09 The benchmarks in the Design Statement in relation to building ACCESS are met	0		

Space	Weight	Score	Notes
C.01 The design achieves appropriate space standards	1	1	NO
C.02 The ratio of usable space to total area is good	1	1	NO
C.03 The circulation distances travelled by staff, patients and visitors is minimised by the layout	1	3	
C.04 Any necessary isolation and segregation of spaces is achieved	1	2	
C.05 The design maximises opportunities for space to encourage informal social interaction & wellbeing	1	3	
C.06 There is adequate storage space	1	2	
C.07 The grounds provided spaces for informal/ formal therapeutic health activities	1	2	
C.08 The relationships between internal spaces and the outdoor environment work well	1	2	
C.09 The benchmarks in the Design Statement in relation to building SPACE are met	0	0	

Build Quality

Performance	Weight	Score	Notes
D.01 The building and grounds are easy to operate	1	2	
D.02 The building and grounds are easy to clean and maintain	1	1	
D.03 The building and grounds have appropriately durable finishes and components	1	1	
D.04 The building and grounds will weather and age well	0	0	
D.05 Access to daylight, views of nature and outdoor space are robustly detailed	1	4	
D.06 The design maximises the opportunities for sustainability e.g. waste reduction and biodiversity	1	1	
D.07 The design minimises maintenance and simplifies this where it will be required	1	1	
D.08 The benchmarks in the Design Statement in relation to PERFORMANCE are met	0	0	

Engineering	Weight	Score	Notes
E.01 The engineering systems are well designed, flexible and efficient in use	1	2	
E.02 The engineering systems exploit any benefits from standardisation and prefabrication where relevant	1	2	
E.03 The engineering systems are energy efficient	1	2	
E.04 There are emergency backup systems that are designed to minimise disruption	1	4	
E.05 During construction disruption to essential services is minimised	0	0	
E.06 During maintenance disruption to essential healthcare services is minimised	1	1	
E.07 The design layout contributes to efficient zoning and energy use reduction	1	2	

Construction	Weight	Score	Notes
F.01 If phased planning and construction are necessary the various stages are well organised	0		
F.02 Temporary construction work is minimised	0		
F.03 The impact of the building process on continuing healthcare provision is minimised	0		
F.04 The building and grounds can be readily maintained	0		
F.05 The construction is robust	0		
F.06 Construction allows easy access to engineering systems for maintenance, replacement & expansion	0		
F.07 The construction exploits opportunities from standardisation and prefabrication where relevant	0		
F.08 The construction maximises the opportunities for sustainability e.g. waste and traffic reduction	0		
F.09 The construction contributes to being a good neighbour	0		
F.10 Infection control risks for options, design and construction recorded/ minimised using HAI Scribe	0		

Impact

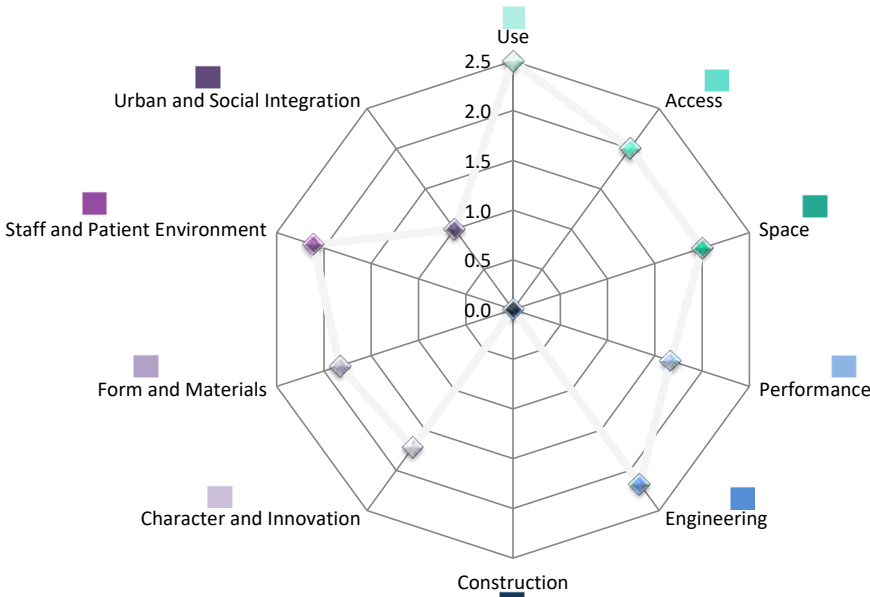
Character and Innovation	Weight	Score	Notes
G.01 There are clear ideas behind the design of the building and grounds	1	2	
G.02 The building and grounds are interesting to look at and move around in	1	3	
G.03 The building, grounds and arts design contribute to the local setting	1	2	
G.04 The design appropriately expresses the values of the NHS	1	2	
G.05 The project is likely to influence future designs	1	1	
G.06 The design provides a clear strategy for future adaptation and expansion	1	1	
G.07 The building, grounds and arts design contribute to well being and a sustainable therapeutic strategy	1	1	
G.08 The benchmarks in the Design Statement in relation to CHARACTER & INNOVATION are met	0	0	

Form and Materials	Weight	Score	Notes
H.01 The design has a human scale and feels welcoming	1	2	
H.02 The design contributes to local microclimate, maximising sunlight and shelter from prevailing winds	1	1	
H.03 Entrances are obvious and logical in relation to likely points of arrival on site	1	4	
H.04 The external materials and detailing appear to be of high quality and are maintainable	1	2	
H.05 The external colours and textures seem appropriate and attractive for the local setting	1	1	
H.06 The design maximises the site opportunities and enhances a sense of place	1	1	
H.07 The benchmarks in the Design Statement in relation to FORM & MATERIALS are met	0	0	

Staff and Patient Environment	Weight	Score	Notes
I.01 The design reflects the dignity of patients and allows for appropriate levels of privacy	1	1	
I.02 The design maximises the opportunities for daylight/ views of green natural landscape or elements	1	4	
I.03 The design maximises the opportunities for access to usable outdoor space	1	2	
I.04 There are high levels of both comfort and control of comfort	1	2	
I.05 The design is clearly understandable and wayfinding is intuitive	1	3	
I.06 The interior of the building is attractive in appearance	1	1	
I.07 There are good bath/ toilet and other facilities for patients	1	2	
I.08 There are good facilities for staff with convenient places to work and relax without being on demand	1	2	
I.09 There are good opportunities for staff, patients, visitors to use outdoors to recuperate/ relax	1	2	
I.10 The benchmarks in the Design Statement in relation to STAFF & PATIENT ENVIRONMENT are met	0	0	

Urban and Social Integration	Weight	Score	Notes
J.01 The height, volume and skyline of the building relate well to the surrounding environment	1	1	
J.02 The facility contributes positively to its locality	1	1	
J.03 The hard and soft landscape contribute positively to the locality	1	1	
J.04 The overall design contributes positively to neighbourhood and is sensitive to passers-by	1	1	
J.05 There is a clear vision behind the design, its setting and outdoor spaces	1	1	
J.06 The benchmarks in the Design Statement in relation to INTEGRATION are met	0	0	

AEDET Refresh Benchmark Summary



	Benchmark
Use	2.5
Access	2.0
Space	2.0
Performance	1.7
Engineering	2.2
Construction	0.0
Character and Innovation	1.7
Form and Materials	1.8
Staff and Patient Environment	2.1
Urban and Social Integration	1.0

Weighting	=	Target
2	= >	5 - 6
1	>	3 - 4
0	<	3

Target

Functionality

Use			Weight	Score	Notes
A.01	The prime functional requirements of the brief are satisfied		1	4	
A.02	The design facilitates the care model		1	4	
A.03	Overall the design is capable of handling the projected throughput		1	4	
A.04	Work flows and logistics are arranged optimally		1	4	
A.05	The design is sufficiently flexible to respond to clinical /service change and to enable expansion		1	4	
A.06	Where possible spaces are standardised and flexible in use patterns		1	4	
A.07	The design facilitates both security and supervision		1	4	
A.08	The design facilitates health promotion and equality for staff, patients and local community		1	4	
A.09	The design is sufficiently adaptatable to external changes e.g. Climate, Technology		1	4	
A.10	The benchmarks in the Design Statement in relation to building USE are met		2	5	

Access			Weight	Score	Notes
B.01	There is good access from available public transport including any on- site roads		1	6	
B.02	There is adequate parking for visitors/ staff cars/ disabled people		1	3	
B.03	The approach and access for ambulances is appropriately provided		0	0	
B.04	Service vehicle circulation is well considered and does not inappropriately impact on users and staff		0	0	
B.05	Pedestrian access is obvious, pleasant and suitable for wheelchair/ disabled/ impaired sight patients		1	4	
B.06	Outdoor spaces wherever appropriate are usable, with safe lighting indicating paths, ramps, steps etc.		1	5	
B.07	Active travel is encouraged and connections to local green routes and spaces enhanced		0	0	
B.08	Car parking and drop-off should not visually dominate entrances or green routes		0	0	
B.09	The benchmarks in the Design Statement in relation to building ACCESS are met		0	0	

Space			Weight	Score	Notes
C.01	The design achieves appropriate space standards		1	4	
C.02	The ratio of usable space to total area is good		1	4	
C.03	The circulation distances travelled by staff, patients and visitors is minimised by the layout		1	4	
C.04	Any necessary isolation and segregation of spaces is achieved		1	4	
C.05	The design maximises opportunities for space to encourage informal social interaction & wellbeing		1	4	
C.06	There is adequate storage space		1	4	
C.07	The grounds provided spaces for informal/ formal therapeutic health activities		1	4	
C.08	The relationships between internal spaces and the outdoor environment work well		1	3	
C.09	The benchmarks in the Design Statement in relation to building SPACE are met		2	5	

Build Quality

Performance			Weight	Score	Notes
D.01	The building and grounds are easy to operate		1	4	
D.02	The building and grounds are easy to clean and maintain		1	4	
D.03	The building and grounds have appropriately durable finishes and components		1	4	
D.04	The building and grounds will weather and age well		0	0	
D.05	Access to daylight, views of nature and outdoor space are robustly detailed		1	3	
D.06	The design maximises the opportunities for sustainability e.g. waste reduction and biodiversity		1	4	
D.07	The design minimises maintenance and simplifies this where it will be required		1	4	
D.08	The benchmarks in the Design Statement in relation to PERFORMANCE are met		2	5	

Engineering			Weight	Score	Notes
E.01	The engineering systems are well designed, flexible and efficient in use		1	4	
E.02	The engineering systems exploit any benefits from standardisation and prefabrication where relevant		1	4	
E.03	The engineering systems are energy efficient		1	4	
E.04	There are emergency backup systems that are designed to minimise disruption		1	4	
E.05	During construction disruption to essential services is minimised		1	4	
E.06	During maintenance disruption to essential healthcare services is minimised		1	4	
E.07	The design layout contributes to efficient zoning and energy use reduction		1	4	

Construction			Weight	Score	Notes
F.01	If phased planning and construction are necessary the various stages are well organised		1	4	
F.02	Temporary construction work is minimised		1	4	
F.03	The impact of the building process on continuing healthcare provision is minimised		1	4	
F.04	The building and grounds can be readily maintained		1	4	
F.05	The construction is robust		1	4	
F.06	Construction allows easy access to engineering systems for maintenance, replacement & expansion		1	4	
F.07	The construction exploits opportunities from standardisation and prefabrication where relevant		1	4	
F.08	The construction maximises the opportunities for sustainability e.g. waste and traffic reduction		1	4	
F.09	The construction contributes to being a good neighbour		1	4	
F.10	Infection control risks for options, design and construction recorded/ minimised using HAI Scribe		1	4	

Impact

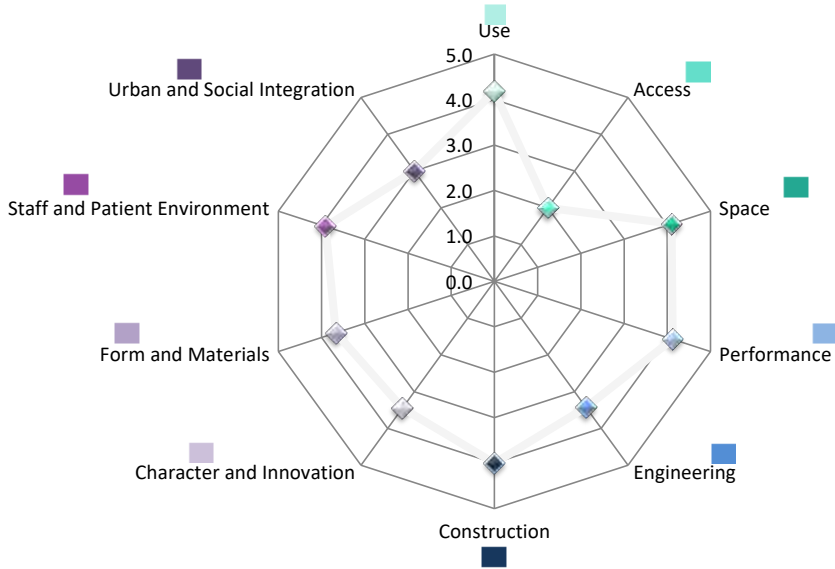
Character and Innovation			Weight	Score	Notes
G.01	There are clear ideas behind the design of the building and grounds		1	4	
G.02	The building and grounds are interesting to look at and move around in		1	3	
G.03	The building, grounds and arts design contribute to the local setting		1	3	
G.04	The design appropriately expresses the values of the NHS		1	4	
G.05	The project is likely to influence future designs		1	3	
G.06	The design provides a clear strategy for future adaptation and expansion		1	3	
G.07	The building, grounds and arts design contribute to well being and a sustainable therapeutic strategy		1	3	
G.08	The benchmarks in the Design Statement in relation to CHARACTER & INNOVATION are met		2	4	

Form and Materials			Weight	Score	Notes
H.01	The design has a human scale and feels welcoming		1	4	
H.02	The design contributes to local microclimate, maximising sunlight and shelter from prevailing winds		1	3	
H.03	Entrances are obvious and logical in relation to likely points of arrival on site		1	4	
H.04	The external materials and detailing appear to be of high quality and are maintainable		0	0	
H.05	The external colours and textures seem appropriate and attractive for the local setting		0	0	
H.06	The design maximises the site opportunities and enhances a sense of place		0	0	
H.07	The benchmarks in the Design Statement in relation to FORM & MATERIALS are met		0	0	

Staff and Patient Environment			Weight	Score	Notes
I.01	The design reflects the dignity of patients and allows for appropriate levels of privacy		1	4	
I.02	The design maximises the opportunities for daylight/ views of green natural landscape or elements		1	3	
I.03	The design maximises the opportunities for access to usable outdoor space		1	3	
I.04	There are high levels of both comfort and control of comfort		1	4	
I.05	The design is clearly understandable and wayfinding is intuitive		1	4	
I.06	The interior of the building is attractive in appearance		1	4	
I.07	There are good bath/ toilet and other facilities for patients		1	4	
I.08	There are good facilities for staff with convenient places to work and relax without being on demand		1	4	
I.09	There are good opportunities for staff, patients, visitors to use outdoors to recuperate/ relax		1	3	
I.10	The benchmarks in the Design Statement in relation to STAFF & PATIENT ENVIRONMENT are met		2	5	

Urban and Social Integration			Weight	Score	Notes
J.01	The height, volume and skyline of the building relate well to the surrounding environment		1	3	
J.02	The facility contributes positively to its locality		1	3	
J.03	The hard and soft landscape contribute positively to the locality		1	3	
J.04	The design contributes to being a good neighbour and is sensitive to neighbours and passers- by		1	3	
J.05	There is a clear vision behind the design, its setting and outdoor spaces		1	3	
J.06	The benchmarks in the Design Statement in relation to INTEGRATION are met		0	0	

AEDET Refresh Target Summary



Weighting	=	Target
2	= >	5 - 6
1	>	3 - 4
0	<	3

AEDET Refresh v1.1 Feb 2016

	Ref	Note
	A.01	
	A.02	
	A.03	
	A.04	
	A.05	
	A.06	
	A.07	
	A.08	
	A.09	
	B.01	
	B.02	
	B.03	
	B.04	
	B.05	
	B.06	
	B.07	
	B.08	
	B.09	
	C.01	
	C.02	
	C.03	
	C.04	
	C.05	
	C.06	
	C.07	
	C.08	
	C.09	
	D.01	
	D.02	
	D.03	
	D.04	
	D.05	
	D.06	
	D.07	
	D.08	
	E.01	
	E.02	
	E.03	
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	E.06	
	E.07	
	F.01	
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	G.01	
	G.02	
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	G.04	
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	G.06	
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	G.08	
	H.01	
	H.02	
	H.03	
	H.04	
	H.05	
	H.06	
	H.07	
	I.01	
	I.02	
	I.03	
	I.04	
	I.05	
	I.06	
	I.07	
	I.08	
	I.09	
	I.10	
	J.01	
	J.02	
	J.03	
	J.04	
	J.05	
	J.06	

Weighting
High = High Priority to the Project (2)
Normal = Desirable (1)
Zero = Not Applicable (0)

Scoring
Virtually Total Agreement (6)
Strong Agreement (5)
Fair Agreement (4)
Little Agreement (3)
Hardly Any Agreement (2)
Virtually No Agreement (1)
Unable to Score (0)

Guidance for Initial Agreement Stage

- 1 AEDT Target (8. Benchmark) to be set at IA Stage and must be submitted for NDAP as ANNEX 1 to the Design Statement
2 The OBC and FBC Stage AEDT reviews will be monitored against IA Stage. Boards will require to provide
3 an explanation of the reason for deviation from the IA Target
4 The note section to be completed to provide further briefing information
5 4 If any of the criteria is weighted as zero (not applicable) a note should state the reason for this
6 Boards may add project specific criteria. A note must be provided stating the reason for this.
7 Key actions arising from AEDT discussions to be recorded

[illegible]

Functionality

Use		
A.01	The prime functional requirements of the brief are satisfied	
A.02	The design facilitates the care model	
A.03	Overall the design is capable of handling the projected throughput	
A.04	Work flows and logistics are arranged optimally	
A.05	The design is sufficiently flexible to respond to clinical /service change and to enable expansion	
A.06	Where possible spaces are standardised and flexible in use patterns	
A.07	The design facilitates both security and supervision	
A.08	The design facilitates health promotion and equality for staff, patients and local community	
A.09	The design is sufficiently adaptatable to external changes e.g. Climate, Technology	
A.10	The benchmarks in the Design Statement in relation to building USE are met	

Access		
B.01	There is good access from available public transport including any on- site roads	
B.02	There is adequate parking for visitors/ staff cars/ disabled people	
B.03	The approach and access for ambulances is appropriately provided	
B.04	Service vehicle circulation is well considered and does not inappropriately impact on users and staff	
B.05	Pedestrian access is obvious, pleasant and suitable for wheelchair/ disabled/ impaired sight patients	
B.06	Outdoor spaces wherever appropriate are usable, with safe lighting indicating paths, ramps, steps etc.	
B.07	Active travel is encouraged and connections to local green routes and spaces enhanced	
B.08	Car parking and drop-off should not visually dominate entrances or green routes	
B.09	The benchmarks in the Design Statement in relation to building ACCESS are met	

Space		
C.01	The design achieves appropriate space standards	
C.02	The ratio of usable space to total area is good	
C.03	The circulation distances travelled by staff, patients and visitors is minimised by the layout	
C.04	Any necessary isolation and segregation of spaces is achieved	
C.05	The design maximises opportunities for space to encourage informal social interaction & wellbeing	
C.06	There is adequate storage space	
C.07	The grounds provided spaces for informal/ formal therapeutic health activities	
C.08	The relationships between internal spaces and the outdoor environment work well	
C.09	The benchmarks in the Design Statement in relation to building SPACE are met	

Build Quality

Performance		
D.01	The building and grounds are easy to operate	
D.02	The building and grounds are easy to clean and maintain	
D.03	The building and grounds have appropriately durable finishes and components	
D.04	The building and grounds will weather and age well	
D.05	Access to daylight, views of nature and outdoor space are robustly detailed	
D.06	The design maximises the opportunities for sustainability e.g. waste reduction and biodiversity	
D.07	The design minimises maintenance and simplifies this where it will be required	
D.08	The benchmarks in the Design Statement in relation to PERFORMANCE are met	

Engineering		
E.01	The engineering systems are well designed, flexible and efficient in use	
E.02	The engineering systems exploit any benefits from standardisation and prefabrication where relevant	
E.03	The engineering systems are energy efficient	
E.04	There are emergency backup systems that are designed to minimise disruption	
E.05	During construction disruption to essential services is minimised	
E.06	During maintenance disruption to essential healthcare services is minimised	
E.07	The design layout contributes to efficient zoning and energy use reduction	

Construction		
F.01	If phased planning and construction are necessary the various stages are well organised	
F.02	Temporary construction work is minimised	
F.03	The impact of the building process on continuing healthcare provision is minimised	
F.04	The building and grounds can be readily maintained	
F.05	The construction is robust	
F.06	Construction allows easy access to engineering systems for maintenance, replacement & expansion	
F.07	The construction exploits opportunities from standardisation and prefabrication where relevant	
F.08	The construction maximises the opportunities for sustainability e.g. waste and traffic reduction	
F.09	The construction contributes to being a good neighbour	
F.10	Infection control risks for options, design and construction recorded/ minimised using HAI Scribe	

Impact

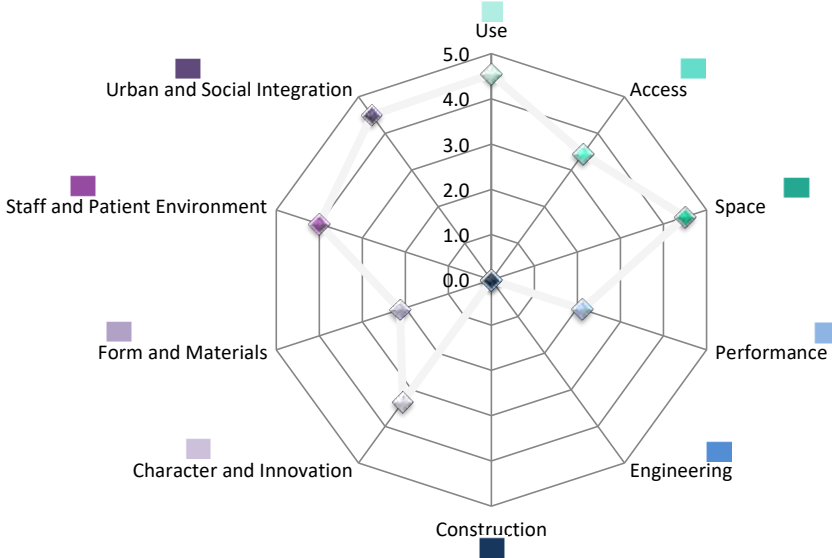
Character and Innovation		
G.01	There are clear ideas behind the design of the building and grounds	
G.02	The building and grounds are interesting to look at and move around in	
G.03	The building, grounds and arts design contribute to the local setting	
G.04	The design appropriately expresses the values of the NHS	
G.05	The project is likely to influence future designs	
G.06	The design provides a clear strategy for future adaptation and expansion	
G.07	The building, grounds and arts design contribute to well being and a sustainable therapeutic strategy	
G.08	The benchmarks in the Design Statement in relation to CHARACTER & INNOVATION are met	

Form and Materials		
H.01	The design has a human scale and feels welcoming	
H.02	The design contributes to local microclimate, maximising sunlight and shelter from prevailing winds	
H.03	Entrances are obvious and logical in relation to likely points of arrival on site	
H.04	The external materials and detailing appear to be of high quality and are maintainable	
H.05	The external colours and textures seem appropriate and attractive for the local setting	
H.06	The design maximises the site opportunities and enhances a sense of place	
H.07	The benchmarks in the Design Statement in relation to FORM & MATERIALS are met	

Staff and Patient Environment		
I.01	The design reflects the dignity of patients and allows for appropriate levels of privacy	
I.02	The design maximises the opportunities for daylight/ views of green natural landscape or elements	
I.03	The design maximises the opportunities for access to usable outdoor space	
I.04	There are high levels of both comfort and control of comfort	
I.05	The design is clearly understandable and wayfinding is intuitive	
I.06	The interior of the building is attractive in appearance	
I.07	There are good bath/ toilet and other facilities for patients	
I.08	There are good facilities for staff with convenient places to work and relax without being on demand	
I.09	There are good opportunities for staff, patients, visitors to use outdoors to recuperate/ relax	
I.10	The benchmarks in the Design Statement in relation to STAFF & PATIENT ENVIRONMENT are met	

Urban and Social Integration		
J.01	The height, volume and skyline of the building relate well to the surrounding environment	
J.02	The facility contributes positively to its locality	
J.03	The hard and soft landscape contribute positively to the locality	
J.04	The design contributes to being a good neighbour and is sensitive to neighbours and passers- by	
J.05	There is a clear vision behind the design, its setting and outdoor spaces	
J.06	The benchmarks in the Design Statement in relation to INTEGRATION are met	

AEDET Refresh OBC Summary



Target		Progress	
		Prev	Curr
4.2	Use	4.2	4.5
2.0	Access	2.0	3.4
4.1	Space	4.1	4.5
4.1	Performance	4.1	2.1
3.4	Engineering	3.4	0.0
4.0	Construction	4.0	0.0
3.4	Character and Innovation	3.4	3.3
3.7	Form and Materials	3.7	2.1
3.9	Staff and Patient Environment	3.9	4.0
3.0	Urban and Social Integration	3.0	4.5

Weighting	=	Target
2	=>	5 - 6
1	>	3 - 4
0	<	3

AEDET Refresh v1.1 Feb 2016

Ref	Note
A.01	Some parts of the project need more discussion (I.E Outpatients work flow and radiology). Infection control are still not on board with the single bed/ 4 bed bay room split.
A.02	The new build is delivering what is intended to better the service. The plan for the new build has improved from the first draft as it now incorporates Outpatients making it a
A.03	Still some work to be done, mostly data analysis
A.04	Work plans and pathway designs to be changed to reflect usage in the new build
A.05	The building has been designed to take into consideration any elective orthopaedic service expansion within the next 20 years
A.06	Consultant, Treatment and Bedrooms will all be standardised and will follow any guidance available. The usage of the rooms will be maximised.
A.07	The waiting areas will be central areas for staff to be able to look after patients. There is a security strategy in place for staff and visitors accessing the unit out of hours, staff will
A.08	The design statement fits the building. Patients are not travelling between different hospital sites for appointments. Accessible for patients using public transport.
A.09	The building will be energy efficient. LED Lighting will be used to save energy. Heat will be maximised by using the sun due to the location of the building. There is a potential
A.10	There is good separation for patients privacy needs, as this is still at the design stage at the moment there is still more work ongoing.
B.01	There are good public transport links, there is a dedicated pathway from the bus stop and there will also be a drop/pick up point and disabled spaces
B.02	There will be work ongoing to re - provide any other disabled spaces that will be lost during construction, these will be provided over and above the provision associated with
B.03	The drop off point will also be used for patients attending via ambulance transport (patient transport bus rather than an emergency ambulance)
B.04	There will be no service vehicles accessing the site
B.05	Work still to be done on the external design and also around floor surfaces/signage etc for patients with visual impairments and other disabilities. The building will be
B.06	Landscaping to be developed in more detail. There is only a basic design at this stage. NHS Five Endowment fund have said they will support any enhancements to outdoor
B.07	There will be a bike stand provided. Staff showers are also provided. However there is currently no cycle path around the Victoria site. A travel plan is to be done.
B.08	There will be enough space for 3 or 4 cars in the drop off (1 patient transport). There is also 8 blue badge spaces. Car Parking will not dominate the entrance.
B.09	There is still some work to be done but at the moment the design is meeting most of the brief.
C.01	Space within the build has not been compromised. Space standards are meeting 100% at the moment. There are no derogations, work is still to be done on the REGEN kitchen
C.02	The distance that staff have to travel in each area has been minimised
C.03	This will be a tight unit, designed for less circulation
C.04	There will be space on the ward for any patients that require isolation with an infection for example
C.05	There will be breakout spaces on the ward. There will be courtyards outside for patient and staff to access.
C.06	All measuring has been carried out to facilitate suitable storage
C.07	There will be a Rehab Garden for patients. Meeting rooms for staff to use and Patient Information Screens will be available
C.08	Good relationship between spaces both internal and external for staff and for patients.
C.09	At this stage in the project most of the brief is being achieved
D.01	There is still some work to be done but at the moment estates are happy with the strategy in place
D.02	Too early to score
D.03	Too early to score
D.04	Too early to score
D.05	Work has started but there is still some more work that needs done
D.06	Too early to score, there will be an ecology report done
D.07	Facilities have their own access routes. There is still work to be done around sinks etc
D.08	Although there are a few areas still too early to score, the project is meeting the brief currently and is in fact set to over achieve.
E.01	Too early to score
E.02	Too early to score
E.03	Too early to score
E.04	Too early to score
E.05	Too early to score
E.06	Too early to score
E.07	Too early to score
F.01	Too early to score
F.02	Too early to score
F.03	Too early to score
F.04	Too early to score
F.05	Too early to score
F.06	Too early to score
F.07	Too early to score
F.08	Too early to score
F.09	Too early to score
F.10	Too early to score
G.01	All ideas behind the build have been clear and interesting from the beginning and seem to have a positive reaction with the public.
G.02	There is still work to be done. A better score can be given after there has been a more in-depth look at the rehab garden
G.03	Unable to score at the moment
G.04	The design has been very well done and expresses all of the values that the NHS hold.
G.05	Hopefully once complete the building will influence future designs
G.06	The building has been designed to take into consideration any elective orthopaedic service expansion
G.07	The building is designed to contribute to a therapeutic strategy but there will also be alternatives taken into consideration for patients who may have sensitivities to natural light (i.e blinds in waiting areas)
G.08	We have agreed to score low at the moment until there has been further design development
H.01	More work required
H.02	More work required
H.03	The building will have a clear and obvious entrance
H.04	Too early to score
H.05	Too early to score
H.06	The building will be aesthetically pleasing considering the space limitations
H.07	Still some work to be done, too early to score.
I.01	The design has been carried out to maximise patient dignity, privacy and respect.
I.02	Plenty of green space has been incorporated. All bedrooms will have a window and view, the north side of the building will be 18m from the nearest building and will aim to have clear views of the sky.
I.03	Plenty of green space has been incorporated. There will be a rehab garden, a garden for staff use, a garden for patients/visitors and a staff terrace
I.04	Still to be agreed, too early to comment
I.05	Still in development
I.06	There is an interior design strategy in place
I.07	Toilets are currently over provided for both staff and patients, there is also a baby change room
I.08	The new staff facilities will be an improvement on the current conditions. Nice staff area including a terrace for socialising at breaks
I.09	Plenty of outdoor spaces to be utilised by staff and patients.
I.10	The brief is currently still under development as there are a few small items to be signed off
J.01	The current design of the building fits in with the other buildings already on the existing site
J.02	Once construction has finished the build should contribute positively to its locality.
J.03	Still work to be done
J.04	N/A
J.05	There has been a clear vision behind the design. To try and maximise patient, visitor and staff experience within the centre.
J.06	There is still some work to be done, we have scored a 4 for the project at the moment until FBC AEDET.

Weighting
High = High Priority to the Project (2)
Normal = Desirable (1)
Zero = Not Applicable (0)

Scoring
Virtually Total Agreement (6)
Strong Agreement (5)
Fair Agreement (4)
Little Agreement (3)
Hardly Any Agreement (2)
Virtually No Agreement (1)
Unable to Score (0)

Guidance for Outline Business Case Stage

- 1 AEDET OBC to be recorded near end of OBC Stage and must be submitted for NDAP
- 2 The OBC and FBC Stage AEDET reviews will be monitored against IA Stage. Boards will require to provide
- 3 an explanation of the reason for deviation from the IA Target
- 4 The note section to be completed to provide further briefing information
- 5 If any of the criteria is weighted as zero (not applicable) a note should state the reason for this
- 6 Boards may add project specific criteria. A note must be provided stating the reason for this.
- 7 Key actions arising from AEDET discussions to be recorded

[illegible]


AEDET Refresh v1.1 Feb 2016

Fife Elective Orthopaedic Centre

Summary

Category	Benchmark	Target	OBC	FBC	POE
Use	2.5	4.2	4.5	0.0	0.0
Access	2.0	2.0	3.4	0.0	0.0
Space	2.0	4.1	4.5	0.0	0.0
Performance	1.7	4.1	2.1	0.0	0.0
Engineering	2.2	3.4	0.0	0.0	0.0
Construction	0.0	4.0	0.0	0.0	0.0
Character and Innovation	1.7	3.4	3.3	0.0	0.0
Form and Materials	1.8	3.7	2.1	0.0	0.0
Staff and Patient Environment	2.1	3.9	4.0	0.0	0.0
Urban and Social Integration	1.0	3.0	4.5	0.0	0.0



Initial brief and proposed site for development HAI – SCRIBE Sign off		
HAI-SCRIBE Name of Project	NHS Fife Elective Orthopaedic Centre	
Name of Establishment	Victoria Hospital, Kirkcaldy	National allocated number
HAI-SCRIBE Review Team	Maragret Selbie and Julia Cook	
Completed By (Print Name) Ben Johnston of Thomson Gray		Date 25.07.19
Signature(s) 		Date 25.07.19
Stage 1:		
<p>Additional Notes:</p> <p>Attendess reviewed the project against information that is currently available. In some instances information was not available to confirm if there is a risk that needs to be managed and mitigated at this stage - for exampe, Ground Investigation for item 1.1. Therefore it was agreed to leave this SCRIBE open in draft meantime and review it again once the information becomes available.</p> <p>Items 1.1 and 1.11 remain open at 25 July 2019.</p>		

Note: Advice may be required from specialists on issues such as land engineering, etc.

Development stage 1: Initial brief and proposed site for development

Some Hazards in the surrounding areas may present a risk of pollution rather than direct infection with the control measures for the healthcare facility to keep windows and ventilation intakes closed however. However, this may increase the risk of HAI in the healthcare facility. It may be necessary to seek further information as part of the assessment of the hazard. Potential hazards from adjacent sites may include:

- the extent of the dust, noise, smell and other pollution;
- the risk of bacterial or fungal infection from existing industries in the area which may be present e.g. cooling towers and/or demolition or construction works;
- the hours of operation;
- the volume of traffic;
- the kind of materials being handled and processed;
- the volumes of materials being handled and processed;
- the time/frequency of deliveries and site traffic movement volume;
- the deliveries being in closed or open containers;
- the transfer arrangements from delivery vehicles to storage/processing facilities;
- the exhaust flues from the processing plant;
- the prevailing wind direction;
- the areas of the healthcare development most likely to be affected;
- the measures which could be designed into the proposed healthcare development to eliminate or minimise the impact of the pollution and if these measures might increase the risk of HAI;
- risk of flooding;
- asbestos in any existing buildings;
- proximity of rivers or streams;
- previous use of site, greenfield/brownfield site;
- land contamination;
- potentially polluting activities during periods of high rainfall.

Initial Brief and proposed Site for development identification of hazards, associated risks and control measures		
1.a	Brief description of the proposed development project and the planned development site.	Theatres (3 no.), inpatient accommodation (34 beds) and outpatient accommodation (12 consulting rooms). New build adjacent to ward 6.
1.b	Identify any potential hazards associated with the design and/or proposed site.	1. Adjacent to live operational buildings - dust, traffic, fumes. 2. Maintenance of fire escape routes adjacent to site. 3. Maintenance of general access routes for staff/patients. 4. Access for pharmacy deliveries may be compromised.
1.c	Identify any risk associated with the hazards above.	Dust, fumes, noise and general H&S.
1.d	Outline the control measures that require to be implemented to eliminate or mitigate the identified risks. Ensure these are entered on the project risk register.	Seperate meeting to be arranged to discuss fire, access, pharmacy and security measures.
Control Measures.		
1.e	It has been recognised that control measures identified to address the project risk may have unintended consequences e.g. closure of windows can lead to increased temperatures in some areas. Such issues should be considered at this point, they should be noted and action to address these taken.	
Potential Problems.		
Control Measures.		
1.f	Actions to be addressed.	
By		Deadline

Initial Brief and proposed site for development, development stage 1: checklist to ensure all aspects have been addressed		
1.1	Is contaminated land an issue? e.g. asbestos, oils and heavy metals. (Refer to the Contaminated Land Register)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Have these issues and actions to be taken been noted in actions to be addressed section?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Comments Not considered to be an issue based on existing site information, but can't confirm until project specific Ground Investigation is completed. OPEN		
1.2	Is there a locally recognised increased risk of contamination or infection e.g. cryptosporidium? If yes give details.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
	Have these issues and actions to be taken been noted in actions to be addressed section?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments		
1.3	Are there industries or other sources in the neighbourhood which may present a risk of infection or pollution e.g. animal by-products processing plant? If yes give details.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
	Have these issues and actions to be taken been noted in actions to be addressed section?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments		
1.4	If there are any industries or other sources identified in question 1.3 above, will they affect the designed operation of the healthcare system? Consider the planned function of the design as well as issues such as: Ventilation Opening of doors and windows Water systems etc.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
	Have these issues and actions to be taken been noted in actions to be addressed section?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Comments		

Initial Brief and proposed site for development, development stage 1: checklist to ensure all aspects have been addressed continued		
1.5	<p>Are there construction/demolition works programmed in the neighbourhood which may present a risk of pollution or infection (including fungal infection)?</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>
Comments		
1.6	<p>Are there cooling towers in the neighbourhood which may present a risk of <i>Legionella</i> infection? Consider also air handling units, water pipes etc.</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>
Comments		
1.7	<p>Does the topography of the site in relation to the surrounding area and the prevailing wind direction present any HAI risk e.g. from entrainment of plumes containing <i>Legionella</i>?</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>
Comments		
1.9	<p>Will the proposed development impact on the surrounding area in any way which may present potential for infection risk?</p> <p>Consider possible restrictions being applied to the operation of the proposed facility e.g. Facilities Management routes.</p> <p>Have these issues and actions to be taken been noted in actions to be addressed section?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>
<p>Comments</p> <p>The building could attract nesting birds. The design is to be considerate of this as far as possible.</p>		

Initial Brief and proposed site for development, development stage 1: checklist to ensure all aspects have been addressed continued		
1.10	Will lack of space limit the proposed development and any future expansion or change of use of the facility?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
	Have these issues and actions to be taken been noted in actions to be addressed section?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
<p>Comments</p> <p>There will be room to expand in the future but this would be on car parking area.</p> <p>The briefing has built in additional space to cope with future projected demand.</p>		
1.11	Has a demolition/refurbishment asbestos survey been carried out?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Have these issues and actions to be taken been noted in actions to be addressed section?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>There will be a requirement to carry out an asbestos survey in connection to breaking into the existing building in order to form the link corridor. OPEN</p>		
1.12	Has consideration been given to the projected lifespan of the facility and its impact on planning and development?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<p>Comments</p> <p>Considered as part of the business case where refurbishment, modular and traditional buildings were appraised. Decision taken to pursue a traditional building which has the longest lifespan.</p>		
<p>Additional notes - Stage 1</p> <p>Options for the location of the building were significantly constrained due to the briefing requirement to form a physical connection to ICU. The site adjacent to ward 6 was the only viable option.</p>		

Development Stage 1: HAI-SCRIBE applied to the initial brief and proposed site for development				
Certification that the following documents have been accessed and the contents discussed and addressed at the Infection Control and Patient Protection Meeting held on.				
Venue	Victoria Hospital Kirkcaldy - Staff Club			Date 25.07.19
'Healthcare Associated Infection System for Controlling Risk in the Built Environment' 'HAI-SCRIBE' Implementation Strategy: Scottish Health Facilities Note (SHFN) 30: Part B				
Declaration: We hereby certify that we have co-operated in the application of and where applicable to the aforesaid documentation.				
Present				
Print name	Signature	Company	Telephone Numbers	Email address
Ben Johnston		Thomson Gray		
Alan Wilson		NHS Fife		
Ashleigh Paterno		NHS Fife		
Margaret Selbie		NHS Fife		
Julia Cook		NHS Fife		
Eleanor Bathgate		NHS Fife		
Craig Webster		NHS Fife		
Paul Moreland		Graham Construction		
Andy Ballantyne		NHS Fife		
David Lowe		NHS Fife		
Susan Grubb		NHS Fife		

Document to be signed once items 1.1 and 1.11 are updated.

Fife Elective Orthopaedic Centre

Design Statement

19 July 2019 – Rev. 5

Investment Objectives:



The investment objectives of the project are:



1. Improve infection control and safety risk
2. Improve patient pathways and flows
3. Improve patient perception
4. Improve accommodation in respect to space standards and physical condition



Therefore, in order to realise the above objectives through investment in facilities, the resultant facility must possess the following attributes:



1 Non-negotiables for patients

Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).
1.1	<p>The appointment/pre-assessment system, staffing/support systems, and the physical environment must make access to the facility easy, calming, welcoming and enable patients to maintain their independence & dignity.</p> <p>The facilities must be accessible from a variety of modes of transport including cars, buses and patient drop-off points.</p>	<ul style="list-style-type: none"> Pre-arrival systems to prevent the need for sensitive personal information to be sought at check-in and ensure any support in movement (chairs for those with difficulty walking or people to support those with sensory or cognitive impairments) can be booked in advance so that it's there to meet patients at the car/ drop-off/bus stop or reception as agreed. Information and directions pre-appointment to be provided in accessible format tailored to patient's needs providing direction to correct site entrance and building entrance considering planned transport mode, this will communicate landmarks of identity to look out (<i>this requires the physical environment to have such landmarks at key points on the journey</i>) for as well as written signposting. Good communication in advance of arriving including pictorial images and maps. Robust wayfinding. Variety of forms to be incorporated including signage and use of colours. As per NHS Guidance on signage formats. Drop off points and car parking close to entrance. Drop off point will be within 20m of entrance. Adequate parking including ample blue badge spaces. There will be a system in place to protect 	 <p>Example of good proximity of drop-off to entrance.</p>



Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).
		patient parking (barrier).	
1.2	The entrance to the facilities will be welcoming and clearly visible.	<ul style="list-style-type: none"> Entrance will be visible and clearly marked/signed. Entrance and route to the entrance will be accessible and smoothly paved to avoid tripping hazard. Floor surface on entrance to prevent tracking of water, dirt. Doors will be user friendly for all mobilities and suitable for all ages. Covered sheltered entrance. Green space/features. 	<p>The above example draws you towards the entrance without the need for signage. Green features also offered. Length of path to entrance excessive however.</p>  <p>Entrance clearly visible and covered/sheltered entrance provided. Surfaces look flat/smooth.</p> 



Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).
1.3	<p>The facilities will include a distinct reception area to help with patient transition into the ward. The area will be comfortable, welcoming and convenient.</p> <p>On entering the building there must be immediate access to assistance, toilet facilities, refreshments and a clear onward direction.</p> <p>The arrival space must be open, bright, soothing, and have positive distractions for those who may wish to linger there a while before moving into the ward/treatment environment.</p>	<ul style="list-style-type: none"> ▪ The entrance/reception area will contain a clearly visible desk in which to greet the patient and provide a sense of security and familiarity. ▪ The reception area will contain flexible seating and will appear bright, homely and welcoming. ▪ The reception will contain natural light but will be considerate of the use of light in respect to the visually impaired. ▪ The reception will contain accessible toilets and all of the toilets provided shall be accessible. All toilets will be fitted to Doc M pack standards. Toilets will be signed for all disabilities (not just wheelchair). Doors will also be marked for left and right transfer. Toilets will be visible from the reception area and therefore the rooms shall be directly adjacent. Distance from furthest waiting seat and toilet will be no longer than 30m. ▪ This reception space will be for arrival only and a separate segregated space will be provided for discharge to reduce patient discomfort/anxiety. ▪ Floor finish to be appropriate for use and will not be too reflective. ▪ Proximity of external door to seating area / reception to be considered to avoid cold air and discomfort. 	<p>What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).</p>  <ul style="list-style-type: none"> ▪ Feeling of space, light and a prominent reception desk feature appeals. ▪ Seating will not be fixed.  <ul style="list-style-type: none"> ▪ Area bright and spacious. Connection to first floor appeals providing volume, space and light to reception. Connection may also assist with wayfinding.



Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).
			<div></div> <div><ul style="list-style-type: none">■ Good use of glazing to offer light and excellent connections to other floors.</div> <div></div> <div><ul style="list-style-type: none">■ Possible examples of colourful, comfortable seating.</div>



Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).
1.4	Admissions area: the experience of waiting prior to surgery must be calming and allow for personal choice in the level of social interaction you have (sit quietly alone, with friends/family) or interact with other patients for mutual support. There must be things to keep your mind occupied. You must feel confident that staff know that you are there, aware of any delays and able to get assistance easily.	<ul style="list-style-type: none"> Waiting areas to have seating arranged in groups of different sizes and nature. Space to have view to attractive external space, with direct access out. Staff area within 10m and visible from waiting. Sitting area and interview rooms/pods required to deal with pre-assessment of the patient. Toilets require to be accessible to this area (i.e. directly adjacent). 	  <ul style="list-style-type: none"> The examples above show comfortable seating that can be private or more social.

Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).
1.5	Bedrooms to be a homely environment where you feel you and your belongings are safe, you can have private time and peace, but you are not disconnected from support in the ward and from your friends/family. This is the first environment for enablement and therapy so it must provide space and encouragement to get out of the bed and engage in everyday activities.	<ul style="list-style-type: none"> ▪ A mix of bed space if desirable consisting of multi-beds and single beds. This will help to cater for different patient needs – some patients prefer to be accommodated in more social areas where as others prefer their own space. Multi-bed areas also help from an assistance perspective where patients sometimes feel more secure in this environment. Bed ratios will also facilitate the services requirements in respect to inpatient and day case. ▪ Activities and views must be equally available from a comfortable seat as from the bed to encourage people to get up and dressed and moving. ▪ Personal control of environment including temperature, ventilation, lighting (including task lighting and mood lighting) and blinds. ▪ Flexible spaces to be adopted to allow male/female patient segregation. ▪ En-suite facilities to be provided. Standard same as outlined in item 3. ▪ No central TV facilities desirable but infrastructure for personal entertainment is. ▪ Placement of clinical facilities at the bedhead space to be carefully considered to facilitate accessibility. 	 <p>Indicative view of inpatient unit bedroom</p>

Ref. no	Non-negotiables	Benchmark standards	<p>What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).</p>
			 

Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).
1.6	<p>The ward, in its layout and amenities, must reduce isolation and facilitate enablement of patients, encouraging them to be up and about and engaging in normal day to day experiences as quickly as possible.</p> <p>A range of flexible carefully located spaces are to be provided for dining, socialising and reflecting.</p>	<ul style="list-style-type: none"> Flexible spaces for dining, socialising and reflecting are to be provided. Appropriate new furniture is to be provided. Outside space to facilitate rehabilitation and to act as another social/reflective space. Social areas of different types/natures to be incorporated into the wards to allow patients to sit in small groups to talk/eat/be entertained, allowing people a choice of environment and activity. Spaces must be flexible to be used for a range of purposes through the day including special events like a movie night. There will be a place to make your own refreshments to maximise independence. At least one of these spaces to be visible from every bedroom, and within 10m of that bedroom door, to encourage people out of their room. Spaces to be visible/observable from staff locations/routes, and all spaces designed to be occupied for over 30mins to have natural light and a view to greenspace. 	 <ul style="list-style-type: none"> Covered outside space appeals.  <ul style="list-style-type: none"> Bright social space with good use of natural light.

Ref. no	Non-negotiables	Benchmark standards	<p>What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).</p>
			 <ul style="list-style-type: none"> Quieter spaces with views to the outside.
1.7	<p>The experience of going to, and returning from, theatre must enable patients to retain independence for as long as possible, reduce stress and defend dignity.</p>	<ul style="list-style-type: none"> Discrete route from ward to theatre away from public routes. Route to be max 20m to allow people to walk and reduce trolley/wheelchair transfer. Waiting close to theatre (generally 15 mins) to be in nice, calming environment with positive distractions. Routes into and out of theatres to separate patient flows so people under the influence of sedation are not viewed by other patients. The Anaesthetic room and theatres must have a calming environment (though clearly clean, professional, clinical) with positive distractions and the means for patients to see, or not see, the procedure. There must be facilities to play music and ceilings shall include interesting artwork or other features to look at when prostrate and conscious. 	 <ul style="list-style-type: none"> Calming mood lighting in theatre Art work.

Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).
			 <ul style="list-style-type: none">▪ Interesting ceiling features.  <ul style="list-style-type: none">▪ Discreet transfer route▪ Wide / colourful corridors.
1.8	Other considerations	<ul style="list-style-type: none">▪ Rehab facilities/spaces will be incorporated into the design.	



Ref. no	Non-negotiables	Benchmark standards	What success might look like (note: images are not always fully reflective of what is required and therefore where appropriate supporting notes have been provided to aid understanding).
		<ul style="list-style-type: none"> A discharge area similar in environment as the reception area shall be provided. NOTE – this should be separate/segregated from the reception area forming and “in/out” flow. 	



Patient consultation workshop took place at the Victoria Hospital in Kirkcaldy on 29 June 2017. The following individuals attended the workshop.



Name	Designation	Contact details
Betty McNeil	Member of Public (Secretary Fife IA)	betty.mcneil@talktalk.net
Dave Davies	Member of Public (Former service user)	dave@stegotc.co.uk
Tina Chapman	Member of Public	tinachapman1@msn.com
Moira Nelson	Senior Charge Nurse	moiranelson@nhs.net
Ben Johnston	Senior Project Manager – Turner & Townsend	ben.johnston@turntown.co.uk
Alan Wilson	Head of Estates / Project Director	alan.wilson1@nhs.net
Pauline Hope	Clinical Nurse Manager	pauline.hope@nhs.net
Deirdre Harris	Consultant Nurse – Infection Control	deirdreharris@nhs.net

Eleanor Bathgate	Theatre Manager	eleanor.bathgate@nhs.net
Lorna Bellingham	Senior Charge Nurse	lorna.bellingham@nhs.net
Fiona Cameron	Service Manager	fiona.cameron1@nhs.net

2 Non-negotiables for staff

Ref. no	Non-negotiables	Benchmark standards	What success might look like
2.1	Sufficient designated rest areas to be provided to allow staff to replenish and unwind in an appropriate environment and carefully considered convenient location.	<ul style="list-style-type: none"> Rest areas will include appropriate catering facilities. Rest areas will include areas for meals, snacks, informal meetings and breakout space for informal working Rest areas can be used by all Orthopaedic staff. Rest area(s) can be shared with other services so long as they have capacity and do not compromise on travel distances. Rest room(s) with facilities to store/prep food within 50m of ward and 50m of theatre suite. These must have daylight and views and provide space for staff to sit together for social interaction, or alone for a moments peace. They will be designed so that they can be used for other informal purposes (such as sitting with a laptop or coming together for special occasions). 	 <ul style="list-style-type: none"> Interesting room with good use of light. Functional space with blend of welfare and desk/table space.  <ul style="list-style-type: none"> Clever use of worktops which might be appropriate for informal hotdesking.

Ref. no	Non-negotiables	Benchmark standards	What success might look like
			<div></div> <div><ul style="list-style-type: none">Nice light space with a variety of seating options.</div> <div></div> <div><ul style="list-style-type: none">Possible outdoor seating area.</div>



Ref. no	Non-negotiables	Benchmark standards	What success might look like
2.2	The facilities will include flexible spaces for meetings and multi-use purposes.	<ul style="list-style-type: none"> The spaces will be carefully designed to accommodate a variety of uses. Office areas to be designed to bring like activities together, and provide break out spaces for 1to1 conversations, phone calls and impromptu meetings/discussions. Infrastructure shall be included to facilitate mixed forms of communication and IT. Lighting shall be appropriate for the tasks/use. Hotdesking facilities to be provided via functional efficient spaces but with a degree of privacy (screening as an example). 	  <ul style="list-style-type: none"> Good use of screening to create some privacy in a hot desk environment.
2.3	Appropriate changing areas will be provided close to the working environments.	<ul style="list-style-type: none"> The changing areas will allow staff to change into their uniforms prior to entering the patient areas. Changing areas can be used by all Orthopaedic staff so long as acceptable travel distances can be maintained. 	
2.4	Adequate storage shall be provided to enable other spaces to function as designed and intended.		

Staff consultation workshop took place at the Victoria Hospital in Kirkcaldy on 23 June 2017. The following individuals attended the workshop.

Name	Designation	Contact details
Moira Nelson	Senior Charge Nurse	moiranelson@nhs.net
Ben Johnston	Senior Project Manager – Turner & Townsend	ben.johnston@turntown.co.uk
Alan Wilson	Head of Estates / Project Director	alan.wilson1@nhs.net
Deirdre Harris	Consultant Nurse – Infection Control	deirdreharris@nhs.net
Eleanor Bathgate	Theatre Manager	eleanor.bathgate@nhs.net
Lorna Bellingham	Senior Charge Nurse	lorna.bellingham@nhs.net
Pauline Hope	Clinical Nurse Manager	pauline.hope@nhs.net
Fiona Cameron	Service Manager	fiona.cameron1@nhs.net
Andrew Ballantyne	Consultant Orthopaedic Surgeon	andyballantyne@nhs.net
Dianne Williamson	Equality and Diversity Lead	dianne.williamson@nhs.net

3 Non-negotiables for visitors

The needs of these people will be largely met by the objectives above, only additional criteria are noted below.

Ref. no	Non-negotiables	Benchmark standards	What success might look like
3.1	Designated visitor toilet facilities will be provided.	<ul style="list-style-type: none"> The facilities will be accessible to the standard noted earlier (refer to item 1.3). 	
3.2	The facility must enable staff to support patients and family members in their understanding of the issues with treatment and provide space for them to deal with any impact on themselves away from the patient.	<ul style="list-style-type: none"> There must be space on the ward for staff members to have quiet conversations with family members, to provide information and support to them in their role as carers and for them to sit in peace and privacy when needed. This must be in an environment that is calming and homely, with daylight and privacy. 	 <ul style="list-style-type: none"> This space could be a room as referenced above, or provided by a flexible quiet seating area as referenced below. 

4 Alignment of investment with policy

This section is about the additional benefits (not directly related to the service to be provided) that can be delivered, so things like contributing to regeneration, health promotion, good corporate citizenship etc

Ref. no	Non-negotiables	Benchmark standards	What success might look like
4.1	Contribution towards Victoria Hospital's estate strategy.	<ul style="list-style-type: none"> ▪ The project will contribute towards Victoria Hospital's estate strategy. This involves creating opportunities for the clinical care to be withdrawn from the tower block. ▪ Any new development will seek to rebalance any displaced car-parking. ▪ Existing bus, taxi, drop off and hospital servicing will not be negatively impacted by the project. ▪ The project will look to maintain and if possible, enhance accessibility, understanding and the visual impact of the wider site. This may include improvement around site access, wayfinding, carparking, nature and connections to relevant adjacent services. Any new facility will be planned in the context of the existing site helping to improve the visual impact of the hospital. 	
4.2	Energy	<p>The design will positively contribute to the energy and emissions criteria as described within current Scottish Government policies; i.e. evidenced measured reportable 59% emissions reduction compared with 2015 levels by 2032: per: Duties of Public Bodies: Reporting Requirements, and Energy Efficient Scotland Road Map (May 2018).</p> <p>The facilities shall be designed so that estimated</p>	

Ref. no	Non-negotiables	Benchmark standards	What success might look like
		<p>operational energy consumption does not exceed 300kWhr/m2.</p> <p>With respect to thermal comfort the design will evidence through the use of appropriate current and future weather data that none of the rooms within the facilities will exceed guideline temperatures as set out in CIBSE TM52 and TM59.</p>	
4.3	Sustainability	Conduct a BREEAM assessment per Scottish Capital Investment Manual to obtain a BREEAM Healthcare or equivalent 'Excellent ' rating.	
4.3	Expansion	<p>The design shall consider the means for departments to be used flexibly, adapted or expanded. National policy, clinical advancements and technological changes will impact on the way services are provided in the future, and the Facilities need to be sufficiently flexible to handle these advances. The design process shall demonstrate that potential change for expansion has been considered for rooms, departments and infrastructure.</p> <p>The structural grid, construction technique, structure, service penetrations and engineering services strategy shall demonstrate that the design proposals for expansion, adaptation and flexibility are co-ordinated.</p> <p>Benchmarks will include;</p> <ul style="list-style-type: none"> • Maximising the use of repeatable rooms • Modular grid • Adequate infrastructure capacity to deal 	

Ref. no	Non-negotiables	Benchmark standards	What success might look like
		<p>with future change</p> <p><i>Note: the above text does not seek to unnecessarily build a larger facility. It does however call for consideration and engagement within the Project Team to demonstrate that expansion and flexibility has been adequately considered and built into the proposals where there is clear justification for doing so.</i></p>	

Design Milestone	Authority of Decision	Additional Skills	How the Criteria will be evaluated and valued	Information needed to allow evaluation
Site Selection	NHS Fife	Architect		Design feasibility study
Selection of design team and PSCP	NHS Fife	Project Manager	As per High Level Information Pack criteria and scoring	PSCP responses
Project Brief	NHS Fife	Project Manager and PSCP	NHS Fife to develop draft brief. Project Manager and PSCP to assist NHS Fife with development.	Brief to be frozen by the end of RIBA Stage 2.
Acceptance of Concept Design	NHS Fife Project Manager	NDAP	AEDET, NDAP, Design Statement RIBA Stage 2 and Project Brief.	Information to be aligned with RIBA Stage 2 and NDAP OBC requirements.
Acceptance of technical design	NHS Fife Project Manager	NDAP	AEDET, NDAP, Design Statement RIBA Stage 4 and Project Brief.	Information to be aligned with RIBA Stage 4 and NDAP FBC requirements.
Post Project and Post Occupancy Evaluations	NHS Fife	Project Participants	Benefits outlined within the business case will be measured to ascertain if they have been realised. Post Project Evaluation to be undertaken in line with SCIM Guidance.	Data will be required circa 12 months following occupation in order to measure if the benefits have been realised. This data will be compared against the "as existing" data to measure the extent of improvement and whether the benefits have been realised.

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REV P01 04/10/2019

NHSF Orthopaedic Elective Care Centre - Schedule of Derogations

Source - HFS complete list of publications October 2018

Schedule is a live document that will be updated through FBC

Title	Section	Category	Reference	Date	Relevance Y/N	Derogation	Notes/Clarifications
Requirements for Compliant CDUs (GUID 5014) [PDF 387Kb]	Decontamination	GUIDance on Decontamination (GUID)	GUID 5014	Nov-16	N		
National Decontamination Guidance on loan devices (GUID 5002) [PDF 304Kb]	Decontamination	GUIDance on Decontamination (GUID)	GUID 5002	Jul-15	N		
Management of reusable surgical instruments during transportation storage and after clinical use (GUID 5010 Part B) [PDF 758Kb]	Decontamination	GUIDance on Decontamination (GUID)	GUID 5010 Part B	Dec-14	N		
Management of reusable surgical instruments during transportation storage and after clinical use (GUID 5010 Part A) [PDF 1017Kb]	Decontamination	GUIDance on Decontamination (GUID)	GUID 5010 Part A	Dec-14	N		
Requirements for Compliant Endoscope Decontamination Units (GUID 5013) [PDF 283Kb]	Decontamination	GUIDance on Decontamination (GUID)	GUID 5013	Nov-14	N		
Provision of Compliant Podiatry Instruments (GUID 5007) [PDF 319Kb]	Decontamination	GUIDance on Decontamination (GUID)	GUID 5007	Nov-14	N		
Guidance for Disposal and Recycling of Medical Devices (GUID 5008) [PDF 364Kb]	Decontamination	GUIDance on Decontamination (GUID)	GUID 5008	Oct-14	N		
NHSScotland Guide to the Carriage of Dangerous Goods Regulations with respect to Used Medical Devices (GUID 5006) [PDF 281Kb]	Decontamination	GUIDance on Decontamination (GUID)	GUID 5006	Dec-13	N		
Compliant Dental Local Decontamination Units in Scotland Primary Care (GUID 5005) [PDF 140Kb]	Decontamination	GUIDance on Decontamination (GUID)	GUID 5005	May-13	N		
Decontamination Facilities - Central Decontamination Unit (SHPN 13 Part 1) [PDF 910Kb]	Decontamination	Scottish Health Planning Note (SHPN)	SHPN 13 Part 1	Jul-11	N		
Decontamination Facilities: Endoscope Decontamination Units (SHPN 13 Part 3) [PDF 559Kb]	Decontamination	Scottish Health Planning Note (SHPN)	SHPN 13 Part 3	Sep-10	N		
Decontamination Facilities (SHPN 13 Part 2) [PDF 582Kb]	Decontamination	Scottish Health Planning Note (SHPN)	SHPN 13 Part 2	Jun-08	N		
Operational management Washer-disinfectors (SHTM 2030 Part 2) [PDF 620Kb]	Decontamination	Scottish Health Technical Memorandum (SHTM)	SHTM 2030 Part 2	Oct-01	N		
Design considerations Washer-disinfectors (SHTM 2030 Part 1) [PDF 1Mb]	Decontamination	Scottish Health Technical Memorandum (SHTM)	SHTM 2030 Part 1	Oct-01	N		
Validation and Verification Washer-disinfectors (SHTM 2030 Part 3) [PDF 581Kb]	Decontamination	Scottish Health Technical Memorandum (SHTM)	SHTM 2030 Part 3	Oct-01	N		
Overview and management responsibilities Sterilization (SHTM 2010 Part 1) [PDF 265Kb]	Decontamination	Scottish Health Technical Memorandum (SHTM)	SHTM 2010 Part 1	Jun-01	N		
Design considerations Sterilization (SHTM 2010 Part 2) [PDF 645Kb]	Decontamination	Scottish Health Technical Memorandum (SHTM)	SHTM 2010 Part 2	Jun-01	N		
Validation and verification Sterilization (SHTM 2010 Part 3) [PDF 1Mb]	Decontamination	Scottish Health Technical Memorandum (SHTM)	SHTM 2010 Part 3	Jun-01	N		
Clean steam for sterilization (SHTM 2031 Part 1) [PDF 588Kb]	Decontamination	Scottish Health Technical Memorandum (SHTM)	SHTM 2031 Part 1	Jun-01	N		
Operational management Sterilization (SHTM 2010 Part 4) [PDF 779Kb]	Decontamination	Scottish Health Technical Memorandum (SHTM)	SHTM 2010 Part 4	Jun-01	N		
Good Practice Guide Sterilization (SHTM 2010 Part 5) [PDF 1Mb]	Decontamination	Scottish Health Technical Memorandum (SHTM)	SHTM 2010 Part 5	Jun-01	N		
Testing and validation protocols Sterilization (SHTM 2010 Part 6) [PDF 338Kb]	Decontamination	Scottish Health Technical Memorandum (SHTM)	SHTM 2010 Part 6	Jun-01	N		
Pressure Systems: Policies and Guidance (SHTM 08-08) [PDFÂ 464Kb]	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 08-08	Feb-15	Y		
Confined Spaces policies procedures and guidance (SHTM 08-07) [PDFÂ 950Kb]	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 08-07	Feb-15	Y		
The Control of Legionella hygiene 'safe' hot water cold water and drinking water systems emerging technologies: Solar domestic hot water heating	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 04-02 Part A	Apr-14	N		
HAI-SCRIBE Implementation strategy and assessment process (SHFN 30 Part B) [PDFÂ 827Kb]	Engineering	Scottish Health Facilities Note (SHFN)	SHFN 30 Part B	Jan-14	Y		Staged HAI-Scribe process ongoing. Issues / Derogations tbc
Ventilation for Healthcare Premises: Design and Validation (SHTM 03-01) [PDFÂ 26Kb]	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 03-01	Dec-13	Y	Clause 2.59 - Duplicate stand-by air handling plant will not be provided in AHUs serving theatres	Clause 4.13 - No colour coding will be provided on air handling units.It is assumed that air handling units will be delivered in a standard colour from the factory. Clarification on the requirement for this derogation is required.
Healthcare engineering: Policies and Principles best practice guidance [PDFÂ 507Kb]	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 00	Dec-13	Y		

Electrical safety guidance for low voltage systems (SHTM 06-02) [PDFÂ 1Mb]	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 06-02	Feb-13	Y		
The control of Legionella hygiene 'safe' hot water cold water and drinking water systems: TVC Testing Protocol (SHTM 04-01 Part C) [PDFÂ 325Kb]	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 04-01 Part C	Feb-13	Y		
Lifts (SHTM 08-02) [PDFÂ 1Mb]	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 08-02	Feb-13	Y		
Water Safety for Healthcare Premises: Operational Procedures and exemplar Written Schemes (SHTM 04-01 Part G) [PDFÂ 2Mb]	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 04-01 Part G	Feb-13	Y		
Medical Gas Pipeline Systems: Design Installation Validation and Verification (SHTM 02-01 Part A) [PDFÂ 4Mb]	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 02-01 Part A	Jun-12	Y		
Medical Gas Pipeline Systems: Operational Management (SHTM 02-01 Part B) [PDFÂ 2Mb]	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 02-01 Part B	Jun-12	Y		
Building Management Systems: Operational Management (SHTM 08-05 Part D) [PDFÂ 278Kb]	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 08-05 Part D	Apr-12	Y		
Building Management Systems: Validation and Verification (SHTM 08-05 Part C) [PDFÂ 325Kb]	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 08-05 Part C	Apr-12	Y		
Building Management Systems: Design Considerations (SHTM 08-05 Part B) [PDFÂ 723Kb]	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 08-05 Part B	Apr-12	Y		
Building Management Systems: Overview and Management Responsibilities (SHTM 08-05 Part A) [PDFÂ 341Kb]	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 08-05 Part A	Apr-12	Y		
The Control of Legionella hygiene 'safe' hot water cold water and drinking water systems: Alternative materials and filtration (SHTM 04-01 Part E) [PDFÂ 325Kb]	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 04-01 Part E	Dec-11	Y		
The control of legionella hygiene 'safe' hot water cold water and drinking water systems: Chloramination of water supplies (SHTM 04-01 Part F) [PDFÂ 325Kb]	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 04-01 Part F	Dec-11	Y		
The Control of Legionella hygiene 'safe' hot water cold water and drinking water systems emerging technologies: Rainwater harvesting (SHTM 04-02 Part B) [PDFÂ 325Kb]	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 04-02 Part B	Dec-11	Y		
The Control of Legionella hygiene 'safe' hot water cold water and drinking water systems emerging technologies: Grey water recovery (SHTM 04-02 Part C) [PDFÂ 325Kb]	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 04-02 Part C	Dec-11	Y		
Pneumatic Tube Transport Systems: Overview and Management Responsibilities (SHTM 08-04 Part A) [PDFÂ 358Kb]	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 08-04 Part A	Nov-11	N		
Pneumatic Tube Transport Systems: Design Considerations and Good Practice Guide (SHTM 08-04 Part B) [PDFÂ 696Kb]	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 08-04 Part B	Nov-11	N		
Electrical services supply and distribution: Operational management (SHTM 06-01 Part B) [PDFÂ 638Kb]	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 06-01 Part B	Oct-11	Y		
Ventilation for Healthcare Premises - Design and Validation (SHTM 03-01 Part A) [PDFÂ 3Mb]	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 03-01 Part A	Oct-11	Y		
Ventilation for Healthcare Premises: Operational Management and Performance Verification (SHTM 03-01 Part B) [PDFÂ 319Kb]	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 03-01 Part B	Oct-11	Y		
Electrical services supply and distribution: Design considerations (SHTM 06-01 Part A) [PDFÂ 3Mb]	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 06-01 Part A	Oct-11	Y		
Electrical Safety Guidance for High Voltage Systems (SHTM 06-03) [PDFÂ 1Mb]	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 06-03	Sep-11	N		
The control of Legionella hygiene 'safe' hot water cold water and drinking water systems: Disinfection of domestic water service (SHTM 04-01 Part D) [PDFÂ 325Kb]	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 04-01 Part D	Aug-11	Y		
Specialist Services - Bedhead Services (SHTM 08-03) [PDFÂ 531Kb]	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 08-03	Jul-11	Y	From the 1:50 review meeting with NHSF the outlets required for bedhead services deregate from the SHTM-08-03 bedhead services table	
Specialist Services - Pathology Laboratory Gas Systems (SHTM 08-06) [PDFÂ 702Kb]	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 08-06	Jul-11	N		
Specialist Services: Acoustics (SHTM 08-01) [PDFÂ 2Mb]	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 08-01	May-11	Y		1.2 Acoustic consultant to be engaged at next stage therefore any acoustic issues are based on a series of high level assumptions.2.8 Existing site acoustic / vibration survey to be completed at next stage. External existing ambient noise levels unknown. Assumed that openable windows / vents are acceptable on all elevations. 2.50/2.66 Sound insulation for rooms - to be confirmed and design developed at next stage. 2.89 Structure borne sound - requirements to be confirmed by Acoustic consultant in relation to floor to floor acoustic separation.2.36-2.46 / 2.122 Noise/ vibration from plant/ plantrooms to be considered at the next stage. SE to comment
Dental compressed air and vacuum systems (SHTM 2022 Supp 1) [PDFÂ 2Mb]	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 2022 Supp 1	Mar-04	N		
Overview and management responsibilities Mains signalling (SHTM 2035 Part 1) [PDFÂ 163Kb]	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 2035 Part 1	Jun-01	N		



Design Considerations Mains signalling (SHTM 2035 Part 2) [PDFÂ 292Kb]	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 2035 Part 2	Jun-01	N		
Validation and Verification / Operational Management Mains signalling (SHTM 2035 Part 3) [PDFÂ 266Kb]	Engineering	Scottish Health Technical Memorandum (SHTM)	SHTM 2035 Part 3	Jun-01	N		
NHSScotland waste management guidance: Compendium of regulatory requirements (SHTN 3 Part C) [PDFÂ 1Mb]	Environment	Scottish Health Technical Note (SHTN)	SHTN 3 PART C	Feb-15	N		
NHSScotland waste management guidance: Waste management policy template (SHTN 3 Part B) [PDFÂ 265Kb]	Environment	Scottish Health Technical Note (SHTN)	SHTN 3 Part B	Feb-15	N		
NHSScotland waste management guidance: Guidance and example text for waste procedures (SHTN 3 Part D) [PDFÂ 702Kb]	Environment	Scottish Health Technical Note (SHTN)	SHTN 3 Part D	Feb-15	N		
NHSScotland waste management guidance. Segregation Chart (SHTN 3) [PDFÂ 287Kb]	Environment	Scottish Health Technical Note (SHTN)	SHTN 3	Feb-15	N		
NHSScotland waste management guidance: Summary of requirements - best practice overview (SHTN 3 Part A) [PDFÂ 639Kb]	Environment	Scottish Health Technical Note (SHTN)	SHTN 3 Part A	Feb-15	N		
HAI-SCRIBE questionsets and checklists (SHFN 30 Part C) [PDFÂ 1Mb]	Environment	Scottish Health Facilities Note (SHFN)	SHFN 30 Part C	Jan-15	Y		Staged HAI-Scribe process ongoing. Issues / Derogations tbc
Water safety for healthcare premises: Operational management (SHTM 04-01 Part B) [PDFÂ 804Kb]	Environment	Scottish Health Technical Memorandum (SHTM)	SHTM 04-01 Part B	Jul-14	Y		
Water safety for healthcare premises: Design installation and testing (SHTM 04-01 Part A) [PDFÂ 2Mb]	Environment	Scottish Health Technical Memorandum (SHTM)	SHTM 04-01 Part A	Jul-14	Y	Section 4 Water Softening - No requirement for water softening plant. Section 5 Filtration - requirement omitted for filtration on incoming mains water from Scottish Water main. Clause 7.3 24 24 hour storage - Water Storage to be based on 180 litres per bed with a diversity of 50% as stated in CIBSE Guide G equates to storage of 12 hours per day.	
HAI-SCRIBE Manual Information for Design Teams Construction Teams Estates & Facilities and Infection Prevention & Control Teams (SHFN 30 Part A) [PDFÂ 1Mb]	Environment	Scottish Health Facilities Note (SHFN)	SHFN 30 Part A	Jan	Y		Staged HAI-Scribe process ongoing. Issues / Derogations tbc
Implementation and Communication Plan NCSS vr 2.0 (SHFN 01-03) [PDFÂ 97Kb]	Facilities	Scottish Health Facilities Note (SHFN)	SHFN 01-03	Dec-16	N		
NHSScotland National Cleaning Services Specification (SHFN 01-02) [PDFÂ 906Kb]	Facilities	Scottish Health Facilities Note (SHFN)	SHFN 01-02	Jun-16	N		
National Facilities Monitoring Framework Manual (SHFN 01-01) [PDFÂ 12Mb]	Facilities	Scottish Health Facilities Note (SHFN)	SHFN 01-01	Jun-16	N		
Food in Hospitals (SHFN 04-01) [PDFÂ 1Mb]	Facilities	Scottish Health Facilities Note (SHFN)	SHFN 04-01	Mar-16	N		
NHSScotland Policy for Food Allergen Management (SHFN 04-04) [PDFÂ 115Kb]	Facilities	Scottish Health Facilities Note (SHFN)	SHFN 04-04	Mar-14	N		
NHSScotland National Food Safety Assurance Manual (SHFN 04-03) [PDFÂ 584Kb]	Facilities	Scottish Health Facilities Note (SHFN)	SHFN 04-03	Mar-14	N		
Security Services Standards for NHSScotland (SHFN 03-02) [PDFÂ 231Kb]	Facilities	Scottish Health Facilities Note (SHFN)	SHFN 03-02	Mar-14	N		
Portering Services Standards for NHSScotland (SHFN 02-01) [PDFÂ 1Mb]	Facilities	Scottish Health Facilities Note (SHFN)	SHFN 02-01	Jun-10	N		
Security Management Framework for NHS Boards in Scotland (SHFN 03-01) [PDFÂ 488Kb]	Facilities	Scottish Health Facilities Note (SHFN)	SHFN 03-01	Dec-08	N		
Guidance on the use of Mobile Communication Devices in healthcare premises (SHFN 03-03) [PDFÂ 2Mb]	Facilities	Scottish Health Facilities Note (SHFN)	SHFN 03-03	Feb-08	N		
Transport management and car parking (SHTM 07-03) [PDFÂ 525Kb]	Facilities	Scottish Health Technical Memorandum (SHTM)	SHTM 07-03	Jan-08	N		
NHSScotland Travel Plan Guidance (SHTM 07-04) [PDFÂ 407Kb]	Facilities	Scottish Health Facilities Note (SHFN)	SHTM 07-04	Sep-07	N		
Property Appraisal Manual V.3 (SHTN 00-01) [PDFÂ 4Mb]	Property & Capital	Scottish Health Technical Note (SHTN)	SHTN 00-01	Aug-16	N		
Dementia-friendly Health and Social Care Environments (HBN 08-02) [PDFÂ 16Mb]	Property & Capital	DoH guidance (HBN; HTM; Other)	HBN 08-02	Mar-15	Y		Design to be developed at next stage
Out-patient care: Sexual and reproductive health clinics (HBN 12-01 sup A) [PDFÂ 1Mb]	Property & Capital	DoH guidance (HBN; HTM; Other)	HBN 12-01 sup A	Oct-14	N		
Renal Care - Main renal unit (HBN 07-02) [PDFÂ 1Mb]	Property & Capital	DoH guidance (HBN; HTM; Other)	HBN 07-02	Oct-14	N		
Diagnostic imaging: PACS and specialist imaging (HBN 06 vol 2) [PDFÂ 589Kb]	Property & Capital	DoH guidance (HBN; HTM; Other)	HBN 06 vol 2	Oct-14	N		


Facilities for surgical procedures (HBN 26 vol 1) [PDFÂ 3Mb]	Property & Capital	DoH guidance (HBN; HTM; Other)	HBN 26 vol 1	Oct-14	Y		General - Detail on room FF&E activity spaces etc tbc at next stage. 2.28,2.31, 4.148 Provide natural light, in surgical facilities, staff rest, theatres; and recovery unit .4.8 'corridors sufficient for passage of 2 beds' this would require a width of 2960 clear) - corridors in current design this width at the theatres and theatre lifts only. Elsewhere corridors are suitable for the passage of a single bed (2150 clear) 4.106 cardiac arrest trolley should be located in a recess in the main theatre corridor. Trolley is located in recovery area. Recess could be extended to allow for additional trolley.
Hospital accommodation for children and young people (HBN 23) [PDFÂ 2Mb]	Property & Capital	DoH guidance (HBN; HTM; Other)	HBN 23	Oct-14	N		
Medicines management: Pharmacy and radiopharmacy facilities (HBN 14-01) [PDFÂ 2Mb]	Property & Capital	DoH guidance (HBN; HTM; Other)	HBN 14-01	Oct-14	Y		Detailed elements tbc at next design stage
Mental health - Adult acute units (HBN 03-01) [PDFÂ 2Mb]	Property & Capital	DoH guidance (HBN; HTM; Other)	HBN 03-01	Oct-14	N		
Core guidance - Clinical and clinical support spaces (HBN 00-03) [PDFÂ 15Mb]	Property & Capital	DoH guidance (HBN; HTM; Other)	HBN 00-03	Oct-14	Y		Typical 1:50 layouts issued for review. Spatial compliance generally followed, final derogations tbc. Detailed elements tbc at next design stage.
Core guidance - General design for healthcare buildings (HBN 00-01) [PDFÂ 4Mb]	Property & Capital	DoH guidance (HBN; HTM; Other)	HBN 00-01	Oct-14	Y		Detailed elements tbc at next design stage
Cardiac facilities (HBN 01-01) [PDFÂ 1Mb]	Property & Capital	DoH guidance (HBN; HTM; Other)	HBN 01-01	Oct-14	N		
Core guidance - Sanitary spaces (HBN 00-02) [PDFÂ 9Mb]	Property & Capital	DoH guidance (HBN; HTM; Other)	HBN 00-02	Oct-14	Y		Detailed elements, door positions, activity spaces room proportions etc tbc at next design stage
Cancer treatment facilities (HBN 02-01) [PDFÂ 1Mb]	Property & Capital	DoH guidance (HBN; HTM; Other)	HBN 02-01	Oct-14	N		
In-patient facilities for older people (HBN 37) [PDFÂ 5Mb]	Property & Capital	DoH guidance (HBN; HTM; Other)	HBN 37	Oct-14	N		
Facilities for pathology services (HBN 15) [PDFÂ 1Mb]	Property & Capital	DoH guidance (HBN; HTM; Other)	HBN 15	Oct-14	N		
Renal care: Satellite dialysis unit (HBN 07-01) [PDFÂ 2Mb]	Property & Capital	DoH guidance (HBN; HTM; Other)	HBN 07-01	Oct-14	N		
Core guidance - Planning for a resilient healthcare estate (HBN 00-07) [PDFÂ 2Mb]	Property & Capital	DoH guidance (HBN; HTM; Other)	HBN 00-07	Oct-14	N		
Police Custody Medical Facilities (SHPN 11-10) [PDFÂ 812Kb]	Property & Capital	Scottish Health Planning Note (SHPN)	SHPN 11-10	Jan-14	N		
Fire safety - Risk assessment (SHTM 86) [PDFÂ 880Kb]	Property & Capital	Scottish Health Technical Memorandum (SHTM)	SHTM 86	Jun-13	Y		Output from fire risk assessments (by others) tbc
Fire safety - Atria in healthcare premises (SHTM 81 part 3) [PDFÂ 266Kb]	Property & Capital	Scottish Health Technical Memorandum (SHTM)	SHTM 81 part 3	Apr-13	N		
Fire safety - alarm and detection systems (SHTM 82) [PDFÂ 207Kb]	Property & Capital	Scottish Health Technical Memorandum (SHTM)	SHTM 82	Apr-13	Y		
Property appraisal guidance for NHSScotland - Risk based methodology (SHTN 00-03) [PDFÂ 318Kb]	Property & Capital	Scottish Health Technical Note (SHTN)	SHTN 00-03	Nov-10	N		
Strategic property and asset management guidance for NHSScotland - PAMS (SHTN 00-02) [PDFÂ 381Kb]	Property & Capital	Scottish Health Technical Note (SHTN)	SHTN 00-02	Nov-10	N		
Adult in-patient facilities (SHPN 04-01) [PDFÂ 1Mb]	Property & Capital	Scottish Health Planning Note (SHPN)	SHPN 04-01	Oct-10	Y	<i>in new developments where there are clinical reasons for not making 100% single room provision they should be clearly identified and articulated in the appropriate Business Case ' Single bed provision is over 50% 17single /16 multi-bed spaces. Refer to business case and NHSF SBAR reports for further justification</i>	Ensuite door sizes / hoist access to be considered at next stage.
Sanitary Assemblies (SHTM 64) [PDFÂ 1Mb]	Property & Capital	Scottish Health Technical Memorandum (SHTM)	SHTM 64	Dec-09	Y		To be developed at next stage
Core Guidance - Resilience Planning for the Healthcare Estate (SHPN 00-07) [PDFÂ 2Mb]	Property & Capital	Scottish Health Planning Note (SHPN)	SHPN 00-07	Sep-09	N		
Textiles and furniture (SHTM 87) [PDFÂ 422Kb]	Property & Capital	Scottish Health Technical Memorandum (SHTM)	SHTM 87	Aug-09	N		
Building component series - Flooring (SHTM 61) [PDFÂ 256Kb]	Property & Capital	SHTM Building Component (SHTM)	SHTM 61	Jul-09	Y		Flooring types to be finalised at next stage. Flooring cleaning regime tbc. Contamination and slip risk assessments to take place

Fire safety - Fire engineering of healthcare premises (SHTM 81 part 2) [PDFÂ 625Kb]	Property & Capital	Scottish Health Technical Memorandum (SHTM)	SHTM 81 part 2	Jul-09	Y	5.8 Upper floor above 7.5m ' should comprise at least 4 compartments, each of which should have an area of at least 500m2' 3 of the compartments are below this area. Refer to separate Fire strategy report appendix A for fire engineering solution.	In general the building is designed to meet the requirements of SHTM 81 Part 1 and the 'Non-domestic Technical Handbook'.
Fire safety - Precautions in new healthcare premises (SHTM 81 part 1) [PDFÂ 214Kb]	Property & Capital	Scottish Health Technical Memorandum (SHTM)	SHTM 81 part 1	Jul-09	Y		5.11 'Where an escape route from a room is into an unprotected open plan zone and/or passes a waiting or sub-waiting area, or any escape route passes through or involves crossing a large open plan area, the escape route must be clearly defined by a fixed screen, partition or similar means' glass screens/ dwarf walls / fixed seating to be considered at the next stage.
Building component series - Flooring - matrix example (SHTM 61 app 1a) [XLSÂ 554Kb]	Property & Capital	SHTM Building Component (SHTM)	SHTM 61 app 1a	Jul-09	Y		To be completed at the next stage
In-patient accommodation - supplement 1 - Isolation facilities in acute settings (SHPN 4 sup 1) [PDFÂ 649Kb]	Property & Capital	Scottish Health Planning Note (SHPN)	SHPN 4 sup 1	Sep-08	N		
Community Pharmacy Premises in Scotland Providing NHS Pharmaceuticals (SHPN 36 part 3) [PDFÂ 2Mb]	Property & Capital	Scottish Health Planning Note (SHPN)	SHPN 36 part 3	Aug-08	Y		Detailed elements tbc at next design stage
Fire safety - Precautions in existing healthcare premises (SHTM 85) [PDFÂ 1Mb]	Property & Capital	Scottish Health Technical Memorandum (SHTM)	SHTM 85	Dec-07	N		
Wayfinding - effective wayfinding and signing systems guidance for healthcare facilities (SHTM 65) [PDFÂ 4Mb]	Property & Capital	SHTM Building Component (SHTM)	SHTM 65	Oct-07	Y		Detailed elements tbc at next design stage
Access - checklist for people with dementia in healthcare premises (SHFN 03) [PDFÂ 2Mb]	Property & Capital	Scottish Health Facilities Note (SHFN)	SHFN 03	Oct-07	Y		Detailed elements tbc at next design stage
Fire safety - Prevention and control of deliberate fire-raising in healthcare premises v3.0 (SFPN 6) [PDFÂ 153Kb]	Property & Capital	Scottish Fire Practice Note (SFPN)	SFPN 6	Sep-07	N		
Accident and emergency facilities for adults and children (SHPN 22) [PDFÂ 1Mb]	Property & Capital	Scottish Health Planning Note (SHPN)	SHPN 22	Jan-07	N		
Building component series -Laboratory storage systems (SHTM 67) [PDFÂ 1Mb]	Property & Capital	SHTM Building Component (SHTM)	SHTM 67	Dec-06	Y		Detailed elements tbc at next design stage
Building component series -Cubicle curtain track (SHTM 66) [PDFÂ 211Kb]	Property & Capital	SHTM Building Component (SHTM)	SHTM 66	Dec-06	Y		Detailed elements tbc at next design stage
Building component series -Demountable storage systems (SHTM 62) [PDFÂ 284Kb]	Property & Capital	SHTM Building Component (SHTM)	SHTM 62	Dec-06	Y		Detailed elements tbc at next design stage
Building component series -Fitted storage systems (SHTM 63) [PDFÂ 459Kb]	Property & Capital	SHTM Building Component (SHTM)	SHTM 63	Dec-06	Y		Detailed elements tbc at next design stage
Building component series -Internal doorsets (SHTM 58) [PDFÂ 278Kb]	Property & Capital	SHTM Building Component (SHTM)	SHTM 58	Dec-06	Y		Detailed elements tbc at next design stage
Building component series -Ironmongery (SHTM 59) [PDFÂ 253Kb]	Property & Capital	SHTM Building Component (SHTM)	SHTM 59	Dec-06	Y		Detailed elements tbc at next design stage
Building component series -User manual (SHTM 54) [PDFÂ 75Kb]	Property & Capital	SHTM Building Component (SHTM)	SHTM 54	Dec-06	Y		Detailed elements tbc at next design stage
Building component series -Windows (SHTM 55) [PDFÂ 418Kb]	Property & Capital	SHTM Building Component (SHTM)	SHTM 55	Dec-06	Y		Natural ventilation strategy to some rooms -Inward opening windows when fully open are guarded so that no gap in the opening exceeds 100mm. Note projection of window into room Where natural and mechanically ventilated outward opening lights restricted to 100mm.
Building component series -Protection (SHTM 69) [PDFÂ 1Mb]	Property & Capital	SHTM Building Component (SHTM)	SHTM 69	Dec-06	Y		Detailed elements tbc at next design stage
Building component series -Partitions (SHTM 56) [PDFÂ 270Kb]	Property & Capital	SHTM Building Component (SHTM)	SHTM 56	Dec-06	Y		Detailed elements tbc at next design stage
Building component series -Internal glazing (SHTM 57) [PDFÂ 139Kb]	Property & Capital	SHTM Building Component (SHTM)	SHTM 57	Dec-06	Y		Detailed elements tbc at next design stage
General Medical Practice Premises in Scotland (SHPN 36 part 1) [PDFÂ 3Mb]	Property & Capital	Scottish Health Planning Note (SHPN)	SHPN 36 Part 1	Jul-06	N		
NHS Dental Premises in Scotland (SHPN 36 Part 2) [PDFÂ 986Kb]	Property & Capital	Scottish Health Planning Note (SHPN)	SHPN 36 Part 2	Jun-06	N		
Fire safety - General fire precautions in healthcare premises (SHTM 83) [PDFÂ 3Mb]	Property & Capital	Scottish Health Technical Memorandum (SHTM)	SHTM 83	Apr-04	N		
Facilities for diagnostic imaging and interventional radiology (SHPN 06 Part 1) [PDFÂ 5Mb]	Property & Capital	Scottish Health Planning Note (SHPN)	SHPN 06 Part 1	Mar-04	N		

Fire safety - Risk assessment in residential care premises (SHTM 84) [PDFÂ 294Kb]	Property & Capital	Scottish Health Technical Memorandum (SHTM)	SHTM 84	Apr-03	N		
Access - Audit survey toolkit for disabled people in healthcare premises (SHFN 02) [PDFÂ 735Kb]	Property & Capital	Scottish Health Facilities Note (SHFN)	SHFN 02	Oct-02	Y		Detailed elements tbc at next design stage
Day care part 2 - Endoscopy unit (SHPN 52 Part 2) [PDFÂ 2Mb]	Property & Capital	Scottish Health Planning Note (SHPN)	SHPN 52 Part 2	Jan-02	N		
Day care part 1 - Day surgery unit (SHPN 52 Part 1) [PDFÂ 3Mb]	Property & Capital	Scottish Health Planning Note (SHPN)	SHPN Part 1	Jan-02	Y		Detailed elements tbc at next design stage
Facilities for rehabilitation services (SHPN 08) [PDFÂ 3Mb]	Property & Capital	Scottish Health Planning Note (SHPN)	SHPN 08	Jan-02	N		
Day care part 3 - Medical investigation and treatment unit (SHPN 52 Part 3) [PDFÂ 2Mb]	Property & Capital	Scottish Health Planning Note (SHPN)	SHPN 52 Part 3	Jan-02	N		
Facilities for Mortuary and Post-Mortem Room services (SHPN 20) [PDFÂ 2Mb]	Property & Capital	Scottish Health Planning Note (SHPN)	SHPN 20	Jan-02	N		
General design guidance (SHPN 03) [PDFÂ 409Kb]	Property & Capital	Scottish Health Planning Note (SHPN)	SHPN 03	Jan-02	Y		Internal rooms 2.59 Such rooms do not provide good working conditions and should be used only for activities of infrequent or intermittent occurrence or which demand a controlled environment. Rooms that are likely to be occupied for any length of time by staff or patients should have windows. Some internal rooms are provided - these are either specialist in nature - Xray/ Plaster room; Infrequently used - treatment room at In-Patient ward or are central to the ward function - office / desk spaces located centrally to the Theatres department / In-Patient department. Centrally located offices to have glazed screens to borrow light from adjacent spaces. Detailed elements tbc at next design stage
Access - Disability (SHFN 14) [PDFÂ 1Mb]	Property & Capital	Scottish Health Facilities Note (SHFN)	SHFN 14	Sep-00	Y		Design to be developed at next stage
Access - audits of primary healthcare facilities (SHFN 20) [PDFÂ 2Mb]	Property & Capital	Scottish Health Facilities Note (SHFN)	SHFN 20	Sep-00	N		
Fire Safety -Hospital main kitchens (SFPN 4) [PDFÂ 1Mb]	Property & Capital	Scottish Fire Practice Note (SFPN)	SFPN 4	Dec-99	N		
Fire Safety -Laboratories on hospital premises (SFPN 10) [PDFÂ 1Mb]	Property & Capital	Scottish Fire Practice Note (SFPN)	SFPN 10	Dec-99	N		
Fire safety - A model management structure (SFPN 00-01) [PDFÂ 169Kb]	Property & Capital	Scottish Fire Practice Note (SFPN)	SFPN 00-01	Dec-99	N		
Engineering Staff Roles & Responsibilities (GUID5015) [PDF 157Kb]	Decontamination	GUIDance on Decontamination (GUID)	GUID5015	Feb-17	N		
Core elements - Sanitary Spaces (HBN 00-02)	Property & Capital	DoH guidance (HBN; HTM; Other)	HBN 00-02	Mar-17	Y		Detailed elements tbc at next design stage
Core Guidance - Circulation and communication spaces (HBN 00+A117-04) [PDF 2Mb]	Property & Capital	DoH guidance (HBN; HTM; Other)	HBN 00-04	Oct-14	Y		3.9 The recommended minimum clear corridor width for circulation of beds/trolleys is 2150 mm if passing spaces are provided. 3.10 Where two beds need to pass regularly, the recommended minimum clear corridor width should be 2960 mm. A clear width of 2150 is provided (between handrails) generally. At the theatres a clear width of 2960 is provided locally. At the public/staff lift and stair lobby where there is no bed transit corridors reduce to 1500min clear locally. 5.13 Stairs - minimum recommended going (top of step depth) is 280mm. 250 going (compliant with technical standards) provided for escape / access stairs. 6.20 'A protected lobby should be provided where a lift does not open of a hospital street' Lifts provided with lobby with the exception of the public lifts at ground floor. Further detailed elements tbc at next design stage
Building Component Series – Sanitary assemblies (SHTM 64) [PDF 1Mb]	Property & Capital	SHTM Building Component (SHTM)	SHTM 64	Dec-09	Y		Detailed elements tbc at next design stage


Building Component Series - Ceilings (SHTM 60) [PDF 674Kb]	Property & Capital	SHTM Building Component (SHTM)	SHTM 60	Oct-09	Y		Detailed elements tbc at next design stage
Fire Safety- Fire safety training (SHTM 83 Part 2) [PDF 640Kb]	Property & Capital	SHTM Building Component (SHTM)	SHTM 83 Part 2	Jul-17	N		
Critical care units (HBN 04-02)	Property & Capital	DoH guidance (HBN; HTM; Other)	HBN 04-02	Oct-14	N		
Wayfinding -effective wayfinding and signing for healthcare facilities (HTM 65)	Property & Capital	DoH guidance (HBN; HTM; Other)	HTM 65	Aug-16	Y		Detailed elements tbc at next design stage
Mortuary and Post Mortem Facilities (SHPN 16-01) [PDF 4Mb]	Property & Capital	Scottish Health Planning Note	SHPN16-01	Nov-17	N		
SHTN 02-00 Sustainable Development Strategy 2012 [PDF 543Kb]	Engineering	Scottish Health Technical Note	SHTN02-00	Feb-12	N		

		COST REPORT SUMMARY AGAINST PROJECT BUDGET CONSTRUCTION COST REPORT NO. 1				
ELECTIVE ORTHOPAEDIC CENTRE AT VHK			Works to 04 October 2019			
		PROJECT BUDGET				
		GIFA (m2) = 6,142 Car Park = 4,069				
		Rate (£/m² GIFA)	Total Cost (£)	Total Cost inc VAT (£)	Total Cost TO DATE (£)	Total Cost TO DATE inc VAT (£)
						Comment
		ESTIMATED PSCP COSTS				
1	Construction Works					
	Building Works	2,930	17,998,299	21,597,959	0	0
	Preliminaries	276	1,695,440	2,034,528	0	0
	Inflation at 5.32%	176	1,078,074	1,293,689		
	PSCP Fee at 4%	135	830,873	997,047	0	0
Element Total		3,517	21,602,686	25,923,223	0	0
2	Stage 2 Fees & Charges					
	Statutory Fees & Charges		inc			
	Design Fees Stage 2	66	407,602	489,122	0	0
	PSCP OH&P on Fees	3	16,304	19,565	0	0
Element Total		69	423,906	508,687	0	0
3	Stage 3 Fees & Charges					
	Statutory Fees & Charges		inc			
	Design Fees Stage 3	117	718,312	861,974	0	0
	PSCP OH&P on Fees	5	28,732	34,479	0	0
Element Total		122	747,044	896,453	0	0
4	Stage 4 Fees & Charges					
	Statutory Fees & Charges		inc			
	Design Fees Stage 4 (PSCMs)	66	403,888	484,666	0	0
	PSCP OH&P on Fees	3	16,156	19,387	0	0
Element Total		68	420,044	504,052	0	0
5	PSCP Risk		-			
	Risk	96	590,812	708,974	0	0
	PSCP Fee at 4%	4	23,633	28,360		
Element Total		100	614,445	737,335	0	0
6	Estimated VAT Recovery					
	Allowance for VAT Recovery; <u>to be confirmed by NHS Fife VAT Consultants</u>			(318,199)		
Element Total				(318,199)		0
TOTAL PSCP TARGET PRICE		3,876	23,808,125	28,251,551	0	0
7	Changes to Target Price					
	Compensation Events	0	0	0		
	Early Warnings	0	0	0		
Element Total		0	0	0	0	0
ADJUSTED PSCP TARGET PRICE		3,876	23,808,125	28,251,551	0	0
PREVIOUSLY PAID					0	
PSCP COST IN MONTH					0	
RETENTION					0	
AMOUNT DUE					0	0
		ESTIMATED NHS FIFE COSTS				
8	NHS Fife Direct Costs					
	Project Team Costs (based on 2 years)	61	375,727	375,727		0
	Allowance for Project Manager Fees	28	169,006	202,807		0
	Allowance for Cost Advisor Fees	21	129,962	155,954		0
	Allowance for CDM-C Fees	-	??	-		0
	Allowance for Supervisor's / Clerk of Works Fee	20	120,000	144,000		0
	Surveys, statutory consents etc	49	300,000	360,000		
Element Total		178	1,094,695	1,238,488	0	0
9	NHS Fife Risk					
	Allowance	182	1,115,473	1,338,568		0
	Funding of Compensation Events	0	0	0		0
Element Total		182	1,115,473	1,338,568	0	0
10	Equipment					
	Group 2, 3 and 4 Equipment	60	367,200	440,640		0
	IT and Telecommunications		inc			0
Element Total		60	367,200	440,640	0	0
11	Transitional Costs					
	Decommissioning of existing Facilities	0	TBA	-		0
	Decant and Transition Costs	18	108,000	129,600		0
Element Total		18	108,000	129,600	0	0



COST REPORT SUMMARY AGAINST PROJECT BUDGET

CONSTRUCTION COST REPORT NO. 1



ELECTIVE ORTHOPAEDIC CENTRE AT VHK

Works to 04 October 2019

12 Car Park						
Building Works	432,675	519,210	0	0		
Preliminaries	40,758	48,910	0	0		
Risk at 3%	14,203	17,044	0	0		
Inflation at 5.32%	25,942	31,131				
PSCP Fee at 4%	20,543	24,652	0	0		
Element Total	534,121	640,946	0	0		
13 Car Park						
Fees, Surveys and Statutory Consents	166,667	200,000	0	0		
	166,667	200,000	0	0		
13 Estimated VAT Recovery						
Allowance for VAT Recovery; <u>to be confirmed by NHS Fife VAT Consultants</u>		(83,794)				As per previous Frameworks Scotland and Procure 21 projects assumed that VAT will be recoverable on Design Team Fees
Element Total		(83,794)		0		
Total - Estimated NHS Costs	3,386,156	3,904,448	0	0		
Total Project Cost	4,428	27,194,281	32,156,000	0	0	

Fife Elective Orthopaedic Centre

Benefits Register

3 October 2019 – Rev. 2

Ref. no	Benefit	Assessment	Measured?	Baseline value	Target value	Relative importance
1	Positive patient experience and dignity respected	Qualitative	Patient survey Complaints	TBC FBC	TBC FBC	5
2	Maintain support to allow people to live independently together with life quality. Overarching benefit	Quantitative	Length of stay Discharge Function scores (hips/knees) Use of ACRT, PIR and Opt-in	TBC FBC	TBC FBC	5
3	Improves the healthcare state (condition, quality, perception, statutory, back-log and lifecycle)	Quantitative	EAMS Back-log	Fabric: B/C M&E: D Theatre £1.185m Ward 10: £0.954m	A (new build) A (new build) £0 for new build initially.	4

4	Minimises readmissions (post operation complications) and optimises timely discharge	Quantitative	Length of stay BADs target – discharges T&O national admissions	TBC at FBC	TBC at FBC	3
5	Optimises resource usage (theatre and bed utilisation)	Quantitative	Clinical room utilisation Patient bed days Theatre utilisation	TBC FBC	TBC FBC	4
6	Improves HAI and patient safety	Quantitative	Infection data for ward & theatres Theatre downtime Ward falls	TBC FBC	TBC FBC	4
7	Community benefits – local employment	Quantitative	Data from PSCP	NA	Evidence of local employment through the contract.	3
8	Community benefits – skills and training (work placements and school/college interface)	Quantitative	Data from PSCP	NA	Evidence of skills and training through the contract.	3
9	Community benefits – opportunities for SME	Quantitative	Data from PSCP	NA	Evidence of SME opportunities through the contract.	3

Benefits Prioritisation

Each identified benefit needs to be prioritised so that resources can be focussed on delivery of those of greatest importance and/or highest impact. The RAG table below demonstrates how relative importance has been considered in respect to the Fife Elective Orthopaedic Centre.

Scale / RAG	Relative importance
1	Fairly insignificant
2	↕
3	Moderately important
4	↕
5	Vital

Fife Elective Orthopaedic Centre

Benefits Realisation Plan

3 October 2019 – Rev. 0

Ref. no	Benefit	Who benefits	Who is responsible	Investment objective	Dependencies	Support needed	Date of realisation
1	Positive patient experience and dignity respected	Patient and Service	Service manager Clinical lead Clinical managers	Improve patient perception. Improve accommodation in respect to space standards and physical condition.	Staffing levels / skill mix Quality of facility	Senior management to ensure staffing and skills are in place to support a quality service.	2022
2	Maintain support to allow people to live independently together with life quality. Overarching benefit	Patient and Service	Service manager Clinical lead Clinical managers	Improve patient pathways / flows.	Staffing levels / skill mix Rehabilitation unit	Senior management Social support Home / community support Health and social care	2022
3	Improves the healthcare state (condition, quality, perception, statutory, back-log and lifecycle)	Patient, Service and staff	Project Board Project Director Project Team	Improve accommodation in respect to space standards and physical condition. Improve infection control and safety risk.	Funding Project approval Quality design and construction	Scottish Government NDAP NHSF governance Project stakeholders	2022
4	Minimises readmissions (post operation complications) and optimises timely discharge	Patient and Service	Service manager Clinical lead Clinical managers	Improve infection control and safety risk. Improve patient pathways / flows.	Building / environment Support clinical services to achieve optimal outcomes (equipment, staffing, innovations)	Senior management	2022
5	Optimises resource usage (theatre, bed utilisation and consulting rooms)	Patient, Service and staff	Service manager Clinical lead Clinical managers	Improve patient pathways / flows.	Building / environment Workforce including job planning Flexibility in job roles IT support	Senior management to sign-off job plans	2022
6	Improves HAI and patient safety	Patient and Service	Clinical managers	Improve accommodation in respect to space standards and physical condition.	Building functionality Support from infection control	Infection control and health & safety	2022

				Improve infection control and safety risk.			
7	Community benefits – local employment	Local community, NHSF, PSCP, project	Project Director Project Manager PSCP	NA	None	None	2020-2022
8	Community benefits – skills and training (work placements and school/college interface)	Local community, NHSF, PSCP, project	Project Director Project Manager PSCP	NA	Safe environment	None	2020-2022
9	Community benefits – opportunities for SME	Local community, NHSF, PSCP, project	Project Director Project Manager PSCP	NA	Good quality local supply chain Market conditions	Communications team	2020-2022

Fife Elective Orthopaedic Centre
Design and Construction Risk Register
October 2019 - Rev. 3

		Risk Rating											
Ref No:	Risk Description	Probability (1-5)	Impact (1-5)	Risk Rating (1-25)	Mitigation	Agreed PSCP Provision	Agreed NHS Provision	Quantifiable	Risk Owner	Risk Manager (if not Risk Owner)	Action Date	Closed Out	Comments
	Pre-construction												
1	Client doesn't have the capacity or capability to deliver the project	2	3	6	Develop appropriate governance arrangements and develop a competent project team using internal and external resources.		£ 10,000	Yes	NHS F				Team has been developed with adequate internal and external resources in position.
2	The clinical need for change and expected outcomes isn't clearly defined	2	4	8	Set out a plan to engage with service providers to fully understand the service based need for change and the expected outcome from investment		£ 10,000	Yes	NHS F				Need for change, investment objectives and benefits clearly set out in business case.
3	Poor stakeholder involvement results in a lack of support for the project	3	4	12	Prepare and implement an appropriate project communication plan which engages with all appropriate stakeholders at appropriate stages of the project		£ 25,000	Yes	NHS F				Stakeholder involvement in the OBC design has been strong to date. Communication plan to be implemented for external communication.
4	Adverse publicity occurs due to an issue with the project	3	4	12	Review the reputational impact of all risks in this register and take action		£ 25,000	Yes	NHS F				
5	Poor communication ignores stakeholder interests	3	4	12	Prepare and implement an appropriate project communication plan which engages with all appropriate stakeholders at appropriate stages of the project		£ 25,000	Yes	NHS F				Communication plan in place which is to be implemented.
6	Demand for the service does not match the levels planned, projected or presumed	3	4	12	Current risk relates to radiology, outpatients and pre-assessment. Work required by the service in respect to re-design. Action ongoing.		£ 25,000	No	NHS F				
7	Local community objects to the project	2	4	8	Given the proposed location, within the existing campus, objections are considered to be unlikely.		£ 15,000	Yes	NHS F				
8	Brief inadequate/Unreliable	2	4	8	SoA and Design Statement in place which the project is working to.		£ 15,000	Yes	NHS F				
9	The design does not meet the Design Assessment expectations	2	4	8	Team have had regular dialogue with HFS and NDAP.		£ 15,000	Yes	NHS F	PSCP			
10	Failure to design in accordance with statutory requirements and appropriate healthcare guidance	2	4	8	Appoint a professional and experienced design team. Draft derogation schedule to be provided at OBC.	£ 15,000		Yes	PSCP				
11	New Framework may impact on time required to appoint contractor and/or professional team.	5	3	15	Early engagement with HFS				NHS F			Y	Risk can be closed as it is now behind us and we are working to an agreed programme for OBC currently.
12	The project cost estimate includes inaccuracies.	2	4	8	Utilise an experienced Cost Advisor throughout the project and ensure that appropriate levels of contingency are built in throughout the key stages of the project (IA, OBC, FBC and Construction)		£ 15,000	Yes	NHS F				
13	The project becomes unaffordable	3	4	12	The affordability of the project has been tested at IA stage and will be further explored as part of the OBC and FBC stages of the project.		£ 25,000	Yes	NHS F				
14	Inflation costs rise above those projected	3	4	12	Utilise an experienced Cost Advisor throughout the project and ensure that appropriate consideration for inflation is built into the project in line with projected indices.		£ 25,000	Yes	NHS F				
15	Changes to non-legislation policy affects project cost or progress	3	3	9	An external risk that cannot easily be controlled.		£ 20,000	Yes	NHS F				
16	Changes in legislation or tax rules increase project costs	3	4	12	An external risk that cannot easily be controlled. The project team's brief will be to design in line with current statutory and healthcare guidance. Changes in tax cannot be controlled.		£ 25,000	Yes	NHS F				
17	There are uncertainties over future policy	3	3	9	An external risk that cannot easily be controlled.		£ 20,000	Yes	NHS F				
18	Management of Expectations. Planned facilities do not meet expectations of public, staff, clinicians, NHS and council strategies etc. Reputation & service delivery impact	2	4	8	Stakeholder engagement to be planned out via key milestones within the programme		£ 15,000	Yes	NHS F				
19	Statutory Consents. May fail to acquire or delay in obtaining	3	4	12	Engage with planning authority. Early engagement planned in advance of an application.	£ 15,000	£ 15,000	Yes	NHS F	PSCP			
20	Change of scope; the requirement statement may be subject to uncontrolled scope creep.	2	3	6	Project Board to agree any changes if required. Maintain continuity over stakeholder groups.		£ 10,000	Yes	NHS F				
21	Budget Costs(Site Conditions) The options may fail to identify and address site constraints, environmental concerns, ground conditions etc.	3	4	12	To be considered through site investigations, surveys and design development.		£ 50,000	Yes	NHS F	PSCP			
22	Planning Costs. Costs of discharging conditions of planning consent may be greater than allowance provided for.	3	3	9	Engage with planning authority. Early engagement planned in advance of an application.		£ 20,000	Yes	NHS F	PSCP			

23	New SER implications with requirements for early contractor (sub contractor) design.	4	2	8	Could mean additional upfront expenditure as part of the FBC stage. No additional cost just an earlier commitment. Affected packages to be identified early. Value for money v early sub contractor commitment to be reviewed		£	-	No	N/A					
24	1:1250/1:500/1:200 design proposals not accepted by key project stakeholders	2	4	8	Ensure that engagement process is inclusive and well planned via agreed workshops. Deal with issues arising progressively. Manage NDAP process.		£	15,000	Yes	NHS F					
25	Building Warrant Approval times do not align with proposed construction period. (during Construction this risk then becomes a PSCP Risk)	3	4	12	Early engagement to take place in FBC process with the intention to agree strategy for staging building warrants to de - risk.		£	25,000	Yes	NHS F					
26	Resource levels from all team members do not prove sufficient to deliver FBC Programme (particularly 1:50 design)	2	3	6	Resource strategy to be developed with then agreement on required staffing levels from all parties		£	10,000	Yes	NHS F					
27	Utility Costs	2	4	8	Most of the connections will be from the retained estate so risk of occurrence is low. Water connection required.		£	15,000	Yes	NHS F	PSCP				
28	Future Change. The requirement statement may fail to keep abreast of future clinical practice.	3	3	9	Requirements to be kept under regular review. Design to be as flexible as possible without allowing for over provision/ additional cost.		£	20,000	No	NHS F					
29	Workforce Planning. NHS Fife may fail to effectively plan future staff requirements	3	4	12	Project Board to review. Dedicated Workforce Workshop to be delivered to seek alignment on plan linked to clear service requirement		£	25,000	No	NHS F					
30	Recruitment and Retention. NHS Fife may fail to attract sufficient appropriately skilled staff to meet the anticipated increase in demand	3	4	12	Recruitment and retention plan including succession planning. Anticipated that dedicated centre will attract/retain staff.		£	25,000	No	NHS F					
31	Equipment. May not conduct equipment planning effectively	3	3	9	A high level equipment list is being developed and will be further developed and finalised as part of the OBC Process.		£	15,000	Yes	NHS F					
32	Project Plan. The Project Plan does not adequately reflect required tasks and timescales	3	4	12	The OBC Programme is in place and progress is reviewed on a monthly basis. All programmes are subject to change and delay, however an experienced team in place to help manage and mitigate impacts arising.		£	25,000	Yes	NHS F					
33	Building Size/Configuration (Clinical Pathways) New clinical pathways still not tested which may impact on schedule of accommodation	3	4	12	Possible impact. NHSF to review and progress workplans and operational policies.		£	25,000	No	NHS F					
34	Lack of up to date existing site information	2	4	8	Surveys/investigations will inform once carried out		£	15,000	Yes	NHS F	PSCP				
35	Client changes to Brief or design after the project has started	3	4	12	Good consultation during pre construction. Acceptances at the end of key stages. Strong governance and control structure during construction		£	25,000	Yes	NHS F					
36	Car parking - the new car park needs to be opened before the current one closes.	3	4	12	Surveys to be completed and design to be developed in time for car parking to be delivered pre October 20.		£	25,000	Yes	NHS F	PSCP				
37	Robustness of design for market testing (gaps).	3	3	9	Design manager and PSCP to manage design team and set quality and output expectations.	£	20,000		Yes	PSCP					
38	The new heat station on the excising estate needs to be functional before the new build can start.	2	4	8	Engie to install new heat station in advance of October 20.	£	-	£	15,000	Yes	NHS F				
39	Legalities with link bridge connection.	2	4	8	Design to be developed to allow NHS F to enter commercial discussions.		£	15,000	Yes	NHS F					
40	Design development - confirmation of services routes.	3	3	9	Discussions progressing with Stakeholders to confirm connection points.		£	20,000	Yes	NHS F					
41	Gaps in billing information	3	3	9	Robust design. Time/planning for QS to complete robust bills.	£	30,000		Yes	PSCP					
42	Cradle project: crane lift delays affecting construction start date.	2	3	6	Project should be complete. Monitor progress.		£	10,000	Yes	NHSF					
43	Additional roof plantroom area for MEP Services coordination	3	4	12	Further design development and rationalisation of MEP Services to minimise any required increase in area		£	25,000	Yes	NHSF	PSCP				
Construction															
1	Critical programme dates are unrealistic	3	3	9	A realistic project programme will be developed which will be regularly monitored and reviewed.	£	25,000		Yes	PSCP					
2	Unforeseen conditions when working with existing assets	3	4	12	As far as possible, review existing information and carry out detailed surveys and investigations during the design stage of the project. Allow appropriate contingency for residual risk.		£	25,000	Yes	NHS F					
3	The project disrupts day to day business operations	3	4	12	Develop plans at OBC/FBC stage prior to construction.		£	25,000	Yes	NHS F	PSCP				
4	Adverse publicity occurs due to an issue with the project	3	4	12	Review the reputational impact of all risks in this register and take action		£	25,000	Yes	NHS F					
5	Brexit and impact on construction supply chain.	3	4	12	Difficult risk to manage as market conditions are out with the control of the project. Status to be monitored	£	25,000		No	PSCP					
6	Access to part of the site is delayed	2	3	6	Site access and protocols to be reviewed in further detail during the FBC stage		£	10,000	Yes	NHS F					
7	The employer does not provide something by the date for providing it as shown on the accepted programme	2	3	6	Key Milestones to be marked on the programme. Consultation with relevant parties to gain buy-in respect to meeting the proposed dates. Review status at regular meetings		£	10,000	Yes	NHS F					

[illegible]

	Post-construction												
1	Risk that when in operation the project cannot be easily maintained from an operation and/or cost perspective.	3	4	12	Set up an effective project team where the designers engage with Estates and FM.		£ 30,000		NHS F				
2	Soft landings process not correctly implemented resulting in project not having maximum impact	3	4	12	Agree soft landings strategy during FBC. Agree FM strategy with NHS F estates team. Identify suitable opportunities to embed maintenance provisions within the PSCP supply chain appointments to cover systems maintenance for agreed periods beyond PC - note this will add to capital costs but may reduce revenue cost		£ 30,000		NHS F				
						£ 590,000	£ 1,115,000						
						PSCP	NHSF						
						Total	£ 1,705,000						

Elective Orthopaedic Centre Communications Plan – Draft V2

1. Elective Orthopaedic Centre Project Communications overview

The Elective Orthopaedic Centre Project team have asked communications to develop a communications plan to identify the communications collateral required to ensure targeted and timely engagement with key stakeholders including staff, patients, visitors to the Victoria Hospital as well as partner organisations and contractors leading up to and throughout the period of the Orthopaedic Centre works.

2. Elective Orthopaedic Centre Stakeholder communications

The following key stakeholder groups have been identified:

- Internal communications (Staff, Patients, Hospital Visitors and Hospital suppliers)
- External communications (Press and Media, Social Media)
- Partner Communication (Scottish Government, Fife Council, Contractors)

3. Communications tools required:

The following communications tools and resources were identified to support stakeholder communications around the work:

- Dedicated NHS Fife web and Intranet Pages
- Project name (EOC), "Branding" and logos to be designed and used across all communications material, along with the individual partners logos where appropriate
- Social media # to be created - #NHSFifeEOC
- FAQ's to be developed and evolved throughout the works period to directly address feedback or specific issues raised by service users
- Maps and architects drawings for designs and areas likely to be impacted (including car parking)
- Calendar of activity (Key mile stones)
- Project team – who's who
- Agreed spokesperson and media release / update sign off process, who issues
- Communication leads / contacts for the partner organisations / contractors to ensure coordinated and consistent messages
- Video and photo updates – time-lapse video opportunity, talking heads / project team interviews
- Victoria Hospital Main Reception display / Ward 10 pre-assessment poster – outlining works and progress
- Onelan TV Screen updates
- E-update / Newsletter for staff – issued every 4-6 months during the 18 month construction
- Media presentation prior to works starting
- Governance – working groups and reporting structure to be confirmed
- Temporary directional signage
- Accessibility and alternative formats for all communications material produced

4. Official Spokespersons and Communications leads for the project

A range of spokespersons and communications leads / contacts should be agreed in advance as part of communications planning. Once this group of individuals have been identified a media statement development and sign off process will need to be agreed.

Organisation	Communications Lead	Official Spokesperson/s
NHS Fife	Kirsty MacGregor, Head of Communications	Alan Wilson, Capital Project Director, Finance, NHS Fife Carol Potter, Finance Director, NHS Fife
Scottish Government?		
Principal Supply Chain Partner (PSCP), Graham Construction	Pre-construction: Chris McLeod, Framework Director Construction: Pat O'Hare, Contracts Director	Pre-construction: Chris McLeod, Framework Director Construction: Pat O'Hare, Contracts Director
Thomson Gray, Project Manager	Ben Johnston, Associate Project Manager	Ken Fraser, Regional Director
Gardiner & Theobald, Cost Advisor	Linda McLennan, Senior Associate	Mark Findlay, Partner

5. Develop Standard Media Lines:

Some standard statements should be developed with the project team. These will develop and evolve throughout the length of the project, however it is important that we 'set the scene' for the works starting, "sell" the ambition and positive impact of the project and concisely outline the work involved and offer reassurance to service users and staff that steps will be taken to minimise impact on the day to day working of the hospital.

6. Frequently Asked Questions:

The following FAQ's have been drafted as a starting point for the communications around the Elective Orthopaedic Centre works. These will be developed as the project evolves.

What are the timescales of the project?

Work will commence on October 2020 and it is anticipated that the work will last for 18 months... During this period we will provide staff and service users with regular updates on the programme of works and any localised changes to current arrangements.

What will the works involve?

The work will involve the construction of an Elective Orthopaedic Centre, consisting of 3 in number theatres, 34 bed supporting Ward and Outpatients department.

Who will oversee the project?

Agreement and sign off of the design proposals will ultimately sit with the Board of NHS Fife.

The project will be managed by Alan Wilson Capital Project Director directly reporting to Carol Potter Senior Responsible Officer.

A project team will also be established to ensure staff and service users are informed and consulted in regard to the progress of the project.

Throughout the programme of works we will continue to work closely with clinical colleagues, meeting on a regular basis to ensure active engagement in the project and minimise any impact on the day to day provision of services.

How much will these works cost?

The works will be funded from the Scottish Governments £30 million.

Will car parking be impacted by this work?

We hope to minimise the impact on car parking, however at certain points in the project we may be required to close off some car parking spaces for works access. These planned closures will be communicated in advance to allow visitors and staff to make alternative arrangements.

How can I find out more?

A dedicated area on the NHS Fife Intranet and website has been created that outlines the schedule of works and illustrations of the areas of work.

7. Crisis Communications response

Given heightened public and political interest in publically funded builds across the NHS in Scotland, it is important that we address any potential 'Crisis' and how we would manage the communication response to this. In terms of crisis, this could be associated with any deadline delays, contractor issues, planning or health and safety issues.

In-line with any media statement being issued, we would need to agree a clear process of sign off, attributed spokesperson and a briefing for the Scottish Government that would sit with any media release or statement

8. Next steps

It is proposed that a Communications Working group be established to support the enhancement works and develop the communications tools identified.

This group would report into the main project management group.

Membership of this group would be the communication leads identified by each of the partners, along with staff representation from the acute hospital and member of the project management team.

NHS FIFE
FINANCE, PERFORMANCE & RESOURCE COMMITTEE

DATE OF MEETING:	5 th November 2019
TITLE OF REPORT:	Hospital Electronic Prescribing and Medicines Administration (HEPMA)
EXECUTIVE LEAD:	Chris McKenna
REPORTING OFFICER:	Scott Garden

Purpose of the Report (delete as appropriate)		
For Decision reach a conclusion		

SBAR REPORT
<p><u>Situation</u></p> <p>Hospital Electronic Prescribing Medicines Administration (HEPMA) is currently being implemented across NHS Scotland. NHS Fife Outline Business Case is submitted for approval.</p>
<p><u>Background</u></p> <p>The primary aim of (HEPMA) is to remove paper based processes from prescribing and medicines administration and significantly improve patient safety and quality of care. In addition, an electronic system will improve our medicines management processes and enhance medicines optimisation. This will enable greater control over what is prescribed, how it is prescribed and how it is administered. This will enable monitoring and feedback to prescribers and those administering medicines to address variation, minimise inefficiency and improve quality.</p> <p>A National Business Case was developed in 2016, agreement was reached that HEPMA would be available as a National Framework with NHS Boards calling off the agreed framework.</p>
<p><u>Assessment</u></p> <p>NHS Fife have undertaken an options appraisal to agree the short list of options. Under the current multi-supplier Framework agreement there are currently three accredited suppliers:- JAC/Wellsky, EMIS and Dedalus. The existing NHS Fife pharmacy stock control system is provided by EMIS.</p> <p>The HEPMA Programme Board agreed NHS Fife should undertake a mini competition subject to sign off in principle of the Outline Business Case to ensure best value.</p> <p>The Scottish Government has confirmed that central eHealth funds will be made available to NHS Boards to fund non-recurrent revenue and capital costs (but not local hardware costs). This funding equates to £1.4m for NHS Fife – the profile over financial years is yet to be confirmed. In recent discussions with Scottish Government they advised there is the potential for £500k capital to be allocated to NHS Fife 2019/20 subject to NHS Fife agreement to proceed with HEPMA and spend within the financial year.</p> <p>There is a need for NHS Fife to identify the source of both Capital and Revenue funding for this project.</p>

Recommendation

Finance, Performance & Resource Committee is asked:-

- To agree this Outline Business Case subject to agreement on Funding
- To support progression to mini competition
- To support delivery of HEPMA within NHS Fife 2020 onwards.

Objectives: (must be completed)	
Healthcare Standard(s):	
HB Strategic Objectives:	

Further Information:	
Evidence Base:	
Glossary of Terms:	
Parties / Committees consulted prior to Health Board Meeting:	

Impact: (must be completed)	
Financial / Value For Money	e.g. - Financial impact or capital requirements
Risk / Legal:	e.g. - Completion of a risk assessment with plans in place to mitigate any risks identified - Likelihood of legal challenge
Quality / Patient Care:	e.g. - Inequity of provision (postcode lottery/commissioning) - Consequences of delaying/denying treatment - Consideration of exceptional circumstances
Workforce:	e.g. - Impact on existing staff - Potential for clinical/staff opposition - Consideration of Organisational Change Policy (HR15) - Identification of training requirements
Equality:	<p>The Board and its Committees may reject papers/proposals that do not appear to satisfy the equality duty (for information on EQIAs, click here EQIA Template click here</p> <ul style="list-style-type: none"> • Has EQIA Screening been undertaken? Yes/No (If yes, please supply copy, if no please state reason) • Has a full EQIA been undertaken? Yes/No (If yes please supply copy, if no please state reason) • Please state how this paper supports the Public Sector Equality Duty – further information can be found here • Please state how this paper supports the Health Board's Strategic Equality Plan and Objectives – further information can be found here • Any potential negative impacts identified in the EQIA documentation - Yes/No (if yes please state)

NHS Fife

Hospital Electronic Prescribing and Medicines Administration (HEPMA)

Outline Business Case



Version Number	0.2
Date	2019/10/22

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Name	Date:	Version:
Dr Chris McKenna, Chair of HEPMA Programme Board and eHealth Board		
Mrs Lesly Donovan, General Manager, eHealth Area Drugs and Therapeutics Committee	23/10/19	
Financial Planning and Resource	05/11/19	
NHS Fife Clinical Governance Committee	06/11/19	
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Equality and Diversity Impact Assessment:

TBC

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1 Executive Summary

1.1 Strategic Case

Medicines represent the most frequent healthcare intervention – there are approximately 34 million prescriptions and 122 million administrations of medicines per year in NHS Scotland. However, the vast majority of medicines used in hospitals are still prescribed, and their administration recorded, using a paper based chart system, and with the increasing range and complexities of medicines available, the safe and effective prescribing and administration of medicines is challenging.

The strategic case is founded on the national Outline Business Case, and has been updated to take account of recent reports and strategies and is focused on four key themes:



Patient Safety. The Scottish Patient Safety Programme (SPSP) has a strategic commitment to reduce the harm associated with high risk medicines and recognised that HEPMA is a key building block. In 2015, Healthcare Improvement Scotland (HIS) released a publication outlining the scale of medication incidents and medication incidents related harm in NHS Scotland. It highlighted that 15,000 patients admitted to acute hospitals experience adverse drug events due to medicines (ranging from no harm to death). Research indicates that 72% are preventable and there are up to 280 preventable deaths across all acute hospitals due to medicines.



Strategic Alignment. The Scotland eHealth strategy 2014-2017 committed to the need for electronic prescribing and medicines administration systems, and described the future state of all NHS Boards will be where they have '*implemented some elements of electronic prescribing and medicines administration (EPMA) systems with integral clinical decision support interfaced with other clinical eHealth systems by 2020*'. In addition, Achieving Excellence in Pharmaceutical Care and the Lord Carter Review, focusing on Hospital Productivity both recommend the implementation of electronic prescribing.



Electronic Patient Record and Paperless Vision. The vast majority of medicines used in hospitals are prescribed and administered using a paper-based system and until these records are recorded digitally it will be impossible to complete a patient's electronic record. Electronic prescribing is the '*largest missing piece of the EPR jigsaw*' as it is the last major area of clinical information not available electronically.



Digital Maturity. Electronic prescribing is a key determinant of digital maturity and implementing a system such as HEPMA will ensure NHS Fife remains at the forefront of prescribing practice and does not fall behind other health systems who have already invested in the implementation of HEPMA.

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1.2 Benefits Case

Drug related adverse events are the second largest cause of harm within the acute sector within the UK and account for around 15% of all adverse events. NHS Scotland, and indeed NHS Fife, is no different – for example, a recent prospective observational study which analysed 50,000 prescription items across eight Scottish hospitals found an overall error rate of 7.5%. The number and scale of errors is significant, whilst most have little or no patient impact, a number cause permanent harm to the patient.

A wide range of benefits from HEPMA were identified during the development of the National OBC and FBC. These were identified by a multidisciplinary Clinical Reference Group consisting of clinicians, nurses, pharmacists and GPs and were grouped as set out below.

HEPMA Benefit Categories and Associated Evidence

Benefit Category	Evidence and Impact
Accurate prescribing and administration of medicines	<p>Reduction in Adverse Drug Events (60-66% reduction with evidence sourced from NHS England business cases).</p> <p>Reduction in missed doses (Reduction from 14% to 8%, NHS Lanarkshire audit).</p> <p>Reduction in harm.</p> <p>Reduction in nursing administration errors. For example alerts to prevent too frequent administration of a medicine. e.g., analgesics.</p> <p>Supports complex prescribing and medicine administration regimes out with standard dosing schedules e.g., Parkinson disease.</p> <p>Legible medicine prescription chart for both prescribing and administration.</p>
Better communication between and within settings and improved medicines reconciliation	<p>Compliance with discharge prescribing documentation (40 to 100% improvement). Sourced from NHS Ayrshire and Arran research study.</p> <p>Reduction in prescribing errors at discharge (99% to 23%) and omitted medications (42% to 11%). Sourced</p>

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Benefit Category	Evidence and Impact
	<p>from NHS Ayrshire and Arran research study.</p> <p>Improved medicines reconciliation at all points of transfer from admission through downstream wards (including Critical Care areas) and onto Primary Care.</p> <p>Reduction in need to manually transcribe between medicine prescription charts thereby minimising transcription errors.</p>
Greater consistency of clinical decision-making	<p>Improved formulary compliance.</p> <p>Controlled access to prescribing and administration rights.</p> <p>Enhance the governance of role specific prescribing. e.g., will support non-medical prescribing.</p> <p>Active decision support at point of prescribing.</p>
Releasing time to care and efficiency	<p>50% reduction in ward drug round time (from NHS Lanarkshire audit).</p> <p>Reduction in time looking for misplaced charts – 20 minutes per team member per shift (Lancaster Teaching Hospital).</p> <p>Direct access for Nurses to clinical decision support (e.g., eBNF) at point of administration.</p> <p>Ability to direct clinical pharmacy resource to target high risk patients, existing service cover is insufficient to meet current and increasing needs.</p>
Better use of information to improve the use of medicines and optimise patient care	<p>Easier switching of antibiotics and an improvement in antimicrobial stewardship and reducing variation.</p> <p>Savings identified by better prescribing intelligence and performance data.</p> <p>Improved stock management and identification of stock requirements within ward areas.</p> <p>Key enabler to support the delivery of NHS prescribing quality and efficiency programme by providing key data on harm, variation and waste in the use of medicines.</p>

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In the national business case an estimate was made of the number of prescription errors that could be prevented by the implementation of HEPMA based on a synthesis of research evidence. It was estimated that just over 150 prescribing errors per 500 beds caused some patient harm and resulted in an additional 3 bed days per error which could have been averted through the implementation of a HEPMA system.

There is clear evidence that a HEPMA system provides an important foundation for improving the safe and effective use of medicines. It is also reasonable to expect that improvements in the safe and effective use of medicines will ultimately deliver efficiency benefits. Most of the benefits will not be realisable in quantifiable monetary terms, but will release time or resources to improve clinical practice and create capacity to meet increased demand, therefore improving patient flow by simplifying the discharge process both at ward level and in the pharmacy department. As a consequence, these quantified benefits have not been included in the economic or financial appraisal elements of this business case, although it has been estimated that these benefits could be significant.

1.3 Risk Assessment

It is important to recognise that as well as delivering additional benefits, there will also be a number of risks associated with implementing HEPMA. These include risks associated with running paper and electronic systems in parallel, inadequate change management and/or leadership impacts adoption of HEPMA, concerns about the complexity and scope of the training requirements as well as the requirement to operate an on-going robust and scalable (24/7/365) support and governance plan.

1.4 Commercial Case

Under the current multi-supplier Framework agreement there are currently three accredited suppliers JAC/Wellsky, EMIS and Dedalus. The existing NHS Fife pharmacy stock control system is provided by EMIS.

NHS Fife have opted to undertake a mini competition subject to sign off in principle of the Outline Business Case.

1.5 Financial Case

In this section a number of cost assumptions have been presented.

All Boards in the East Region are at different stages of planning implementation of HEPMA and have different pharmacy stock control systems currently. It has been agreed that each board will progress a

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local business case and implementation plan, collaborating to share experience and learning across boards.

A summary of the Non Recurring Capital Cost and Affordability is shown below. The Recurring Revenue summary and Affordability is shown overleaf.

Non Recurring Capital Cost and Affordability

£'000'S	2019/20 £k	2020/21 £k	2021/22 £k	2022/23 £k	TOTAL COST IMP
HEPMA System	444	0	0	0	444
Hardware – NHS Fife Infrastructure	110	0	0	0	110
Hardware – Workstations / PC's	0	104	104	104	312
Hardware – Pharmacy Mobile Devices	0	18	0	0	18
External Integration Costs	0	15	15	0	30
Implementation Resource	62	861	870	940	2,733
Legal Fees	25	0	0	0	25
VAT	111	27	24	21	183
Total Non Recurring Capital	752	1,025	1,013	1,065	3,855
NHS Scottish Government HEPMA Funding	500	500	400	0	1,400
NHS Fife Capital Funding Required	252	525	613	1,065	2,455

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Recurring Revenue

£'000'S	2020/21 £k	2021/22 £k	2022/23 £k	2023/24 £k	2024/25 Onwards £k	TOTAL COST £k
eHealth Infrastructure and Support	66	66	66	66	66	330
Ongoing BAU Support	0	0	0	729	751	1,480
Training	246	249	256	0	0	751
Recurring Support	96	96	96	96	96	480
Depreciation (7 years)	107	254	434	622	658	2,075
Total Additional Recurring Resource	515	665	852	1,513	1,571	5,116
AVAILABLE BUDGETS						
NHS Fife Depreciation	107	254	434	622	658	2,075
Medicines Prescription Chart Procurement Savings	7	4	3	14	14	42
CNORIS Costs Avoided	TBC	TBC	TBC	TBC	TBC	0
Total Available Budgets	114	258	437	636	672	2,117
NHS Fife Additional Funding Requirement	401	407	415	877	899	2,999

The Scottish Government has confirmed that central eHealth funds will be made available to NHS Boards to fund non-recurrent revenue and capital costs (but not local hardware costs). This funding equates to £1.4m for NHS Fife – the profile over financial years is yet to be confirmed. In recent discussions with Scottish Government they advised there is the potential for £500k capital to be allocated to NHS Fife 2019/20 subject to NHS Fife agreement to proceed with HEPMA and spend within the financial year.

The Non Recurring Revenue illustrates that while a reasonable proportion of the initial implementation cost will be funded centrally, there will remain a cost pressure. It may be possible to reduce the funding gap further by collaborating with other NHS Boards or agreeing at a regional level that this would be supported as a use of transformation funds.

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The Recurring Revenue identifies the additional recurring requirement for system support and pharmacy staff. Cash releasing benefits are anticipated but have not been assumed, given the lack of an evidence base nationally. Corporate support is requested for 2 years following implementation, to allow time for additional data to be assessed and opportunities for cash releasing savings to be better understood.

1.6 Management Case

It is recommended that an overarching Programme Board and Project Team structure are established to govern and manage the roll out programme. Operational teams will be established within each site to align with the roll out of the programme.

Representation from clinical, pharmacy and eHealth areas will all be required throughout the programme.

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2 Introduction

This document sets out the Business Case for the implementation of a Hospital Electronic Prescribing and Medicines Administration (HEPMA) system within NHS Fife. The primary aim of (HEPMA) is to remove paper based processes from prescribing and medicines administration and significantly improve patient safety and quality of care. In addition, an electronic system will improve our medicines management processes and enhance medicines optimisation. This will enable greater control over what is prescribed, how it is prescribed and how it is administered. This will enable monitoring and feedback to prescribers and those administering medicines to address variation, minimise inefficiency and improve quality.

HEPMA will combine three functions to provide all clinical staff with an integrated view of a patient’s medication history, through: electronic communication of a prescription or medicine order aiding the choice, administration and supply of a medicine through knowledge and decision support providing a robust audit trail for the entire medicines use process. Medicines represent the most frequent healthcare intervention; Healthcare Improvement Scotland reported that each year in an average 500 bedded acute hospital approximately 435,000 items are prescribed resulting in 2 million doses of medicine being administered to patients¹. Treatment with medicines saves lives, controls and cures diseases and provides symptom control. However, the majority of medicines used in hospitals are still prescribed and administered using a paper-based chart system. The safe and effective prescribing and administration of medicines is thus limited by legibility challenges, multiple handover points, poor integration with clinical systems especially in primary care and a lack of data on medicine usage. Experience following the introduction of electronic prescribing systems in general practice over 2 decades has demonstrated improvements in quality of care, medicines utilisation and prescribing practice.

In the remainder of the Business Case we set out the case for investment in this technology. It has been prepared in conjunction with a small Project Team comprising eHealth, pharmacy and clinical colleagues and sets out the benefits, risks and costs of implementing HEPMA.

¹
<http://www.scottishpatientsafetyprogramme.scot.nhs.uk/Media/Docs/Medicines/20150828%20Safer%20use%20of%20medicines%20v%201.0.pdf>

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3 Strategic Case

The strategic case for HEPMA was outlined in the National Business Case (2016). The National case showed how the programme will support organisations to meet their strategic priorities as well as setting out the national policy context. The NHS Fife strategic case was largely based on the original National OBC, with sections updated to take account of more recent reports and strategies.

3.1 National Policy Context

Medicines represent the most frequent healthcare intervention – there are approximately 34 million prescriptions and 122 million administrations of medicines per year in NHS Scotland. Treatment with medicines saves lives, controls and cures diseases and provides symptom control. In NHS Scotland, medicines account for 12% of the total NHS spending and in the year 2014-2015, approximately £390 million of this was spent in the hospital setting.

However, the majority of medicines used in hospitals are still prescribed and administered using a traditional paper-based chart system and with the increasing range and complexities of medicines available, the safe and effective prescribing and administration of medicines is challenging. Although the current paper based system is part of a structured approach to prescribing and medicines administration, it is recognised there are a number of limitations, including:

- legibility challenges;
- multiple transcription/handover points;
- unavailability or loss of paper records/forms;
- no evidence of prescribing advice and decision support;
- lack of seamless medicine reconciliation;
- no link with an increasing number of IT clinical systems; and
- no ability to collate data on medicine usage.

3.1.1 Key Strategic Drivers

Implementation of HEPMA across Scotland would be a major achievement towards improving the quality of health care in Scotland. This is clear from the fact that it would be a key step towards meeting the NHS Scotland quality ambitions, of preventing harm and providing the most appropriate treatment. However, digitising hospital medication records has an additional benefit as it would also greatly improve communication, allowing us to take better account of each individual patient's response to treatment and facilitate shared decision making.

Implementation of HEPMA would help realise the aims of several key Scottish Government policies. These include:

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<i>National Clinical Strategy</i>	The CMO Annual Report 2014-15 and the new National Clinical Strategy for Scotland both place great emphasis on the importance of reducing overprescribing and removing harmful variation. This would be difficult to achieve without HEPMA implementation.
<i>eHealth Strategy</i>	The eHealth Strategy 2014-2017 commits Scotland to introduce electronic prescribing and medicines administration systems as safe as the current paper-based system whilst providing a foundation for improving the safe and effective use of medicines.
<i>Closing the Loop</i>	The 'Closing the Loop' project, commissioned by Scottish Government to help improve the electronic exchange of patient information between primary and secondary care, identified a HEPMA solution as a critical component of medicine reconciliation to enable electronic exchange of important clinical information in a timely, consistent and efficient way. Closing the Loop stated that by improving the electronic exchange of medicines information, HEPMA would reduce transcription risks and make better use of a clinician's time.
<i>Prescription for Excellence</i>	<p>Prescription for Excellence aims for all patients to receive high quality pharmaceutical care from clinical pharmacist independent prescribers, delivered through collaborative partnerships with the patient, carer, GP, and other relevant health, social care, third and independent sector professionals so that every patient gets the best possible outcomes from their medicines, and avoiding waste and harm.</p> <p>Within this plan, the implementation of electronic prescribing and medicines administration in secondary care is a key aim to allow for electronic capture of prescribing data and sharing of information for the development of pharmaceutical care.</p>

Investment in HEPMA on a national level will aid in the delivery of safe, effective person-centred pharmaceutical care beyond hospitals alone, and support the electronic capture of prescribing data and sharing of information on patients' medicines within and between care settings.

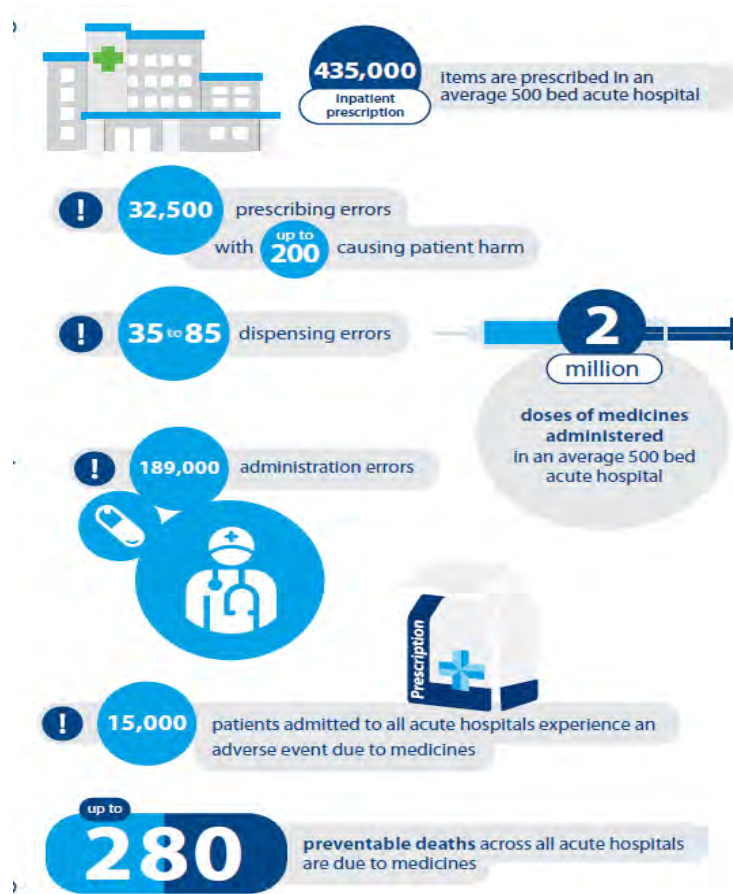
Strategic Benefits: Patient Safety and Effective Use

The Scottish Patient Safety Programme (SPSP) has a strategic commitment to reduce the harm associated with high risk medicines and to improve medicine reconciliation at all patient handovers. The SPSP programme highlights the need for safe and effective recording and transfer of information on patients' medicines across and within all care settings. It was recognised that HEPMA is a key building block to achieving this across NHS Scotland given the number of medication incidents that

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occur on an annual basis. Improving patient safety has always been the primary objective of investment in a HEPMA system for Scotland.

In 2015, Healthcare Improvement Scotland (HIS) released a publication outlining the scale of medication incidents and medication incident related harm in NHS Scotland. It highlighted that 15,000 patients admitted to acute hospitals experience adverse events due to medicines (ranging from no harm to death) of which research indicates that 72% are preventable (Pirmohamed M, James S, Meakin S et al. (2004)) and there are up to 280 preventable deaths across all acute hospitals due to medicines (Ryan C, Ross S, Davey P, Duncan EM, Francis JJ, Fielding S et al; (2014)).



Electronic prescribing and medicines administration systems have the potential, once interoperable with other key health IT systems, to enhance patient safety and effective use by:

- reducing the number of transcription, prescribing and administration errors;
- keeping better track of missed doses and polypharmacy;
- contributing to accurate and efficient medicine reconciliation and communication of medicines information at all points of patient transfer, including on admission and discharge;

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- contributing to the efficient transfer of accurate medicines information through removal of transcribing on admission and at discharge allowing prescribers to concentrate on the professional review of suitability of medication as part of the medicines reconciliation process;
- supporting greater consistency in clinical practice, reduce harmful variation and limit overprescribing;
- strengthened information governance by providing a robust audit trail;
- completing a key component of the integrated electronic patient record; and
- the collection, collation and analysis of patient and population level data on medicines use in secondary care to build intelligence on patient response to therapy, to manage medicine effectiveness and efficiencies, monitor prescribing patterns, improve clinical practice, enhance patient safety, and support clinical research.

The electronic prescribing and medicines administration system will underpin how medicines governance is delivered within an organisation.

Strategic Benefits: Digital Maturity and Paper-light working

The vast majority of medicines used in hospitals are prescribed and administered using a paper-based system and until these records are recorded digitally it will be impossible to complete an integrated patient's electronic patient record.

Electronic prescribing is the 'largest missing piece of the EPR jigsaw' as it is the last major area of clinical information not available electronically.

The figure overleaf illustrates one of the problems associated with paper based systems – the 'legibility challenge'.

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Electronic prescribing has been common place in primary care for many years and provides a blueprint of how it supports clinicians professionally, how it streamlines working practices and how consistent, good quality data can be used to support feedback to clinicians to drive public health insight, manage prescribing costs and manage performance. Without HEPMA it is difficult to implement an efficient and systematic approach to audit, reporting and performance management in the acute setting.

HEPMA is a key part of the National eHealth Integrated Safer Medicines Programme endorsed by the National eHealth Strategy Board. It is an important building block of an integrated Electronic Patient Record, and would support several of the Scottish Government's policy aims on the future use of electronic health records. This includes providing each citizen in Scotland with a summary view of their electronic patient record by 2020 and improving access to key patient information for appropriate staff.

Strategic Benefits: Health Intelligence

The capture, aggregation, analysis and visualisation of patient and population level data on medicines use in secondary care would be extremely valuable to support stratified care, to manage medicine effectiveness and efficiencies, monitor prescribing patterns, improve clinical practice, enhance patient safety, and support clinical research at regional and national levels.

HEPMA implementation would support meeting the policy recommendation for Scotland from the 2016 OECD “Review of Health Care Quality in the UK” that we improve how health system information is used to drive quality improvement. In addition, it would take account of the Scottish Government “2015 Public Health Review for Scotland” which placed an emphasis on data, information, intelligence, research and evidence as a basis for public health decision-making and action. In this respect, HEPMA implementation can be expected to underpin both the planned Population Health Strategy for Scotland and the developing Health and Social Care Information Strategy for Scotland.

3.2 Organisational Overview

NHS Fife is situated in the East of Scotland with a coastline of 170 kilometres (105 miles) bounded by the Firth of Forth to the South and the Firth of Tay to the North. NHS Fife is served by Victoria Hospital in Kirkcaldy (27 wards) and Queen Margaret Hospital (6 wards) in Dunfermline, Stratheden Mental Health Hospital alongside a variety of essential Community Health Partnership hospitals, day hospitals, primary care facilities and general practitioners.

- 370,000 Residents
- 10 Hospitals
- 56 GP Practices
- 10,500 Supported Staff



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3.3 Strategy & Aims

3.3.1 Local Strategic Context

Realising the benefits attributable to a HEPMA system is a strategic fit with NHS Fife's aim to transform health and care in NHS Fife to be the best and the values of safety first, care and compassion, excellence and fairness and transparency.

The NHS Fife Clinical Strategy (2016) noted the need for a pharmacy strategy aligned to the clinical strategy which supports patient safety and reduces harm and variation in the use of medicines. In addition the strategy noted the need to promote effective, efficient prescribing and use of medicines to enable patients to achieve the best outcomes from their medication. The Clinical strategy further recognised the need to build capacity across primary and secondary care settings to support the safe and effective use of medicines and ensure the role of the pharmacist and pharmacy team is maximised.

The Digital and Information Strategy 2019-2022 recognised the alignment of HEPMA to joined up care and the need to ensure all relevant information is available at point of contact, this linked closely to the national digital strategy objectives of service transformation and workforce capability and recognised the linkage of HEPMA to the clinical strategy objectives of person centred care and ongoing support/follow up.

The Area Drug and Therapeutics Committee are supportive of HEPMA and appreciate the potential benefits in supporting patient safety, reducing harm to patients and promoting effective and efficient prescribing of medicines in NHS Fife.

3.3.2 Strategically Aligned National Activities

A number of activities have been progressed, in collaboration with the Safer Medicines Steering Group (SMSG) in support of the implementation programme.

Regional Working: The Scottish Government's Head of eHealth wrote to the Regional Implementation Lead Chief Executives in December 2017 to reiterate the requirement for a regional approach to HEPMA implementation and confirm that Boards will need to demonstrate regional collaboration at a number of levels.

Multi Supplier Framework: The process to establish a National Multi-supplier Framework for HEPMA has been undertaken and three suppliers are currently active on this framework:

- EMIS Health (previously Ascribe)
- JAC
- Dedalus (NoemaLife)

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Shared Learning: Healthcare Improvement Scotland (HIS) are in the process of developing proposals for Shared Learning on a national basis using a 'Knowledge into Action' approach to allow the experience of implemented Boards to be shared across Boards and to feed into planning, system configuration and benefits realisation.

A number of documents have been published on their website and for the purposes of planning for NHS Fife the following documents were referred to:

- HEPMA – A Good Practice Guide
- HEPMA in NHS Forth Valley – Key Learning from Rapid Roll-Out

Data Strategy: NSS Public Health and Intelligence have been commissioned to develop a national HEPMA Data Strategy, setting standards for HEPMA data coding and collection to ensure that HEPMA data will be usable at national level alongside existing primary care data. NHS Fife will ensure that any data coding and collection remains in line with the National plan for delivery.

3.4 Investment Objectives

The investment objectives for this programme have been developed from the strategies noted within section 3.

Strategic Objective	Summary of Strategic Project Objectives	Strategic Link to
1	Patient Safety and Effective Use	Clinical Digital Strategy National Clinical Strategy Prescription for Excellence Closing the Loop
2	Digital Maturity and Paperlight Working	National Digital Strategy Digital and Information Strategy
3	Health Intelligence	National Digital Strategy Digital and Information Strategy

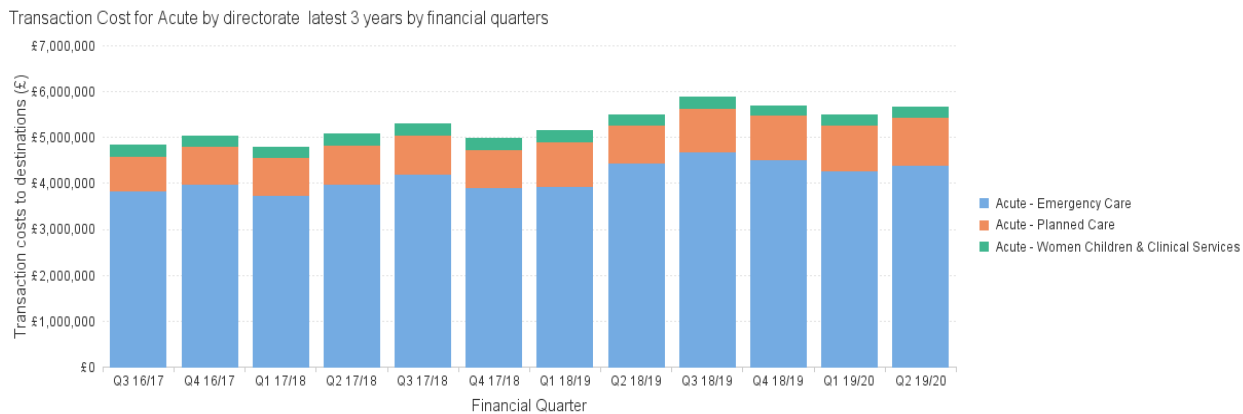
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3.5 Existing Arrangements

3.5.1 Summary of History

The Pharmacy department has been a major part of delivery within NHS Fife. In NHS Fife £103 million was spent on drugs in 2018/19, of which £22 million was in the acute hospital setting.

Figure 1 Acute Hospital Drugs Expenditure (NHS Fife)



Over the last 7 years, there has been some change to how pharmacy is delivered within NHS Fife. These include:-

- Move of the majority of patients from 2 hospitals (VHK/QMH) to 1 hospital (VHK)
- Changed from 2 Aseptic units to 1
- One stop model – use of overlabeled packs to facilitate discharge
- Clinical model- Use of clinical coordinator to triage workload and focus on high risk patients
- 7 day pharmacy service
- Introduction of Clinical Pharmacy Technicians
- Introduction of Dispensing Assistants

3.5.2 Current Situation and Limitations

The majorities of medicines used in NHS Fife are still prescribed and administered using a traditional paper-based chart system which has been unchanged for many years. With the increasing range and complexities of medicines available and the challenges to service provision, the safe and effective prescribing and administration of medicines is increasingly challenging. Although the current paper based system is part of a structured approach to prescribing and medicines administration, it is recognised there are a number of limitations to service delivery these are reflected within the strategic benefits noted above.

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- Management of Expenditure – Understanding the cost of pharmacy within NHS Fife
- Lack of frontline pharmacy staff to carry out medicines reconciliation
- Continued and increasing risks to patient safety due to increasing complexity of medicines
- Lack of patient specific data in secondary care
- A continued use of paper records makes it impossible for a complete integrated patient record to be created.

3.6 Business Needs – Current & Future

As more patients are being treated with complex therapies ensuring patient safety and best outcomes from medicine use is a key component of safe and effective healthcare. Pharmacy is already facing increasing workload demand and is not able to provide a clinical pharmacy service to all wards/beds with current resource and so has to prioritise which wards and departments receive clinical pharmacy input and support. On a weekly and daily basis the pharmacy teams undertake critical analysis of what service capacity they have based on staff availability and a high level risk assessment of patient need based purely on which clinical areas and wards are priorities for cover. Once within the ward, pharmacy staff identify individual patients through discussion with medical and nursing colleagues and from visual inspection of each medicine chart and access to lab results etc with the support of business intelligence reports. A consequence of this is that high risk patients in wards not covered by pharmacy are not able to be identified and so receive no input from pharmacy unless specifically requested by other clinicians.

HEPMA will support improved patient safety and service efficiency by enabling clinical pharmacy services to wards/departments to be targeted to at risk patients. Reports can be generated from HEPMA which will identify patients who meet pre-defined criteria. The criteria can be varied to meet requirements, e.g. patient age profile, patients on specific high risk medicines, patients who have had new medicines added to their regime etc. These reports can be tailored for each clinical speciality. Patients where there have been no changes to their therapy since they were last seen by a pharmacist can also be identified as well as patients being discharged etc. Accurate and early identification of high risk patients will enable pharmacy staff to take more specific action that will potentially reduce risk of readmission and increase patients' concordance with their medicine therapies.

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3.6.1 NHS Fife Operating Constraints and Pressures

Pharmacy is an important part of the NHS Fife Healthcare family. Community Pharmacies provide a walk-in resource for help and advice on medicines and health across the whole of Fife.

Pharmacy in NHS Fife includes a network of community pharmacies, hospital pharmacists, practice pharmacists and Primary Care Development Pharmacists, as well as medicines management support staff.

Pharmacy Services are also responsible for supporting the roll out of the new Community Pharmacy Contract, including services such as the Minor Ailments, Acute Medications, Public Health and Chronic Medication.

Pharmacy Services provide administration support, event management, remuneration, training and development of services provided in community pharmacies such as:

- Smoking Cessation
- Emergency Hormonal Contraception
- Chlamydia Testing
- Weight Management
- Supervised consumption of Methadone and needle exchange
- Palliative Care Network.

10,500 staff are employed across NHS Fife. Delivery of service is to 370,000 .

The Key Constraints for NHS Fife are:-

- Workforce pressures
 - Pharmacy vacancies in both Primary and Secondary Care
 - Unable to provide a clinical pharmacy resource to all areas to meet current demand
- Funding
 - Increased funding pressures due to high cost medicines and increased incidence of chronic disease.
- Governance
 - Lack of a central document repository.
- Technology
 - Costs of IT solutions to deliver the services required
 - Time taken to implement new IT solutions to deliver services.

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3.6.2 Pharmacy Re-design

HEPMA is a key deliverable for service improvement within NHS Fife. Acknowledgement is also made of a separate business case under development for the introduction of automation within pharmacy. This will result in a re-design of pharmacy service provision. HEPMA will support delivery of this re-design through improvements in electronic medicines management and administration. The business case is submitted for HEPMA however there will be considerable benefit to the overall delivery of service if both HEPMA and Pharmacy redesign/automation are introduced within NHS Fife.

3.7 Business Scope & Key Service Requirements

3.7.1 Business Scope

- Successful Procurement of the most appropriate HEPMA solution for NHS Fife from the National Framework.
- Integration of HEPMA solution with Pharmacy Stock Control System
- Integration of HEPMA solution with existing eHealth systems e.g. Trak, Portal
- Rapid Rollout approach to delivery of HEPMA solution within NHS Fife throughout 2020/21.
- Training and support to ensure HEPMA is integrated into working practice.
- Ratification of Processes to ensure HEPMA integrates well into working practice.

3.7.2 Resultant Service Requirements

- Capacity to deliver HEPMA within relevant service areas
- Support for delivery of HEPMA from within eHealth and Pharmacy
- Ensure appropriate Infrastructure is in place to support HEPMA delivery.
- Training and Support for introduction of HEPMA
- Time to review processes to ensure fit for HEPMA purpose

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4 Economic Case

4.1 Review of Economic Case

The economic case for HEPMA was outlined in the National Business Case (2016). The following section outlines the options considered within the National OBC and the approach taken to agree the preferred option for NHS Fife. Short List of Options

4.2 National Business Case Options

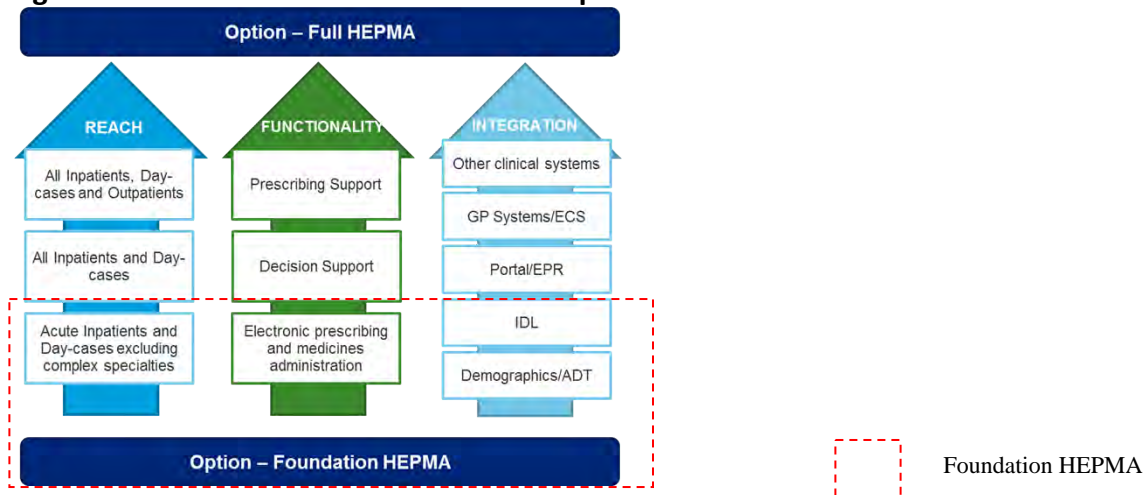
The National OBC identified three categories or 'pillars' which were selected to characterise the range of alternative scenarios that a Board will face when implementing HEPMA. These pillars were:

- **Reach:** how widely HEPMA is rolled out within a Board;
- **Functionality:** which HEPMA functions (Electronic prescribing and medicines administration, Decision Support and / or Prescribing Support) are implemented and used;
- **Integration:** the level of integration with other clinical systems such as the PAS system, Admissions/Discharges/Transfers (ADT), Immediate Discharge Letter, Clinical Portal/Electronic Patient Record (EPR) and/ or Lab systems.

Two alternative HEPMA options were set out, a Foundation HEPMA option which describes a 'basic' level of implementation; whilst at the other end of the spectrum it described what a full HEPMA solution would look like. The variation between these options reflects the maturity of the current systems and the investment required to achieve full HEPMA. The options to a large extent represent an incremental approach to adopting HEPMA, rather than a list of mutually exclusive options.

The figure overleaf illustrates the different levels between Foundation and Full HEPMA.

Figure 4 Schematic Illustration of HEPMA options



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4.2.1 Foundation HEPMA

Foundation HEPMA was specified as a solution that includes the basic scope required to result in the successful implementation of HEPMA. In terms of system 'reach', this would include rollout to inpatient and day-case beds across each acute hospital, though not including outpatients. A number of specialties that may provide greater implementation challenges (due to differences in type and nature of the prescribing model in 'non-ward' based specialties) including Theatres, Maternity, A&E, Mental Health, ICU, and Renal Dialysis outpatients, though not included in Foundation HEPMA, could be implemented at a later date.

In terms of 'functionality', it would provide electronic prescribing and administration, as well as electronic medicines reconciliation functionality, whilst in terms of 'integration', it would be required to populate the Immediate Discharge Letter and be integrated into the Patient Management System to provide patient demographics and patient movements information

4.2.2 Full HEPMA

The Full HEPMA option includes all the components of Foundation HEPMA but with extended reach, greater functionality and integration. Extended reach would imply the system covers all inpatient and day-case beds including outpatients departments. There is potential for a gap to remain in relation to Community Nursing and Special Schools for children with additional support needs.

The full functionality of the system would be exploited, including decision support; and additional prescribing support (e.g. local formulary, prescribing protocols). In terms of integration, this option would include further integration with the Clinical Portal/EPR (real-time and/or summary information), the population of HEPMA with medication information from GP systems/Emergency Care Summary and integration with other clinical systems e.g. diagnostics to provide additional clinical information to inform decision support and other HEPMA functions.

It was considered that at this point in time given current technology, Full HEPMA represents an advanced HEPMA model.

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4.3 Options Appraisal

Following review of the National Business Case NHS Fife completed an Options Appraisal in order to assess whether a Hospital Electronic Prescribing and Medicines Administration (HEPMA) system within NHS Fife was required.

As part of the Long List of options it was felt there was a need to consider whether NHS Fife should remain with the current Stock Control supplier, as this would potentially affect the outcome of discussions or whether there is benefit in migrating across to a supplier that links directly with proposed HEPMA suppliers. The HEPMA Programme Board therefore agreed based on the National Outline Business Case the long list of options for HEPMA within NHS Fife were as follows:-

	Option	Stock Control	HEPMA Provider	Outcome
1	Do Not Implement	EMIS	NONE	Not Viable
2	Foundation HEPMA	EMIS	EMIS	Not Viable
3		EMIS	JAC	Not Viable
4		EMIS	Dedalus	Not Viable
5		JAC	EMIS	Not Viable
6		JAC	JAC	Not Viable
7		JAC	Dedalus	Not Viable
8	Full HEPMA	EMIS	EMIS	Shortlist
9		EMIS	JAC	Shortlist
10		EMIS	Dedalus	Shortlist
11		JAC	EMIS	Shortlist
12		JAC	JAC	Shortlist
13		JAC	Dedalus	Shortlist

Initially the Board considered HEPMA when moving from Long list to Short List.

Option 1 Do Not Implement (Do Nothing) – Not Viable

The 'do nothing' option would involve NHS Fife continuing with a paper based prescribing and medicines management process across the acute sector. NHS Boards would gradually move towards electronic approaches in line with local priorities. Given the current financial climate and severe constraints on investment expenditure this may be a realistic short term option, although in the long run it is unlikely that a paper based system would be sustainable given the move towards electronic health records.

The 'do nothing' option would offer no improvement to the current situation and none of the associated benefits would be realised. Whilst some systems are in place to manage the risks associated with adverse drug events, evidence suggests that medication incidents will persist and some of these would have been avoidable through investment in HEPMA. Staff would in turn continue to operate an inefficient paper-based process, which uses valuable time that could be spent on other

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aspects of patient care. There may also be an impact on staff satisfaction and morale given the level of clinical support for the HEPMA system.

HEPMA is also a key missing component of an electronic health record and if not adopted NHS Fife will fall behind other health systems in relation to digital maturity, public health intelligence and medicine related research.

In addition, HEPMA has been successfully implemented in a number of other Health Boards in Scotland and non implementation within NHS Fife would result in an inequality of service delivery for service users within the Health Board area.

Options 2-7 Foundation HEPMA – Not Viable

The Foundation HEPMA would be a viable 1st step on the implementation journey for HEPMA, however when considering reach, functionality and clinical systems it was felt there were key benefits in delivery of Full HEMPMA which would not be realised if Foundation HEPMA was the preferred option as detailed below.

Reach – Extending the reach of HEPMA to include all inpatients, Day Cases and Outpatients was seen as valuable for NHS Fife. A number of services who provide day cases and outpatient prescribing have highlighted to eHealth the need for an electronic solution these services prescribe and administer complex specialist medicines that need to be delivered in context with the other aspects of patient care. NHS Fife is also committed to an integrated patient journey, with clarity of reporting in all areas of care.

Functionality - currently Prescribing and Decision Support have been identified as ‘gaps’ within NHS Fife and there would be a real benefit both in terms of patient safety and the consistency of clinical decision making if this was implemented within NHS Fife.

Integration – NHS Fife are committed to ensuring a complete patient record is visible for those within its care, therefore integration with GP Systems, Portal and Other Clinical Systems would be fundamental to ensuring a complete record which increases clinical safety and patient care.

Options 8-13 Full HEPMA – To be shortlisted and investigated further.

This includes all components of HEPMA identified as realistically implementable in the medium term. It was considered that at this point in time given current technology, and the reasons provided above, Full HEPMA represents an advanced HEPMA model and this should be aspired to within NHS Fife.

Therefore Full HEPMA was agreed as the preferred solution and Options 8 – 13 were taken forward into the shortlist.

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It was noted at this time that if the selected provider was not the same as the incumbent for stock control this would need to be taken into consideration as clinical advice noted it would be beneficial to have the same supplier for both stock control and HEPMA for continuity of care.

4.4 Short-List Options

Initial discussions noted the primary objective was to ensure the HEPMA Solution delivered for NHS Fife was fit for purpose. NSS Procurement identified there were 3 potential suppliers for HEPMA in Scotland all of which are within the national contract: - JAC, EMIS Health and Dedalus.

Discussions with National Procurement into the best method to engage with suppliers and the options for NHS Fife highlighted the need to ensure a fair and transparent procurement. Advice from National Procurement noted the key objective was the most appropriate Full HEPMA solution, therefore procurement should initially consider only this area.

If the preferred solution for HEPMA then required a change to the stock control system this should be undertaken after decision on an agreed supplier for Full HEPMA.

Following this advice the shortlisted options were agreed as Full HEPMA without stock control system as a factor. The shortlisted options therefore were:-

Option 1 – Full HEPMA supplied by EMIS

Option 2 – Full HEPMA supplied by JAC

Option 3 – Full HEPMA supplied by Dedalus

4.5 Preferred Option

At present there is no preferred option for NHS Fife, NHS Fife wish to undertake a mini tender to assess the best option. Further information is detailed within Section 4 Commercial Case.

4.6 Benefits

A number of benefits from HEPMA were identified during the development of the National OBC. These were identified by a multidisciplinary group of clinicians, pharmacists and GPs and were grouped into a number of categories. We have presented a summary of these below along with an estimate of the likely impact in quantitative terms based on variety of sources including experience from NHS Ayrshire and Arran, a pilot in NHS Lanarkshire and the NHS England e-Prescribing Toolkit, which provides case study information and guidance on business case development.

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4.6.1 Safer and Effective User of Medicines

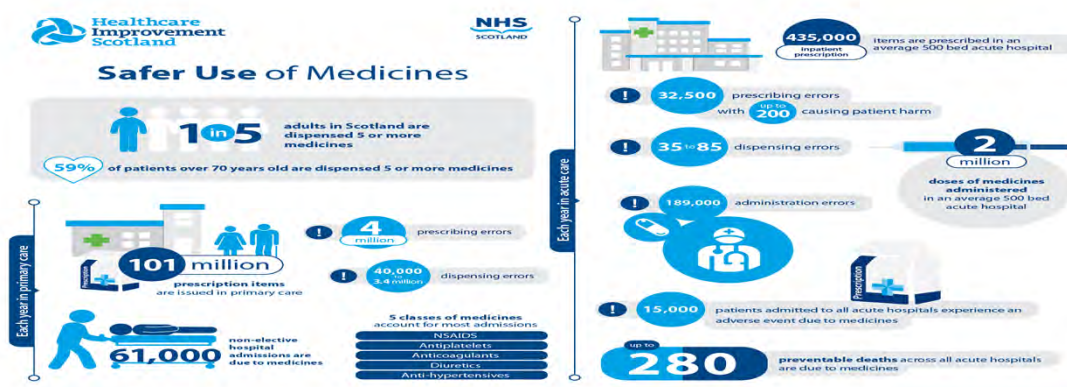
In 2014, Healthcare Improvement Scotland (HIS) developed 'Implementing an Electronic Prescribing and Medicines Administration System: A Good Practice Guide' which provided clarity on current evidence and expert opinion on benefits realisation. It included a systematic review of the literature and reported that HEPMA systems provide an important foundation for improving the safe and effective use of medicines.

There is clear evidence that HEPMA systems reduce the incidence of medication errors.

'HEPMA systems are most likely to generate quality benefits (releasing time to care, avoiding errors, improving communication, improving decision-making), achieving the quality ambitions of person-centred, safety, efficiency and effectiveness of care.'

As HEPMA systems reduce the incidence of medication errors which are associated with significant morbidity and mortality, the resultant improvement in patient safety is likely to be significant.

Healthcare Improvement Scotland outlined the concerns in relation to Safer Use of Medicines.



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4.6.2 Reduce Incidence of Hospital Prescribing Errors

Drug related adverse events are the second largest cause of harm within the acute sector (after surgery) and account for around 15% of all adverse events (De-Vries et al., 2008). NHS Scotland is no different – for example, in 2014 a prospective observational study which analysed 50,000 prescription items across eight Scottish hospitals found an overall error rate of 7.5% (Ryan et al., 2014).

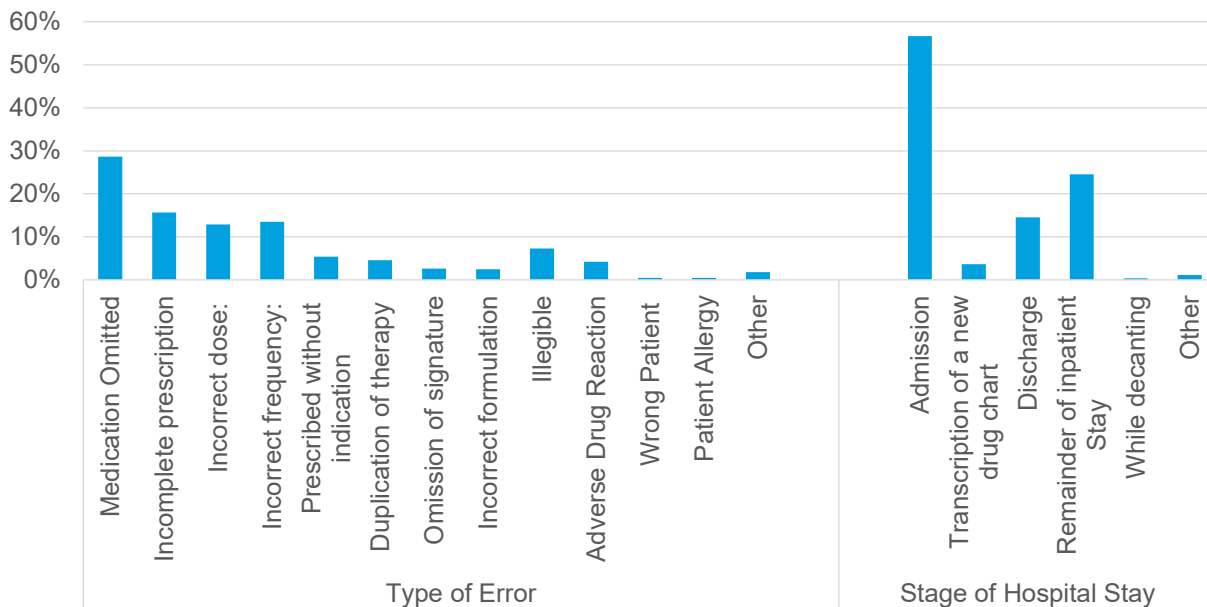
Indicative Prescribing Error Rates in Scotland and Fife (per annum)

Prevalence of Error	%	NHS Scotland	NHS Fife*
Inpatient Prescription Item Error	7.5%	1,070,000	73,295
Inpatient Chart Error	36%	377,000	25,824
Errors Reaching Patient	32-60%	-	-
Errors Causing Harm, estimated consequences	1.0 – 4.1%	3,370 – 15,500	230 – 1,061
Temporary harm and intervention required	80%	3,016-12,400	206 – 849
Prolonged Hospitalisation	15%	505 – 2,320	34 – 159
Permanent patient harm	5%	168 – 770	12 - 53

(*NHS Fife figures calculated pro rata from the national business case)

The table adapted from this study provides indicative prescribing error rates in Scotland and Fife based on these estimates. The study found that teaching hospitals, surgical wards and those wards with a high turnover had the highest error rates. The number and scale of errors is significant, whilst most have little or no patient impact a number cause permanent harm to the patient. The figure below provides a breakdown of these error rates.

Types of Error and Location



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In 2015, Healthcare Improvement Scotland (HIS) released a second publication focusing on the benefits of HEPMA highlighting the results of this study. It also outlined a number of opportunities to drive improvement nationally.

4.6.3 Accurate prescribing and administration of medicines

HEPMA is pivotal in achieving a complete medication prescribing and administration record for an individual patient containing up-to-date historical and current prescribing and clinical information (including allergies and adverse drug reactions and interactions). This medication record would be instantaneously accessible to a range of healthcare professionals and is a key step to delivering person-centred, safe, effective and efficient care.

Impact and Evidence

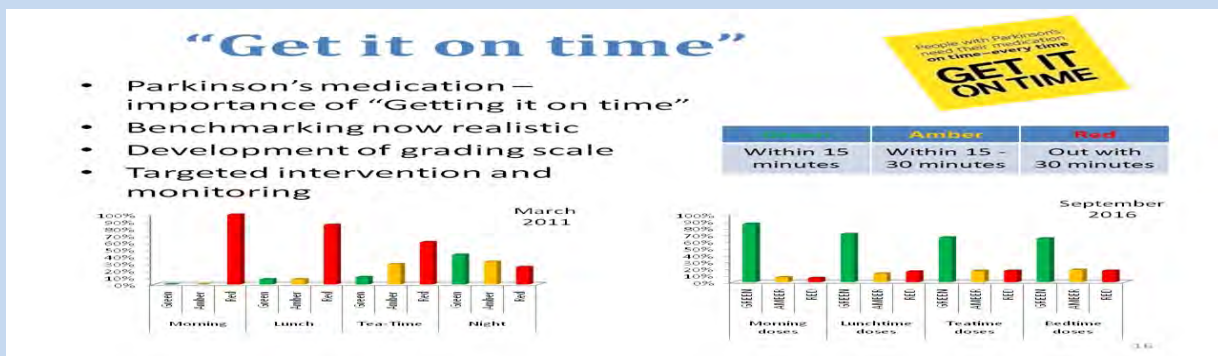
One of the main benefits relates to a reduction in Adverse Drug Events (ADEs). A range of estimates have been stated by Trusts in NHS England, indicating that a HEPMA system would reduce ADEs by around two thirds. South Manchester University Hospitals NHS Trust estimated a 60% reduction in preventable ADEs, Guys and St Thomas estimated a 62% reduction and a Trust in the North West estimated the reduction would be 66% (HSJ 2014).

The Sheffield School of Health and Related Research (SchARR) estimated that there would be a 31% potential cost avoidance from preventable ADEs.

Evidence from the pilot within NHS Lanarkshire has demonstrated:

- a reduction in missed doses from 14% to 8%
- a reduction in clinical interventions for high risk medicines
- 36% of interventions required on paper based discharge letters would not be required with HEPMA

Evidence from NHS Ayrshire & Arran demonstrated a significant improvement in the administration of Parkinson's disease medication, as show below:



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4.6.4 Better communication between and within settings and improved medicines reconciliation

By providing a single shared patient medication record containing current and historical medicines, the HEPMA system would enable (i) more accurate and efficient medicines reconciliation and (ii) better communication of information between and within settings.

On a patient's admission to hospital, their medication record on HEPMA would in the future be populated from the Primary Care electronic care summary. Similarly, on discharge, the HEPMA system would populate the discharge communication (e.g. immediate discharge letter) and be immediately available to Primary Care for medicines reconciliation post-discharge.

The medication records can be accessed remotely from the ward, enabling remote prescribing which is safer than telephone prescribing. In addition, view-only access rights can be set up for other healthcare professionals who need to be aware of a patient's medication for purpose of review or supply of medicines.

Impact and Evidence

A recent DPharm thesis within Ayrshire and Arran estimated the impact HEPMA has had on discharge communications. It found that compliance with discharge prescribing documentation increased from 40 to 100%, with a corresponding reduction in prescribing errors from 99% to 23% and omitted medications from 42% to 11%.

Evidence from the pilot within NHS Lanarkshire has demonstrated:

- improved compliance with SIGN 128, more detailed clinical information for GPs
- instantaneous delivery of discharge letter to GP (previously anything from 1 day to never delivered)
- reduction in medicine omissions on discharge prescriptions

4.6.5 Greater consistency of clinical decision-making

Prescribing decisions for individual patients can be improved through the access of a complete medication prescribing and administration record which contains up-to-date historical and current information. Clinical decision support available within the HEPMA software can produce real-time alerts at the point of patient care, including linking proposed prescribing decision to previous drug allergies or adverse drug reactions reported for that patient, drug interactions and therapeutic duplication alerts.

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In addition, fully utilising prescribing support functionality within the HEPMA system can potentially extend the benefits further by providing greater consistency of clinical decision-making. This type of rules-based, protocol-driven prescribing support which is built in to the HEPMA system includes limiting choice to local drug formularies, preferred medicines, and to pre-determined prescribing protocols and aims to simplify, standardise and avoid inappropriate prescribing.

However, the electronic system does not replace human knowledge and clinical judgment. It is the users of the clinical system who are accountable for making clinical decisions (e.g. on the appropriate selection of medicines), not the HEPMA system itself.

Impact and Evidence

NHS Boards without HEPMA only have data on medicines purchased and ward issues, we have no data as to what has been prescribed or administered to patients. At a national level only high level hospital purchase data is available, it is crude with many caveats, HEPMA would resolve this.

NHS Lanarkshire's HEPMA Pilot demonstrated a number of benefits:

- improved safety of antimicrobial prescribing
- empirical policy antibiotics can be prescribed by indication recommended durations for oral therapy
- ALERT antibiotics are highlighted to prescribers and access is provided to NHSL form for supply
- Allergy status is mandatory and alerts are presented when a contraindicated medicine is prescribed, 107 prescriptions for penicillin were averted in allergic patients in pilot wards.
- for high cost antibiotics and non formulary medicines the system can suggest more cost effective options
- Ward 22 (HEPMA pilot ward) achieved 100% in respect of a pilot of a national quality indicator requiring duration of every oral antibiotic prescription. In NHS Lothian current compliance with this indicator is Surgery 47% and Medicine 75%

Within the pilot wards a number of treatment protocols (e.g. helicobacter eradication regimen) have been set up to aid prescribers of multiple drugs for a single indication; this helps speed up the prescribing process whilst assuring accuracy and adherence to protocols.

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4.6.6 Releasing time to care and efficiency

With a HEPMA system, more medicines are administered on time to benefit the patient, as well as efficiencies in nurse time spent administering medicines, releasing more time to care. This should improve patient flow through the hospital and facilitate earlier discharge providing additional efficiencies across the acute hospital system.

Once an accurate inpatient chart has been created on HEPMA, this moves with the patient through all stages of their inpatient care negating the need for multiple transcriptions during inpatient stay and discharge. This data entry reduces the time taken to prescribe and increases both the efficiency and quality of the prescribing process, supporting a smoother discharge with improved medicines reconciliation and clearer more complete information to primary care.

Medicine prescription charts frequently need to be rewritten for longer stay patients due to lack of prescribing and administration space. A study conducted within NHS Lothian concluded, junior doctors in Medicine of the Elderly estimated it takes between 10 – 30 minutes to rewrite a medicine prescription chart and there is an average of 5 per week in each ward. This view was supported by NHS Fife.

Impact and Evidence

Estimating time releasing efficiency savings can be difficult. The literature from the business cases we have reviewed have made relatively arbitrary time saving estimates, for example, one business case estimated that up to 20 minutes per shift could be released from electronic prescribing (for pharmacists, technicians, nursing and medical staff).

Based on the latest evidence from the HEPMA pilot in Lanarkshire the clinical team estimates that the system reduces by 50% the time required to undertake drug rounds (i.e. from two hours to one hour per drug round. There are four drug rounds per day).

GP feedback supports claim of improved discharge letter.

Evidence from Ayrshire and Arran of automatic medicine ordering at point of prescribing demonstrates that there was an improvement on the delay of orders getting to pharmacy, no transcription errors, no duplicate requests, reducing rework for nursing and pharmacy staff, clear view for nurses of stock and non stock, reduction in out of stock medicines and nursing time freed up as no paperwork required.

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4.6.7 Better use of information to improve the use of medicines

Electronic capture of secondary care prescribing and administration data provides an opportunity to improve the safe and effective use of medicines and optimise patient care. The use of a HEPMA system also strengthens information governance through a robust audit trail and improved clinical accountability.

Impact and Evidence

The availability of rich patient level data on medicines use with the possibility of linkage to diagnoses and outcome in secondary care could be utilised to better understand patient response to treatment, manage medicines effectiveness, monitor prescribing patterns, improve clinical practice and patient safety and support clinical research. These are levers of change to drive improvements in healthcare delivery and specifically the quality and efficiency of prescribing, as demonstrated by the use of similar data available in primary care. Given the inexorable rise in volumes and costs of hospital medicines, the accumulation of prescribing data at a Board, nationally, by specialty and condition when linked to patient records, will enable improved understanding and planning of medications use and budgeting associated to outcomes.

A key benefit from a HEPMA system relates to how better information on acute prescribing will be used. NHS Fife spends £22m on medication in the acute hospital sector and yet has relatively little information on what is prescribed and by whom. This information should support hospitals to manage this expenditure more closely and identify opportunities for improvement.

4.6.8 Better use of information to support optimisation of patient care

As more patients are being treated with complex therapies ensuring patient safety and best outcomes from medicine use is a key component of safe and effective healthcare. Pharmacy is already facing increasing workload demand and is not able to provide a clinical pharmacy service to all wards/beds with current resource. Pharmacy is unable to meet the current workload demand and is not able to provide a clinical pharmacy service to all wards/beds with the current resource. Therefore the current clinical pharmacy resource is prioritised to high risk patients. HEPMA will enable the identification of patients that are at high risk of harm from their medication across the whole hospital, allowing pharmacy to prioritise those patients for early pharmacy review. This will allow pharmacy to move to a more patient focused service rather than the current ward focused service. Pharmacist workload will be prioritised using data extracted from HEPMA based on risk stratification/categorisation of a number of different pharmaceutical care factors, including age, number, type and duration of treatment of medicines and allergy status. This “electronic medicines early warning system” will identify which patients require the clinical pharmacist’s attention and regular review by the multidisciplinary clinical team.

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HEPMA provides an opportunity to facilitate an improvement in patient flow by reducing the potential for length of stay to be extended by avoidable medication errors and missed doses.

4.6.9 Benefits Attributable to HEPMA

The table below provides an estimate of the number of preventable prescription errors and those that could be prevented by the implementation of HEPMA based on a synthesis of research evidence.

Estimated Reduction in Prescribing Errors and Bed Days

Reduction in ADE's (Number)	Prevalence			NHS Scotland			NHS Fife*		
	Base	Low	High	Base	Low	High	Base	Low	High
Number Errors causing patient harm	2.6%	1.0%	4.1%	9,635	3,770	15,500	660	258	1062
Preventable errors causing harm*	72%	72%	72%	6,937	2,714	11,160	475	186	764
ADEs prevented by HEPMA **	60%	60%	60%	4,162	1,629	6,696	285	111	459
Additional bed days per error*	3.0	3.0	3.0	12,487	4,886	20,088	855	335	1376

(*NHS Fife figures calculated pro rata from the National Business Case)

* Costing Statement. Implementing the NICE guideline on medicines optimisation (NICE, 2015), ** as described above

*** a base, low and high case estimate has been presented to provide an indicative range based on the figures in the table above.

Using the lowest estimate the table illustrates that 475 prescribing errors that cause patient harm could be averted through the implementation of a HEPMA system, as well as averting approx. 855 unnecessary bed days per annum in NHS Fife.

4.6.10 Economic Benefits

There is clear evidence that a HEPMA system provides an important foundation for improving the safe and effective use of medicines. It is also reasonable to expect that improvements in the safe and effective use of medicines will ultimately deliver efficiency benefits. However, translating these quality benefits to cash-releasing savings is not easy.

Most of the benefits will not be realisable in cash terms, but will release time or resources to improve clinical practice and create capacity to meet increased demand.

The National Safer Medicines Steering Group considered all the benefits carefully and the evidence that supports these. Their guidance is that the benefits to patients in terms of improved quality of care and safety of medicines should be clearly set out as the principal drivers for this investment. The likelihood of non-cash releasing savings in time and resources can be described but are unlikely to be accurately quantifiable and the longer term cash releasing savings after implementation are only beginning to be assessed. As a result these benefits have not been included in the economic or financial appraisal elements of this business case.

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4.7 Risks

A full risk register for the project will be developed at project inception and when Full Business Case is complete and will be managed in line with NHS Fife's governance procedures and recorded in Datix. Risks will be reviewed on a regular basis.

It is important to recognise that as well as delivering additional benefits, there will also be a number of risks associated with implementing HEPMA across NHS Scotland. These include risks associated with running paper and electronic systems in parallel, inadequate change management and/or leadership impacting adoption of HEPMA, concerns about the complexity and scope of the training requirements as well as the requirement to operate a robust and scalable (24/7/365) support plan. Suggested mitigating actions are outlined.

Risk	Mitigation	Impact	Likelihood	Score
HEPMA requires robust 24/7/365 technical and clinical support. Inadequate resource will impact on organisations ability to reliably perform other safety clinical activities.	Dedicated eHealth / Pharmacy / Clinical Support structure.	Major	Possible	12
Affordability	Solid Business Case, working collaboratively, rapid rollout to minimise delivery timescale	Moderate	Possible	9
Dual Running of paper and electronic systems	Robust SOP's, Rollout rapidly whilst ensuring clinical safety within capacity.	Moderate	Possible	9
Given the low number of active suppliers currently on the framework there is a risk that supplier resource constraints may dictate the timing of implementations both locally and nationally	Close collaboration with suppliers and other boards.	Moderate	Possible	9
Inadequate leadership / change management support	Comprehensive Communication Plan Engagement with Staff Clear Clinical Leadership	Moderate	Unlikely	6

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<p>Complexity and scope of training. Training must:</p> <ul style="list-style-type: none"> - consider the needs of all staff - be delivered in a timely manner - be accessible to maintain competence - be scalable to address BAU competence 	<p>Training Needs Analysis (TNA) carried out at project inception.</p> <p>Comprehensive training plan developed collaboratively with staff.</p> <p>Dedicated training capacity both during implementation and BAU</p> <p>Ongoing support delivered as core part of induction programmes.</p>	Moderate	Unlikely	6
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Many of the risks identified relate to how the HEPMA solution would be implemented and these would need to be monitored and managed as part of the roll out programme.

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5 Commercial Case

5.1 Procurement Strategy

5.1.1 Governance

A process to establish a National Multi-supplier Framework for HEPMA has been undertaken. Patient safety requirements were paramount to the evaluation process and only suppliers who met stringent safety requirements were eligible to be active on the framework. Suppliers who did not meet these requirements, but were able to demonstrate a credible plan to meet them within the following year, were designated inactive on the framework. They are not available to NHS Boards to contract with, until they have been fully re-assessed, at which time they would become active on the framework.

Currently three suppliers are active on the framework (EMIS, JAC/Wellsky and Dedalus)

5.1.2 Contract Structure

Under the current multi-supplier Framework Agreement there are currently three accredited suppliers JAC/Wellsky, EMIS and Dedalus. The existing NHS Fife pharmacy stock control system is provided by EMIS.

Informal supplier days were held to review the HEPMA offering from each of the three prospective suppliers:- Dedalus, JAC/Wellsky and EMIS who are currently accredited to provide a HEPMA solution in Scotland on the multi-supplier Framework Agreement for Hospital Electronic Prescribing and Medicines Administration (HEPMA). The informal days were an introduction to their HEPMA solution. Prior to the meeting suppliers were advised NHS Fife were in the process of creating a HEPMA Business Case and Full HEPMA would be the preferred route for NHS Fife. No further detail was provided.

2 of the 3 suppliers attended the informal days (JAC and EMIS) unfortunately Dedalus chose not to attend. Prior to the supplier days being held NHS Fife were notified of all other Boards (exc. Borders) intention to select JAC as their supplier and NHS Fife Procurement advised there was the potential for call off from a single supplier on the basis of incumbent provider of stock control system or synergy with other boards. Alternatively NHS Fife could complete a mini competition, this would allow NHS Fife to fully assess each option and there was the potential for best value to be achieved.

The HEPMA Programme Board met on 11th October to discuss the most appropriate way forward. It was agreed, in order to ensure the best solution for NHS Fife and to ensure best value a mini competition would be undertaken

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NHS Fife Procurement have been fully engaged with the process and it has been agreed that following approval in principle of the Outline Business Case a mini competition will be undertaken as soon as possible to ensure best value for NHS Fife.

Following advice from clinical colleagues it was noted the outcome of the mini tender may result in the need to replace NHS Fife Stock Control System, currently supported by EMIS. Clinical colleagues note the importance of a joined up 'one system' approach and therefore suppliers will be advised that dependent on outcome, the stock control system may be replaced.

5.1.3 Procurement Plan and Timescales

The National Framework provided a detailed specification for delivery of HEPMA within NHS Scotland. NHS Fife have reviewed the requirements specification and created a supplementary NHS Fife specific specification which focuses on the key deliverables for NHS Fife. Following agreement of the outline business case, the mini competition will begin with a completion date of around 16 weeks.

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6 Financial Case

6.1 Financial Model

All Boards in the East Region are at different stages of planning and implementation of HEPMA and have different pharmacy stock control systems currently. It has been agreed that each board will progress a local business case and implementation plan, collaborating to share experience and learning across boards.

A full business case will be completed following completion of the mini competition for HEPMA. In order to progress to procurement, a commitment by NHS Fife to support HEPMA delivery is required.

6.1.1 Assumptions

In order to ascertain costs for NHS Fife, costs detailed within the National Business Case and in the Business Case for NHS Lothian were extrapolated for delivery of Full HEPMA within NHS Fife. In addition, a resourcing profile was created based on profiles detailed within each of the Business Cases. It is expected, following mini competition the figures will be updated to reflect final costs.

6.1.2 Economic Appraisal Principles

Key overarching assumptions in the development of the cost model included:-

- It has been assumed that there is no cost under the 'do nothing option'
- Costs were constructed for NHS Fife undertaking HEPMA locally
- Non Recurring Costs are assumed to be capital funded. When non recurring costs are treated as revenue, capital budget will be transferred to the revenue fund.
- VAT assumed on all external costs at 20%. VAT advisors will be consulted during negotiations with suppliers.
- Depreciation calculated on assumption closing Q4 each year, and depreciating over 7 years.
- Hardware costs include a small contingency

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6.2 Non Recurring Capital Cost

Non Recurring Capital costs for design, procurement and implementation of the preferred option are summarised in the table below.

£'000'S	2019/20 £k	2020/21 £k	2021/22 £k	2022/23 £k	TOTAL COST IMP
HEPMA System	444	0	0	0	444
Hardware – NHS Fife Infrastructure	110	0	0	0	110
Hardware – Workstations / PC's	0	104	104	104	312
Hardware – Pharmacy Mobile Devices	0	18	0	0	18
External Integration Costs	0	15	15	0	30
Implementation Resource	62	861	870	940	2,733
Legal Fees	25	0	0	0	25
VAT	111	27	24	21	183
Total Non Recurring Capital	752	1,025	1,013	1,065	3,855
NHS Scottish Government HEPMA Funding	500	500	400	0	1,400
NHS Fife Capital Funding Required	252	525	613	1,065	2,455

The Scottish Government has confirmed that central eHealth funds will be made available to NHS Boards to fund non-recurrent revenue and capital costs (but not local hardware costs). This funding equates to £1.4m for NHS Fife – the profile over financial years is yet to be confirmed. In recent discussions with Scottish Government they advised there is the potential for £500k capital to be allocated to NHS Fife 2019/20 subject to NHS Fife agreement to proceed with HEPMA and spend within the financial year.

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HEPMA Supplier Costs

Hardware Costs

A number of costs that are not HEPMA specific have been included in the economic appraisal. These costs include hosting hardware, database software, and devices.

Implementation Resources

Just less than three quarters of the costs associated with the deployment of HEPMA relate to local implementation resource. These are based on National and NHS Lothian Business Cases and have been agreed with eHealth and Pharmacy colleagues. They include:-

- **HEPMA Project Team.** A Project Team will be put in place to govern and manage the roll out. This will include a range of clinical, pharmacy and eHealth representatives. This team will be responsible for the preparatory work, ward go live and immediate support in the week following go live. This team will also include senior nursing and medical resource to provide clinical leadership to the programme. It is anticipated that wider leadership support will be provided by the senior team in NHS Fife
- **eHealth Infrastructure Team.** Will work with the supplier and include systems, infrastructure and interface leads as well as additional support for systems administration and testing. The majority of this team will operate from implementation to business as usual.

The time periods associated with each stage of implementation are considered reasonable based on experience of other Boards and NHS Fife's expertise in project roll out. This timetable has been based on a 'rapid rollout' of full HEPMA. It is anticipated that this timetable will represent a 'worst case' scenario and some contingency may be released from the capital requirement.

6.2.1 Statement of Capital Affordability

The Scottish Government national FBC agreed a contribution towards non recurring design, procurement and implementation. Additional capital support will be required from NHS Fife and will be included within the Property and Asset Management Investment Programme, however as the National Business Case was developed over 5 years ago a case will be made for additional investment from the Scottish Government.

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6.3 Recurring Costs

Anticipated recurring revenue costs per annum are summarised in the table below. There will be no recurring cost within 19/20 as spend within this year will be on Implementation Costs which are detailed above as Capital Funded.

£'000'S	2020/21 £k	2021/22 £k	2022/23 £k	2023/24 £k	2024/25 Onwards £k	TOTAL COST £k
eHealth Infrastructure and Support	66	66	66	66	66	330
Ongoing BAU Support	0	0	0	729	751	1,480
Training	246	249	256	0	0	751
Recurring Support	96	96	96	96	96	480
Depreciation (7 years)	107	254	434	622	658	2,075
Total Additional Recurring Resource	515	665	852	1,513	1,571	5,116
AVAILABLE BUDGETS						
NHS Fife Depreciation	107	254	434	622	658	2,075
Medicines Prescription Chart Procurement Savings	7	4	3	14	14	42
CNORIS Costs Avoided	TBC	TBC	TBC	TBC	TBC	0
Total Available Budgets	114	258	437	636	672	2,117
NHS Fife Additional Funding Requirement	401	407	415	877	899	2,999

Anticipated recurring costs are anticipated post implementation, in financial year 23/24; they have then been added for 24/25 and will be ongoing thereafter.

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Resource Justification

The Implementation resource was developed based on information contained within the national HEPMA Business Case and review of NHS Lothian Full Business Case. The training for HEPMA cannot be capital funded and therefore this has been included as revenue.

- **Training Team.** Comprising pharmacy and eHealth project staff to undertake the preparation of training materials.

The ongoing support team will comprise both Pharmacy and eHealth resource. The eHealth team will provide ongoing technical support with pharmacy providing ongoing clinical support. They will:-

- Support the review and re-design of work practices to ensure the efficiencies available by using a HEPMA solution are realised, driving out the efficiency benefits available from having a HEPMA solution, e.g. analysis of information on drug prescribing, monitor and improve prescribing practice, identify and address inexplicable variation, reviewing medicines and usage and monitoring of medicine waste;
- Manage and maintain all drug files and clinical protocols on the system to ensure safe prescribing and medicine administration at all times. Each new drug needs to be added to the system, populated for prescribing and validated for accuracy in a timely manner.
- The system requires to be updated on rapidly changing medicines information, for example the safety recalls and MHRA drug safety updates.
- Manage the decision support tools available on the system to support best practice in prescribing by all health care professionals.
- Ensure compliance with legal frameworks governing medicines use and the ability to mandate it at the point of prescribing.
- Provide advice and assistance to HEPMA users on an ongoing basis.
- Undertake acceptance testing and implementation of the HEPMA software as new upgrades become available in conjunction with eHealth
- Integration of HEPMA with the pharmacy stock control system to ensure accurate levels of both ward-held and pharmacy-held drugs to reduce overstocks;
- Review of information available at transfer of care across multiple patient pathways;
- Assist with the provision of a 24/7 clinical help desk support for all HEPMA enquires raised by system users.
- The additional pharmacy recurring resource is required to embed safe practices within the use of the system, however it is also essential to analyse additional data available and understand potential cash releasing benefits.

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6.4 Statement of Affordability

Estimated capital costs exceed available Scottish Government funding by £3,160k, due to an increase in supplier costs and staff agenda for change pay costs since the national FBC (2016) was completed.

If approved, provision will be made, from the NHS Fife Property and Asset Management Investment Programme (assuming Scottish Government funding called down first).

Cash releasing revenue benefits are anticipated but have not been assumed, given the lack of an evidence base nationally. Corporate support is required for 2 years following implementation – estimated to be financial year 2023 / 24, to allow time for additional data to be assessed and opportunities for cash releasing savings to be better understood.

6.5 Stakeholder Support

All relevant stakeholders will review the Outline Business Case before final approval by the NHS Fife Board. Stakeholder engagement will be a key deliverable of the HEPMA Programme and has been recognised as fundamental to successful delivery.

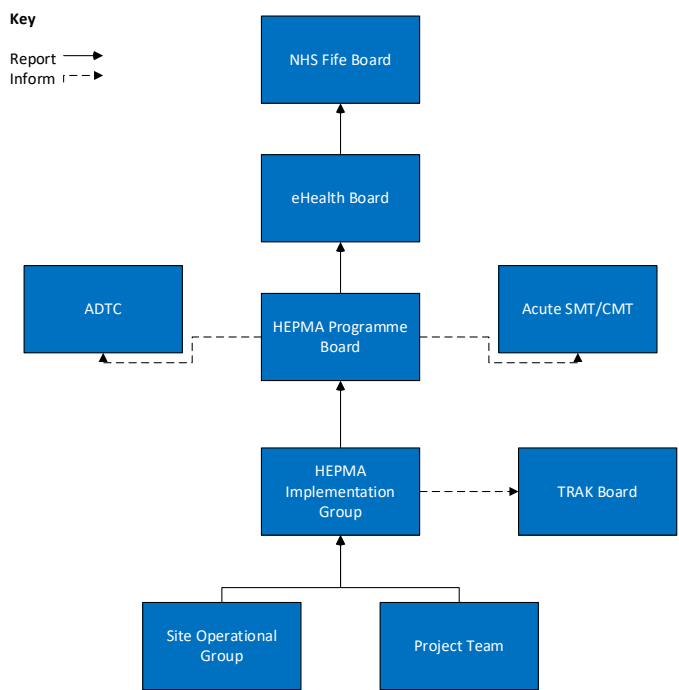
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7 Management Case

7.1 NHS Fife Governance

The project will be delivered using Prince 2 methodology with solid governance. A formal project structure will be put in place. A HEPMA Programme Board has been established to provide overall governance to the project, chaired by Dr Chris McKenna, Executive Medical Director for NHS Fife as illustrated below.

Project Governance Structure



The composition and group membership of the HEPMA Programme Board is set out in Appendix 1. The reporting structure will be through LCIG / F&R and to SG as required

7.2 Implementation Scope

It is proposed that HEPMA would be rolled out across all NHS Fife acute beds including mental health beds in a number of phases taking a site based approach. It was agreed within the Project Team that the following approach to implementation should be adopted; however this will be agreed and confirmed by the Programme Board taking into account any future re-provisioning works across the sites:

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Phase 1: Victoria Hospital

Phase 2: Queen Margaret Hospital

Phase 3: Community Hospitals

The table below illustrates the proposed scope of the roll out across NHS Fife.

Implementation Scope

Hospital	Wards and Bed / Chairs / Trolleys / Cots	Outpatient Attendances 2017/18	Day Cases 2017/18	Inpatient Attendances 2017/18
Victoria Hospital	660	200,109	13,713	50,870
Queen Margaret	90	152,178	1,232	1,390
Community Hospitals	586	46,977	1	1,748
Total	1336	399,264	14,946	54,008

Source: - NHS Fife Information Services

7.2.1 Training

500 Prescribers – including all medical staff, pharmacists and nurse/AHP Prescribers

2919 Administrators – includes all band 5 and above nurses, and some AHP's.

7.2.2 Project Recruitment Needs

NHS Fife eHealth and Pharmacy are currently operating at maximum capacity, therefore recruitment of resource for implementation and business as usual will be required.

7.2.3 Project Plan and Key Milestones

The project will be managed in line with Prince 2 methodology. Following completion of the Full Business Case a detailed project plan will be developed which will include the key milestones for NHS Fife.

7.2.4 Integration

The proposed solution would be integrated with core clinical systems including:-

- TrakCare Patient Management System
- Ensemble integration engine

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- Labs (this would be via Ensemble)
- Pharmacy Stock Control
- Orion Health and Social Care Portal
- GP Systems
- Emergency Care Summary
- SCI Store

7.2.5 Decision Support

To maximise the benefits from the HEPMA system it is intended that in addition to core electronic prescribing and the electronic recording of medicines administration the system will:

- use automatic decision alert functionality; and
- support local prescribing initiatives e.g. when additional rules are built into the system in relation to local formulary and prescribing protocols.

Experience from other boards that have implemented HEPMA demonstrates that an appropriate resource is required to maximise the benefits described.

A dedicated team is required to implement and maintain the system, to analyse and interpret data and work with clinical teams to utilise this data to improve patient care and realise efficiencies, for example review guidelines, decision support and reduce variation in prescribing. This will require additional resource to maintain and run these protocols on an ongoing basis and to monitor trends and interpret data; this has been incorporated into the resource requirements detailed earlier in the business case.

7.2.6 Disaster Recovery

The disaster recovery plan for HEPMA will be completed as a key objective of the overall project.

7.3 Change Management Arrangements

7.3.1 Operational and Service Change Plan

As part of the project changes to Standard Operating Procedures (SOP's) will be captured and progressed through relevant governance. In addition, an Operational Support Guide for eHealth will be completed to ensure adequate ongoing support of the system.

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7.3.2 Stakeholder Engagement and Communications Plan

As part of project delivery a detailed stakeholder engagement and communications plan will be developed. Support with media and communications will be sought from NHS Fife Communications Team.

7.4 Benefits Realisation

7.4.1 Benefits Register

The project manager will ensure benefits are captured in line with governance procedures. Benefits will be captured utilising DOAM (describable, observable, attributable and measurable) and set timescales for review will be implemented

7.4.2 Benefits Realisation Plan

The pharmacy lead will have responsibility for ensuring the benefits realisation plan is undertaken following completion of the project.

7.5 Risk Management

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

7.6 Project Evaluation

Project Evaluation will be undertaken by eHealth Head of Strategy and Programmes at regular intervals to ensure continuity of practice.

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Appendix 1 – Membership of HEPMA Programme Board

Name	Role
Chris McKenna	Chair, Medical Director
Lynn Campbell	Associate Director of Nursing (Acute)
Claire Dobson	Divisional General Manager
Lesly Donovan	General Manager, eHealth
Scott Garden	Director of Pharmacy
Andrew Hay	Procurement Planning Manager
Mark Porter	Senior Project Manager
Carol Potter / Rose Robertson	Director of Finance / Deputy Director of Finance
Marie Richmond	eHealth Head of Strategy and Programmes
Carol-Anne Rougvie	Programme Support Officer
Miriam Watts	General Manager Emergency Care

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Fife Integrated Performance & Quality Report

Produced in October 2019



Introduction

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

The IPQR comprises of the following sections:

I. Executive Summary

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

II. Performance Assessment Reports

Clinical Governance

Finance, Performance & Resources
Operational Performance
Finance

Staff Governance

Section II provides further detail for indicators of continual focus or those that are currently underperforming. Each report contains data, displaying trends and highlighting key problem areas, as well as information on current issues with corresponding improvement actions. The latter, along with trajectories, are taken as far as possible from the 2019/20 Annual Operational Plan (AOP). For indicators outwith the scope of the AOP, improvement actions and trajectories were agreed locally following discussion with related services.

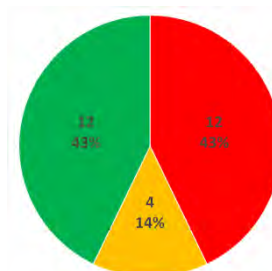
A summary report of the IPQR, the Executive Summary IPQR (ESIPR), is presented at each NHS Fife Board Meeting.

I. Executive Summary

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

a. LDP Standards & Key Performance Indicators

The current performance status of the 28 indicators within this report is 12 (43%) classified as **GREEN**, 4 (14%) **AMBER** and 12 (43%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits or considerably below standard/trajectory.

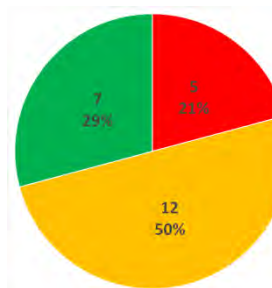


There are four indicators that consistently exceed the Standard performance; C Diff infection rate, IVF Treatment Waiting Times (regional service), Antenatal Access and Drugs & Alcohol Waiting Times. Other areas of success should also be noted...

- Inpatients Falls with Harm, remaining significantly below the target level, at 1.53 per 1,000 Occupied Bed Days
- New Outpatient Waiting Times achieved above Standard performance for the fifth month in succession
- Patient TTG (Patients Waiting at Month End), continuing to be above the Improvement Trajectory for 2019/20
- Cancer 31-Day DTT achieving the Standard for the third successive month
- The number of smoking quits recorded after 2 months of the FY was in line with the trajectory
- Performance in responding to FoI Requests continued to improve

b. National Benchmarking

National Benchmarking is based on whether indicator is in upper quartile (▲), lower quartile (▼) or mid-range (◀▶); based on 11 mainland NHS Boards. The current benchmarking status of the 24 indicators within this report has 7 (29%) within upper quartile, 12 (50%) in mid-range and 5 (21%) in lower quartile. There are indicators where national comparison is not available or not directly comparable.



Indicator Summary

Section	LDP Standard	Standard	Target 2019/20	Reporting Period	Year Previous		Previous		Current			Reporting Period	Fife			Scotland
Clinical Governance	N/A	Major & Extreme Adverse Events	N/A	Month	Aug-18	52	Jul-19	63	Aug-19	47	↑	N/A				
	N/A	HSMR	N/A	Year Ending	Mar-18	N/A	Dec-18	N/A	Mar-19	1.01		2018/19	1.01	↔	1.00	
	N/A	Inpatient Falls	5.97	Month	Aug-18	7.92	Jul-19	7.04	Aug-19	6.72	↑	N/A				
	N/A	Inpatient Falls with Harm	2.16	Month	Aug-18	1.69	Jul-19	1.31	Aug-19	1.53	↓	N/A				
	N/A	Pressure Ulcers	0.42	Month	Aug-18	0.63	Jul-19	1.10	Aug-19	0.61	↑	N/A				
	N/A	Caesarean Section SSI	2.5%	Quarter Ending	Jun-18	3.1%	Mar-19	6.5%	Jun-19	2.0%	↑	QE Jun-19	2.0%	▼	1.0%	
	0.32	HAI - C Diff	0.32	Quarter Ending	Aug-18	0.16	Jul-19	0.18	Aug-19	0.18	↔	2018	0.19	▲	0.27	
	0.24	HAI - SABs	0.34	Quarter Ending	Aug-18	0.50	Jul-19	0.36	Aug-19	0.33	↑	2018	0.43	▼	0.33	
	N/A	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Aug-18	73.7%	Jul-19	68.6%	Aug-19	75.3%	↑	2017/18	77.5%	↔	74.4%	
	N/A	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Aug-18	34.4%	Jul-19	57.7%	Aug-19	57.8%	↑	2017/18	49.7%	↔	52.8%	
Operational Performance	90%	IVF Treatment Waiting Times	90%	Month	Aug-18	100.0%	Jul-19	100.0%	Aug-19	100.0%	↔	N/A				
	95%	4-Hour Emergency Access	96%	Month	Aug-18	97.3%	Jul-19	95.1%	Aug-19	93.6%	↓	Aug-19	93.6%	↔	90.6%	
	N/A	Delayed Discharge (% Bed Days Lost)	5%	Month	Aug-18	4.3%	Jul-19	7.2%	Aug-19	8.0%	↓	QE Dec-18	7.5%	↔	7.1%	
	95%	New Outpatients Waiting Times	95%	Month	Aug-18	91.2%	Jul-19	96.2%	Aug-19	95.0%	↓	Jun-19	95.8%	▲	73.5%	
	100%	Diagnostics Waiting Times	100%	Month	Aug-18	97.7%	Jul-19	98.3%	Aug-19	97.6%	↓	Jun-19	99.5%	▲	81.6%	
	100%	Patient TTG (Ongoing Waits)	80%	Month	Aug-18	83.3%	Jul-19	90.1%	Aug-19	89.9%	↓	QE Jun-19	90.6%	▲	67.8%	
	90%	18 Weeks RTT	84%	Month	Aug-18	80.9%	Jul-19	82.9%	Aug-19	82.0%	↓	Jun-19	83.4%	▲	79.2%	
	95%	Cancer 31-Day DTT	95%	Month	Aug-18	97.5%	Jul-19	95.0%	Aug-19	97.0%	↑	QE Jun-19	93.0%	▼	94.7%	
	95%	Cancer 62-Day RTT	94%	Month	Aug-18	80.2%	Jul-19	87.5%	Aug-19	84.0%	↓	QE Jun-19	85.4%	↔	82.4%	
	29%	Detect Cancer Early	27%	Year Ending	Mar-18	24.5%	Dec-18	27.6%	Mar-19	24.8%	↓	2017, 2018	25.1%	↔	25.5%	
	80%	Antenatal Access	80%	Month	Jun-18	88.0%	May-19	90.0%	Jun-19	88.2%	↓	QE Dec-18	90.2%	↔	88.0%	
	473	Smoking Cessation	473	YTD	May-18	N/A	Apr-19	100.0%	May-19	100.0%	↔	2018/19	88.6%	↔	95.2%	
	90%	CAMHS Waiting Times	88%	Month	Aug-18	78.4%	Jul-19	73.2%	Aug-19	74.8%	↑	QE Jun-19	71.0%	↔	69.7%	
	90%	Psychological Therapies Waiting Times	82%	Month	Aug-18	68.7%	Jul-19	65.5%	Aug-19	65.2%	↓	QE Jun-19	66.2%	▼	78.7%	
	80%	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Jun-18	N/A	Mar-19	66.1%	Jun-19	75.0%	↑	2018/19	66.1%	↔	85.6%	
	90%	Drugs & Alcohol Treatment Waiting Times	90%	Month	Jun-18	99.1%	May-19	95.8%	Jun-19	95.5%	↓	QE Jun-19	95.5%	↔	93.2%	
	N/A	Dementia Post-Diagnostic Support	TBD	Annual	2017/18	87.2%	2017/18	87.2%	2018/19	94.5%	↓	2018/19	94.5%	▲	63.9%	
	N/A	Dementia Referrals	TBD	YTD	Mar-18	N/A	Dec-18	61.0%	Mar-19	57.4%	↓	2018/19	57.4%	▲	39.2%	
	N/A	Freedom of Information Requests	85%	Quarter Ending	Aug-18	N/A	Jul-19	68.3%	Aug-19	71.1%	↑	N/A				
Finance	N/A	Revenue Expenditure	£0	Month	Sep-18	N/A	Aug-19	£6.281m	Sep-19	£7.583m	↓	N/A				
	N/A	Capital Expenditure	£7.394m	Month	Sep-18	N/A	Aug-19	£1.280m	Sep-19	£1.585m	↑	N/A				
Staff Governance	4.00%	Sickness Absence	4.89%	Month	Aug-18	5.46%	Jul-19	5.78%	Aug-19	5.44%	↑	YE Jun-19	5.55%	▼	5.32%	

d. Assessment

Clinical Governance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance	Benchmarking		
Inpatient Falls Reduce falls with harm by 20%	2.16	Aug-19	2.16	Aug-19	1.53	N/A	N/A
While the Falls with Harm Rate has been static overall, the data highlights an increase in a few areas within the ASD. Work is underway to explore the reasons for this including appropriate completion of the falls prevention and management bundle through audit, local environment assessment and patient profile, including those patients who have boarded in other wards. New work around Care & Comfort Rounds is also intended to support overall improvement in performance.							
Pressure Ulcers 50% reduction by December 2019	0.42	Never Met	0.42	Aug-19	0.61	N/A	N/A
The number of pressure ulcers recorded each month continues to vary, although there has been a general improvement trend since the start of 2019. Improvement activity focusing particularly on comfort rounds continues across Fife, supported by refresher sessions on the use of comfort rounds within the Partnership.							
Caesarean Section SSI We will reduce the % of post-operation surgical site infections to 2.5%	2.5%	Jun-19	2.5%	Jun-19	2.0%	QE Jun-19	▼
As part of the ongoing quality improvement work, the IPC and Maternity Services have worked collaboratively to review the surveillance methodology case ascertainment process for SSI diagnosis, and a new process will launch at the start of October. Quarter 2 has seen a reduction in cases from the elevated rate of 6.5% in Quarter 1, and it is hoped that this improvement will be improved and sustained during the rest of the year.							
SAB (MRSA/MSSA) Rate of SAB (including MRSA) cases are 0.24 or less per 1,000 acute occupied bed days	0.24	Never Met	0.34	QE Aug-19	0.33	2018	▼
There were only 3 SAB in August, one of which was a Hospital Onset VAD (PVC)-related infection. The overall number was a significant fall compared to the July figure of 15. Provisional data indicates that there were 6 SAB in September, one of which has been confirmed as a Hospital Onset VAD (PVC) SAB. There has not been a PWID-related SAB since July.							
Complaints - Stage 2 At least 75% of Stage 2 complaints are completed within 20 working days	75.0%	Never Met	65%	QE Aug-19	57.8%	FY 2017/18	◀▶
Regular meetings are continuing with ASD colleagues to review issues and style of draft responses. Patient Relations are also in discussion with the Interim Director of Health & Social Care with an aim to support the improvement of complaint performance within the Partnership. This includes a review of the complaints process to make this consistent across the Partnership and Acute Services, along with the current approval process of Stage 2 complaints for the Partnership.							

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance	Benchmarking		
Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Aug-18	5%	Aug-19	8.0%	Dec-18	◀▶
Following performance guidance from the Scottish Government in relation to Winter Planning, the March 2020 target for bed days lost due to patients in delay has been reduced to 5%. We are currently around 3% higher than that level, and the challenge is for this position to improve during the winter months, when pressure on the system is most acute.							
4-Hour Emergency Access 95% of patients to wait no longer than 4 hours from arrival to admission, discharge or transfer for A&E treatment	95%	Jul-19	95%	Aug-19	93.6%	Aug-19	◀▶
Performance has remained static, but remains amongst the highest in Scotland., although we are continuing to see an upward trend in attendance. The PerformED Group continues to focus on improvement actions to address variability in performance and reduce 4-hour breaches as we move towards the challenging winter period. The improvement work is underpinned by the 6 Essential Actions (6EA) to Improve Unscheduled Care.							
Patient TTG (Ongoing Waits) All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	80%	Aug-19	89.8%	QE Jun-19	▲
Performance deteriorated slightly in August but remained better than the agreed improvement trajectory. Additional independent sector capacity has been commissioned due to challenges of medical staff conducting in house waiting list initiatives as a result of pension impact.							
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%	Oct-17	94%	Aug-19	84.0%	QE Jun-19	◀▶
Performance deteriorated in August with 7 of the 12 breaches seen in Urology. Delays occurred requesting tests, post MDT OPA, biopsy and histopathology turnaround times. Delays to surgery impacted on breast and renal patients. Reasons for breach in lung were primarily due to issues with PET contrast and SABR. Breach durations ranged from 3 to 94 days, with an average of 39 days.							
Smoking Cessation Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	May-19	100%	May-19	100.0%	2018/19	◀▶
The Mobile Unit has been repaired after a 4-month delay, and an additional session is being planned for a Wednesday. Two new clinics are to commence in Methil and Lochgelly, while Better Beginnings classes have been running on the first Saturday in the month since May. We had some initial problems with the booking system when clients tried to book on the Eventbrite site, but this has now been resolved and feedback from women attending the classes has been very positive.							
CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMHS services within 18 weeks of referral	90%	Sep-16	88%	Aug-19	74.8%	QE Jun-19	◀▶
The Group Therapy programme is underway, and evening clinics have started. These additional sessions are being provided by 9 senior CAMHS Clinicians, with a specific focus on the longest waits (over 52 weeks). Despite the level of clinical activity rising significantly, the focus on children and young people who have waited more than 18 weeks will have an adverse impact on the 18 week RTT. The delay in recruiting to PMHW posts has also impacted on performance, with increasing referrals placing additional pressure on Tier 3 CAMHS.							
Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	82%	Aug-19	65.2%	QE Jun-19	▼
We continue to meet the RTT for patients with less complex needs but performance in relation to people with the most complex needs remains especially challenging. This issue is being addressed through service redesign, with support from ISD/HIS Mental Health Access Improvement Support team. The establishment of Community Mental Health Teams across Fife continues to progress well, but the delay in both implementation of service redesign in the Day Hospitals and the setbacks in sourcing funding for a programme of staff training in a new clinical approach is impacting on the anticipated reduction in waiting times.							

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
FoI Requests At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	N/A	85%	QE Aug-19	71.1%	N/A	N/A
<p>There has been a small improvement in performance in August and the positive trajectory would indicate the initial effectiveness of the actions put in place to address overall timeliness of response. From mid-September, management of the FOI inbox has been assigned to the Information Governance & Security team, to enhance expertise and resilience in managing information requests. New processes are presently under development to ensure final sign-off of responses at Director level is done in a timely manner.</p>							

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
Revenue Expenditure Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	Sep-19	+ £7.583m	N/A	N/A
<p>The revenue position for the 6 months to 30 September reflects an over spend of £7.583m. This is significantly higher than the position reported for the same period in each of the four previous financial years. Based on this year to date position, and a number of high level planning assumptions as agreed by delegated budget holders, the year end forecast ranges from a potential optimistic forecast of £7m overspend to a potential worst case of £15.8m overspend.</p> <p>The key challenges are the overspend on Acute Services (largely driven by non delivery of savings and a number of specific cost pressures) and the risk share impact of the Integration Joint Board position (entirely driven by social care costs). In addition, there is a growing cost pressure in relation to activity outside Fife and in particular, the number of specialist high cost, low volume procedures undertaken in Edinburgh. On a positive note, the forecast position reported does not take into account the ongoing work to review potential offsetting benefits such as increased financial flexibility from financial plan commitments (including unplanned slippage on allocations), review of balance sheet accruals, and non recurring ADEL (Additional Departmental Expenditure Limit) funding. An early estimate of these additional offsetting benefits provides a degree of assurance that the net (optimistic) forecast overspend on the Health Board retained services might be mitigated to an extent.</p> <p>However, as highlighted in the Integrated Performance & Quality Report last month, there is limited assurance that NHS Fife can remain within the overall revenue resource limit if we are required to cover the impact of the IJB position (capped at 72% of the initial £6.5m budget gap) ie £4.6m. This would become even more challenging, if we are required to cover the impact of the forecast outturn position for the IJB (currently in excess of £11m). This therefore raises a concern that the Board cannot deliver on its statutory requirement to break even.</p> <p>For the purposes of reporting to Scottish Government in the Monthly Financial Performance Return (FPR) we have included a funding assumption to the value of the risk share impact and a continued commitment to cover the net overspend on the Health Board budgets through increased financial flexibility.</p>							
Capital Expenditure Work within the capital resource limits set by the SG Health & Social Care Directorates	£7.394m	N/A	£7.394m	Sep-19	£1.280m	N/A	N/A
<p>The total Capital Resource Limit for 2019/20 is £7.394m. The capital position for the 6 months to September shows investment of £1.585m, equivalent to 21.43% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.</p>							

Staff Governance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Benchmarking	
Sickness Absence To achieve a sickness absence rate of 4% or less	4.00%	Never Met	4.89%	Aug-19	5.44%	YE Jun-19	▼
<p>The sickness absence rate for August was 5.44%, a reduction of 0.34% compared to July. The improvement in August means that we are closer to the 5.18% trajectory set at the start of the FY. Improvement actions continue to take place within each operational unit to work towards achieving the trajectories set for the Board.</p>							

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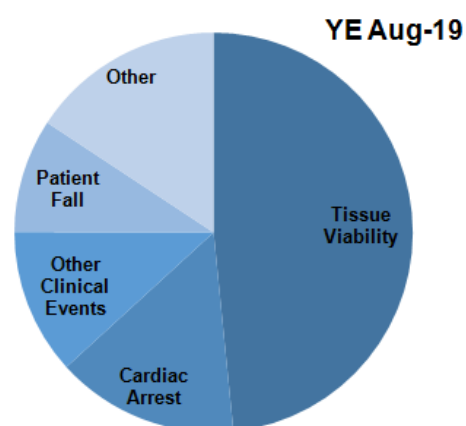
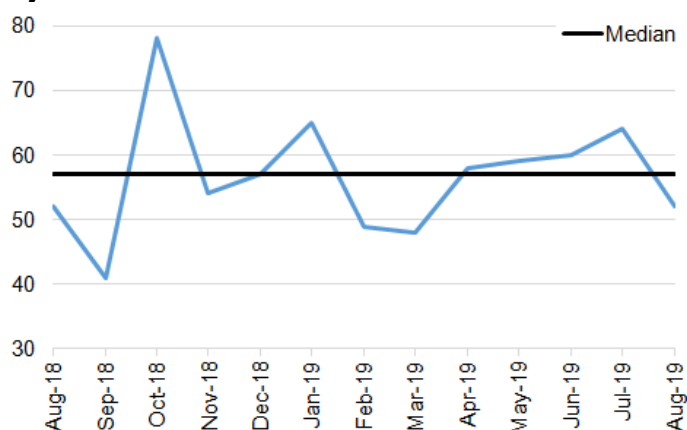
Staff Governance

Sickness Absence	41
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Clinical Governance

Adverse Events

Major and Extreme Adverse Events



All Adverse Events

	Month	2018					2019							
		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
ALL	NHS Fife	1401	1202	1468	1287	1239	1348	1264	1281	1235	1291	1237	1400	1290
	Acute Services	596	523	615	614	577	629	585	574	538	594	564	560	572
	HSCP	737	634	772	631	619	668	627	663	645	625	627	798	665
	Corporate	68	45	81	42	43	51	52	44	52	72	46	42	53
CLINICAL	NHS Fife	932	810	967	925	869	973	874	896	854	934	830	912	830
	Acute Services	532	470	571	566	518	567	523	524	486	551	514	518	519
	HSCP	380	321	373	348	340	390	338	356	356	346	297	380	282
	Corporate	20	19	23	11	11	16	13	16	12	37	19	14	29

Commentary

The Medical Director and Director of Nursing are currently reviewing the Adverse Events policy in light of the HIS national Adverse Event report. It is clear that NHS Fife is an outlier in terms of reporting of major and extreme events, however this is attributable to our policy on recording tissue viability and cardiac arrests.

Clinical Governance

HSMR

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

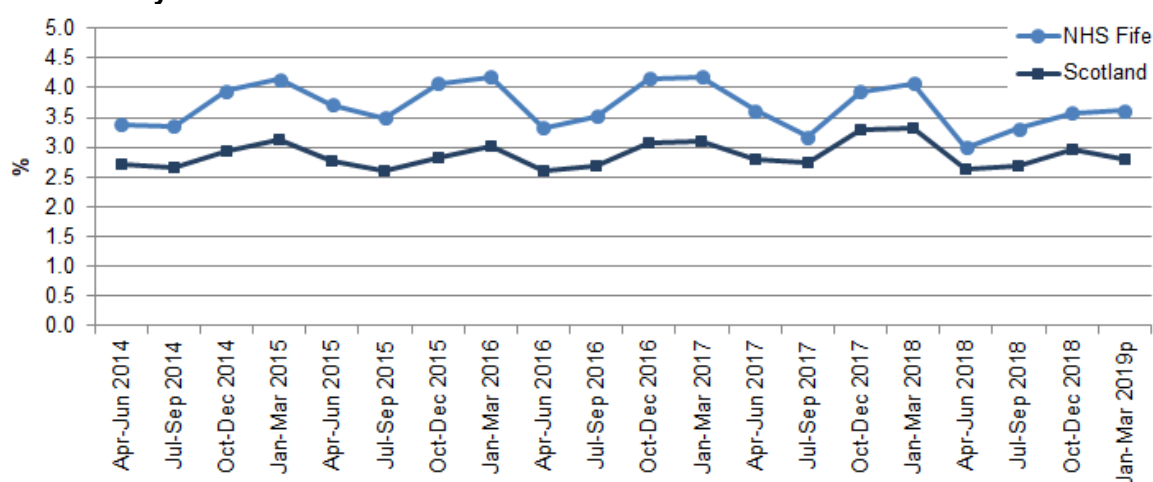
Reporting Period; April 2018 to March 2019^p

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

Crude mortality values presented here are reflective of the latest 12 month HSMR reporting period. For crude mortality trends by individual quarter please refer to Crude Trends (Overall).

Location	Observed Deaths	Predicted Deaths	Patients	Crude Rate (%)	HSMR
Scotland	25,362	25,362	702,449	3.6%	1.00
NHS Fife	1,669	1,655	38,011	4.4%	1.01
Queen Margaret Hospital	49	40	7,426	0.7%	1.24
Victoria Hospital	1,545	1,545	30,328	5.1%	1.00

Crude Mortality Rate



Commentary

The HSMR for NHS Fife is on track with the national average. The figures for QMH almost certainly represent the cohort of patients cared for in those inpatient beds (care of the elderly and hospice). Recent crude mortality (unadjusted) shows a reassuring downward trend.

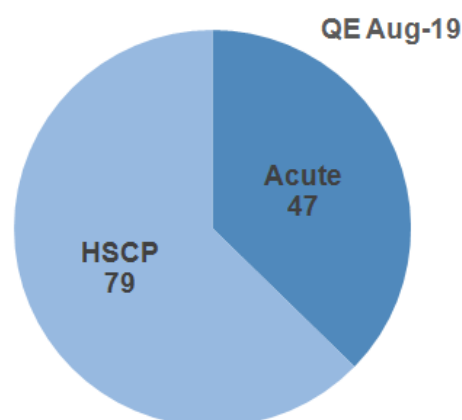
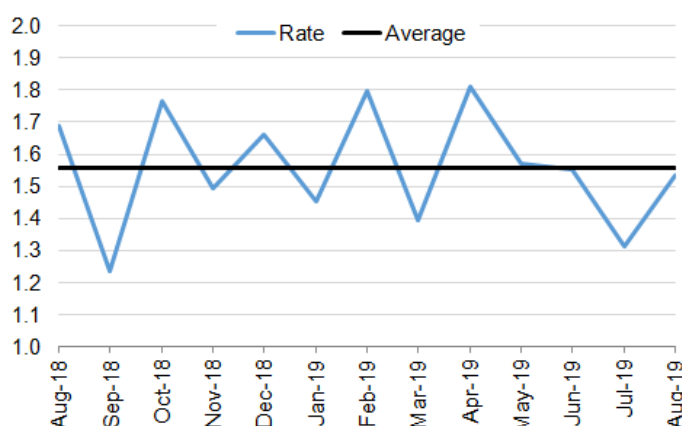
Clinical Governance

Inpatient Falls with Harm

Reduce Inpatient Falls With Harm rate per 100,000 Occupied Bed Days (OBD)

Improvement Target rate (by end December 2019) = **2.16 per 100,000 OBD**

Local Performance



Service Performance

Month	2018					2019							
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	1.69	1.24	1.77	1.49	1.66	1.45	1.80	1.40	1.81	1.57	1.55	1.31	1.53
Acute Services	1.32	0.63	1.21	1.22	1.49	1.19	1.62	0.84	1.17	0.89	1.73	0.54	1.34
HSCP	1.99	1.73	2.22	1.72	1.80	1.69	1.95	1.85	2.34	2.15	1.40	1.95	1.70

Commentary

While the Falls with Harm Rate has been static overall, the data highlights an increase in a few areas within the ASD. Work is underway to explore the reasons for this including appropriate completion of the falls prevention and management bundle through audit, local environment assessment and patient profile, including those patients who have boarded in other wards. New work around Care & Comfort Rounds is also intended to support overall improvement in performance.

Current Challenges

Need to continue to review the performance with increased demands in inpatient settings and bed modelling within the acute setting. Bed Modelling is continuing. – **Actions 1, 2, 3 and 4**

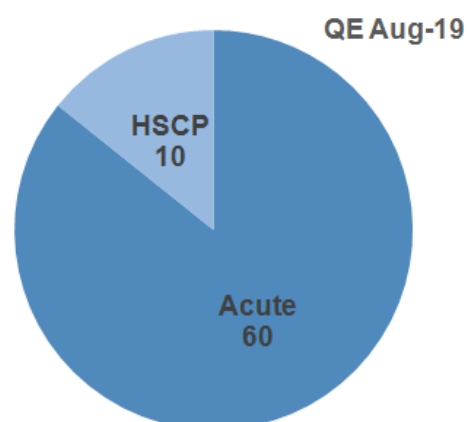
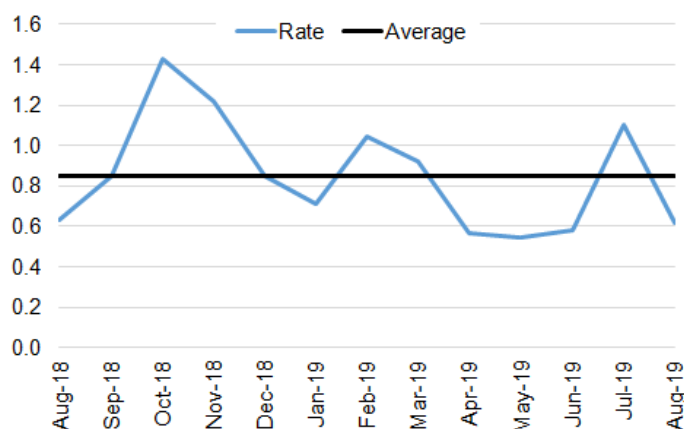
Improvement Actions	Progress	Timescale/Status
1. Review the Falls Toolkit and Falls Flowchart	The updated falls toolkit was launched on 10 th September, and the target for transition over to the new documentation is 1 st October. A designated (In-patient) folder focused on falls has been created on the intranet for all documentation and resources.	Complete
2. Develop Older People's Knowledge and Skills Framework	Framework (relevant to all clinical areas that care for older people across our acute and community hospitals) has been piloted with a number of health professionals within the acute hospital and the feedback is extremely positive.	Complete
3. Falls Audit	The audit was completed over a 5 week period, focused on 5 acute wards and showed that falls intervention reviews are poorly completed. Improvement is anticipated following the launch of the revised toolkit, and a further compliance audit is planned for January 2020. The action timescale has been adjusted accordingly.	Aug-2019 Delayed to Jan 2020
4. Care and Comfort Rounding	Work on the approach to comfort rounds is in final stage of testing, with a Care and Comfort clock being designed to be a person centred document	Nov 2019 On Track

Clinical Governance

Pressure Ulcers

Achieve 50% reduction in pressure ulcers (grades 2 to 4) developed in a healthcare setting
Improvement Target rate (by end December 2019) = **0.42 per 1,000 Occupied Bed Days**

Local Performance



Service Performance

Service Performance														
Month	2018					2019								Sep-19
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Target
NHS Fife	0.63	0.85	1.43	1.22	0.85	0.71	1.04	0.92	0.57	0.55	0.58	1.10	0.61	0.52
Acute Services	1.01	1.73	2.49	1.99	1.57	1.12	1.54	0.91	0.70	0.89	1.25	2.15	1.19	0.64
HSCP	0.32	0.13	0.56	0.57	0.25	0.36	0.61	0.92	0.45	0.25	0.27	0.25	0.13	0.37

Commentary

The number of pressure ulcers recorded each month continues to vary, although there has been a general improvement trend since the start of 2019.

Improvement activity focusing particularly on comfort rounds continues across Fife, supported by refresher sessions on the use of comfort rounds within the Partnership.

Current Challenges

Reducing number of pressure ulcers across all NHS Fife Wards – **Actions 1 and 3**

Reducing the random monthly variation in HSCP wards – **Actions 2 and 3**

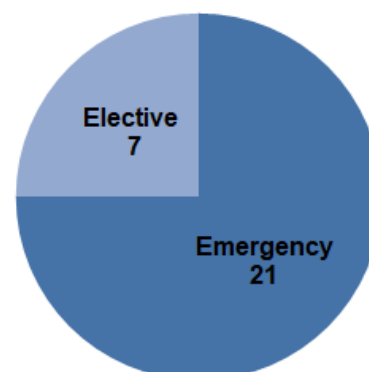
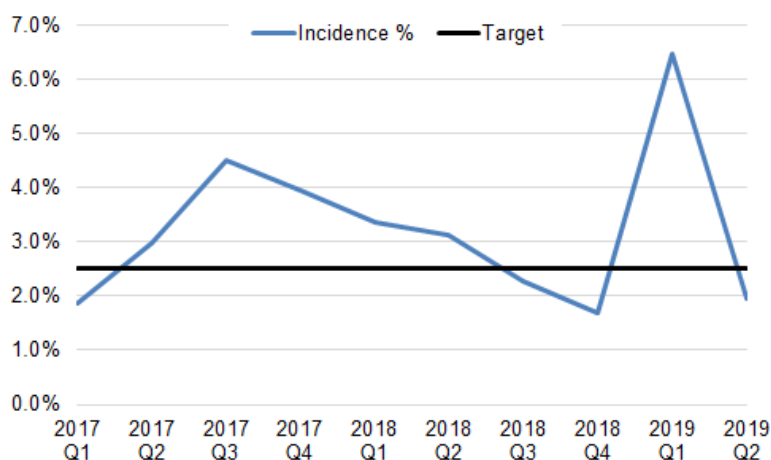
Improvement Actions	Progress	Timescale/ Status
1. All identified wards will undertake a weekly audit of compliance with SSKIN bundle	All wards are completing SSKIN bundle on a weekly basis, continued support to ensure consistent compliance is ongoing	Dec 2019 On Track
2. Fife-wide task group commissioned to review SBAR/LAER reporting	The task group have completed the recommendation of SBAR/LAER reporting and will now follow the governance structure for approval	Oct 2019 On Track
3. Improvement collaborative project extended to December 2019 across identified wards	All 10 wards continue to work within the QI programme	Dec 2019 On Track

Clinical Governance

SSI Caesarean Section

To reduce C Section SSI incidence (per 100 procedures) for inpatients and post discharge surveillance to day 10 by 4% by March 2020.

Local Performance



Service Performance

	2017 Q1	2017 Q2	2017 Q3	2017 Q4	2018 Q1	2018 Q2	2018 Q3	2018 Q4	2019 Q1	2019 Q2
NHS Fife	1.9%	3.0%	4.5%	4.0%	3.3%	3.1%	2.3%	1.7%	6.5%	2.0%
Scotland	1.4%	1.2%	1.3%	1.6%	1.6%	1.5%	1.5%	1.4%	1.6%	1.0%

Current Challenges

NHS Fife SSI Caesarean Section incidence rate still remains higher than the Scottish incidence rate – **Action 1**

NHS Fife BMI rates are higher than the national rate – **Action 2**

Improvement Actions	Progress	Timescale/ Status
1. Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan	Improvement Plan updated in light of exception report received for Q1 2019 New case ascertainment methodology to be adopted from October	Mar 2020 On Track
2. Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond	A number of strategies are in place: <ul style="list-style-type: none"> Family Health Team Winning By Losing Smoking Cessation Analysis of data currently ongoing to determine what impact these initiatives are having on pregnant women in Fife with a high BMI	Mar 2020 On Track

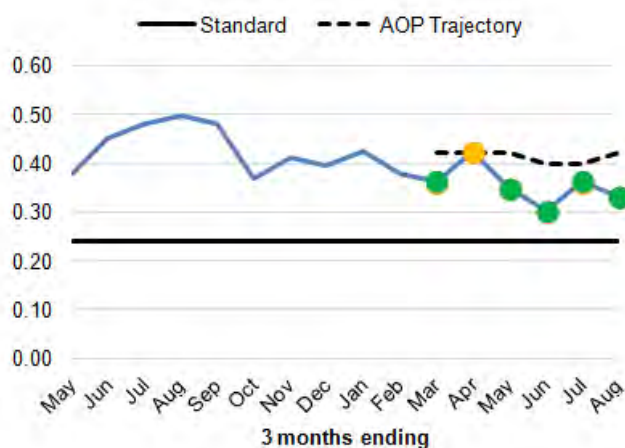
Clinical Governance

HAI SAB (including MRSA)

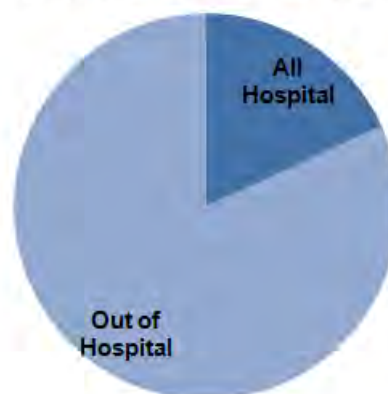
Rate of 0.24 cases or less per 1,000 Acute Occupied Bed Days (AOBD)

Improvement Target for 2019/20 = **0.34**

Local Performance | Quarter Ending



Acquired Location QE Aug-19



National Benchmarking | Year Ending

	2018					2019								Sep-19 Target
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
NHS Fife	0.41	0.42	0.42	0.44	0.43	0.42	0.42	0.42	0.42	0.41	0.38	0.40	0.37	0.38
Scotland		0.33			0.33									

Current Challenges

Increase in number of VAD-related infections – **Action 1**

Number of SAB in diabetic patients – **Action 2**

Increase in number of SAB in People Who Inject Drugs (PWID) – **Action 3**

Improvement Actions	Progress	Timescale/ Status
1. Complete work mandated by Vascular Access Strategy Group	The Vascular Access Strategy Group agreed the group had fulfilled its original purpose and the ongoing actions would now be subsumed within Clinical and Operational management structures	Mar 2020 On Track
2. Explore a new programme of work focusing on reducing the risk of SAB in diabetic patients	An initial meeting with surveillance to review and analyse the last 2 years worth of data relating to SAB with Diabetes as a risk factor has taken place. This covered Hospital Onset, Healthcare Associated and Community Onset SAB. The Vascular Access Strategy and Urinary Catheter Improvement Group are developing appropriate improvement work, and further discussions are planned for October.	Mar 2021 On Track
3. Reduce the number of SAB in PWIDs	First meeting with key stakeholders to discuss SAB prevention in the PWID completed: <ul style="list-style-type: none"> ADN for HSCP engaged Head of Quality and Clinical & Care Governance investigating and reviewing the issues Addictions Services keen to get initiatives up and running to prevent infection and early diagnosis of wound infection incidence charts are being used to support in QI 	Mar 2021 On Track

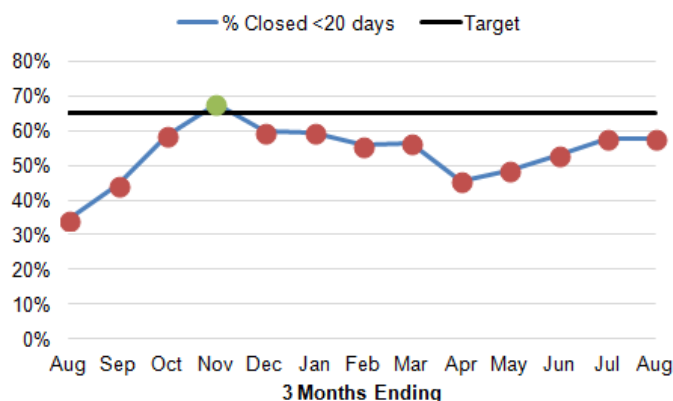
Clinical Governance

Complaints | Stage 2

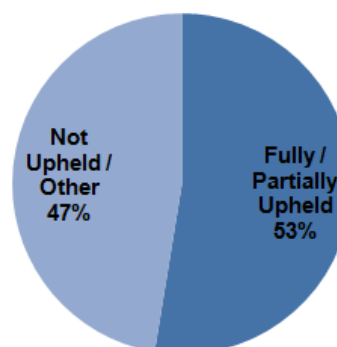
At least 75% of Stage 2 complaints are completed within 20 working days

Improvement Target for 2019/20 = 65%

Local Performance



By Outcome | QE Aug-19



Local Performance by Directorate/Division

3-Month Ending	2018/19					2019/20							
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	34.4%	44.5%	58.7%	67.5%	59.8%	59.6%	55.8%	56.5%	45.5%	48.7%	52.9%	57.7%	57.8%
Acknowledged <= 3 Days	72.1%	79.6%	88.9%	94.0%	95.7%	92.7%	95.2%	93.5%	97.4%	97.4%	96.6%	96.2%	94.8%
ASD	40.9%	50.5%	67.1%	75.6%	70.7%	69.0%	62.7%	60.3%	52.6%	60.3%	68.3%	71.8%	66.7%
HSCP	16.1%	27.8%	37.5%	38.7%	26.5%	35.3%	38.2%	44.4%	21.1%	11.1%	8.7%	22.6%	32.4%

Current Challenges

To improve quality of draft responses – **Action 1**

To improve quality of investigation statements – **Action 2**

Inconsistent management of medical statements and inconsistent style of responses within ASD – **Action 3**

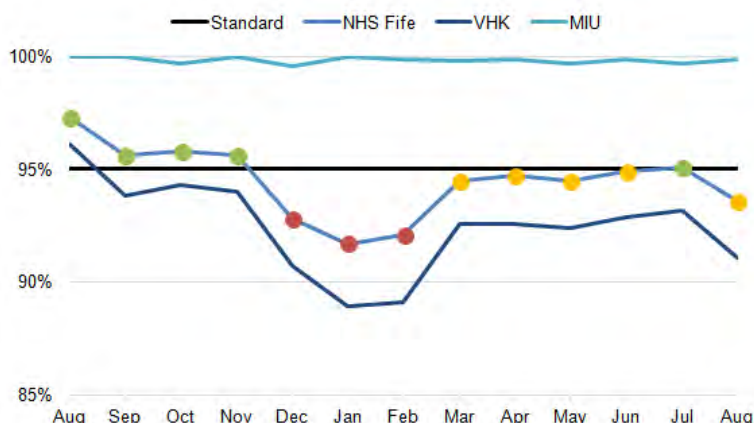
Improvement Actions	Progress	Timescale/ Status
1. Patient Relations Officers to undertake peer review	This continues and learning is being shared directly with individual Officers. Monthly meetings with ASD to discuss complaint issues and style of drafts are in place. Joint education session to be arranged to agree draft styles.	Mar 2020 On Track
2. Deliver education to service to improve quality of investigation statements	Yearly education delivered to FY2 doctors and student nurses. <i>Ad Hoc</i> training sessions are also delivered when required.	Mar 2020 On Track
3. Agree a process for managing medical statements, and a consistent style for responses	ASD to discuss with Clinical Leads PRD raise issues at monthly meeting	Oct 2019 On Track

Finance, Performance & Resources – Operational Performance

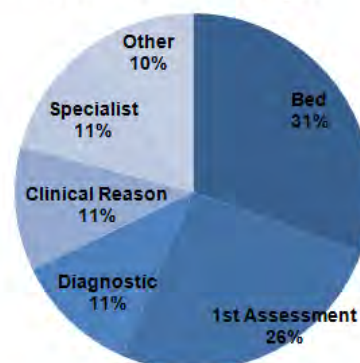
4-Hour Emergency Access

At least 95% of patients (stretch target of 98%) will wait less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment
Improvement Target for 2019/20 = **96%**

Local Performance



Breach Reason Aug-19



National Benchmarking

Month	2018/19								2019/20				
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	97.3%	95.6%	95.8%	95.6%	92.8%	91.7%	92.1%	94.5%	94.7%	94.5%	94.9%	95.1%	93.6%
Scotland	92.0%	90.9%	92.2%	91.3%	89.6%	88.8%	89.3%	91.3%	89.9%	90.7%	90.3%	91.2%	90.6%

Current Challenges

Variation in 4-Hour Emergency Access Performance - **Action 1**

Patient Flow – **Action 2**

ECAS and OPAT Services and Capacity – **Action 3**

Improvement Actions	Progress	Timescale/Status
1. Formation of PerformED group to analyse performance trends	Nursing staff models have been reviewed and identified where support is required to reduce length of stay in the department with proactive triage loading. Particular focus on breaches where patients exit ED between hours 4 and 5.	Jan 2020 On Track
2. Review of AU1 Assessment Pathway	The new flow model continues to assist with control of occupancy, and a test of change is in place for October to assess the impact of consultant handling GP referrals and advice calls with view to reducing attendances. The year-on-year increase in attendances is 18.5%.	Oct 2019 On Track
3. Development of services for ECAS and implementation of OPAT	A review of the ECAS model within Fife compared to other boards is to be implemented, with support from SG review of front door flow. Microbiology support to OPAT is starting in October.	Oct 2019 On Track

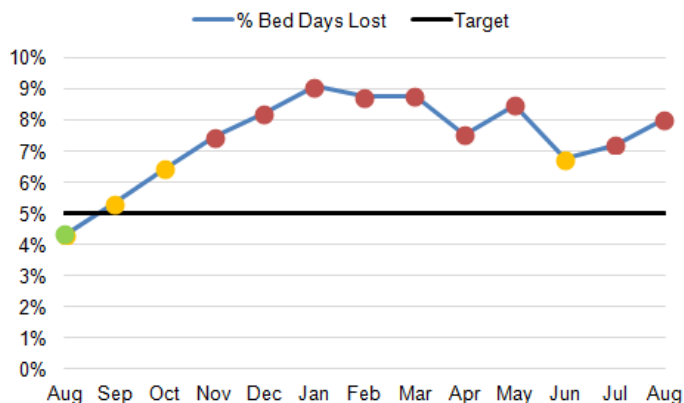
Finance, Performance & Resources – Operational Performance

Delayed Discharges

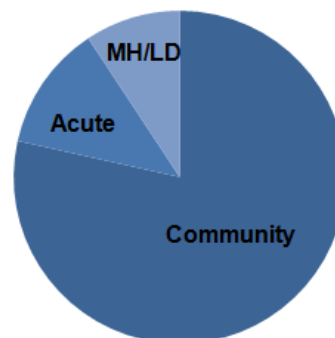
We will reduce the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied

Improvement Target for 2019/20 = 5%

Local Performance



Bed Days Lost | Aug-19



National Benchmarking

Quarter Ending	2017/18				2018/19		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
NHS Fife	5.5%	6.5%	5.0%	4.1%	4.2%	4.8%	7.5%
Scotland	5.7%	6.1%	6.4%	6.0%	6.6%	7.0%	7.1%

Current Challenges

To reduce the number of hospital bed days lost due to patients in delay – **Actions 1 and 3**

To improve the time taken to complete social work assessments – **Action 2**

Improvement Actions	Progress	Timescale/ Status
1. Test a trusted assessors model within VHK for patients transferring to STAR/assessment beds	Framework developed. Training and shadowing sessions for staff to be progressed.	Oct 2019 On Track
2. Review timescales of social work assessments	Meeting to review process and timescales has taken place. Patients discharged from VHK who require single carer are being assessed at home provided they go home with ICASS. This is the case for the majority of VHK discharges. As the implementation is still to be agreed, the action timescale has been adjusted.	Sep 2019 Delayed to Nov 2019
3. Moving On Policy to be implemented to support staff where families are refusing choices and/ or where there is no availability of the assessed resource	Policy to be signed off and implemented by winter	Nov 2019 On Track

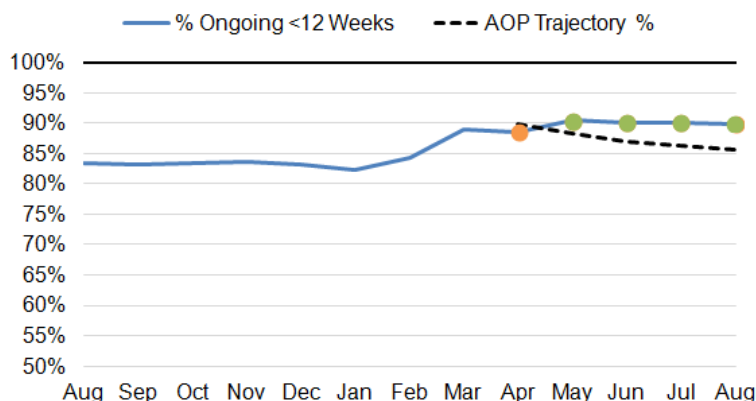
Finance, Performance & Resources – Operational Performance

Patient TTG

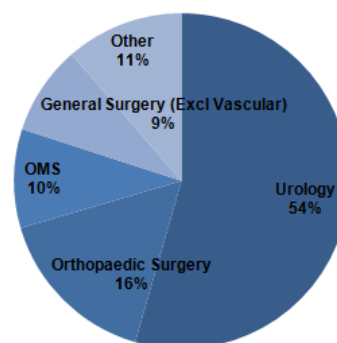
We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed

Improvement Target for 2019/20 = **80%** (Patients Waiting <= 12 Weeks at month end, as per Scottish Government Waiting Times Plan)

Local Performance



Ongoing Breaches Aug-19



National Benchmarking

	2018/19								2019/20					Sep-19
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Target
NHS Fife	83.3%	83.3%	83.4%	83.5%	83.3%	82.4%	84.4%	89.0%	88.5%	90.4%	90.1%	90.1%	89.9%	84.8%
Scotland		68.1%			67.5%	66.6%	66.8%	70.1%	68.9%	68.4%	67.8%			

Current Challenges	Recurring gap in IP/DC capacity – Actions 1, 2 and 3
	Difficulty in recruiting to Specialist Consultant posts – Actions 1 and 2
	Difficulty in staffing additional in-house activity - Actions 1, 2 and 3
	Cancellation of IP/DC activity due to unscheduled care pressures - Action 2

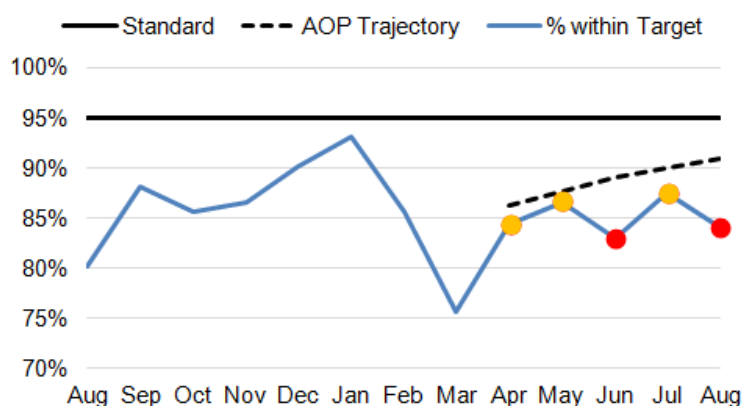
Improvement Actions	Progress	Timescale/ Status
1. Secure resources in order to deliver waiting times improvement plan for 19/20	Letter confirming first allocation of funding received; plan being delivered	Complete
2. Develop and deliver Clinical Space redesign Improvement programme	Meetings continue, report from Bed Modelling exercise awaited	Mar 2020 On Track
3. Theatre Action Group develop and deliver plan	Monthly meetings continue, action plan in place. Day Surgery event planned to explore options for delivery of the new BADS targets and to maximise the use of day surgery capacity at QMH.	Mar 2020 On Track

Finance, Performance & Resources – Operational Performance

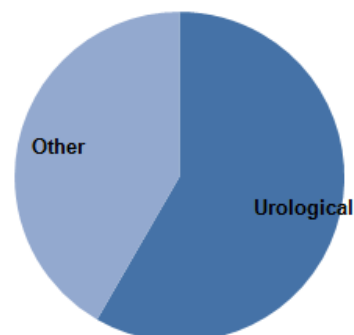
Cancer 62-Day Referral to Treatment

At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days
Improvement Target for 2019/20 = **94%**

Local Performance



Breaches Aug-19



National Benchmarking

	2018/19								2019/20					Sep-19 Target
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
NHS Fife	80.2%	88.2%	85.6%	86.6%	90.2%	93.1%	85.6%	75.6%	84.4%	86.6%	82.9%	87.5%	84.0%	92.0%
Scotland	79.7%	80.2%	81.6%	81.0%	83.4%	79.9%	79.9%	81.6%	80.4%	81.1%	82.6%	81.8%	82.1%	

Current Challenges

- Urology 62 day performance (Prostate) – **Actions 1 and 2**
- Cancer Waiting Times 'education' – **Action 2**
- Delays to steps in pathways for 1st OPA, diagnostic investigations and reporting – **Action 2**
- Number of breaches in various specialties – **Action 3**

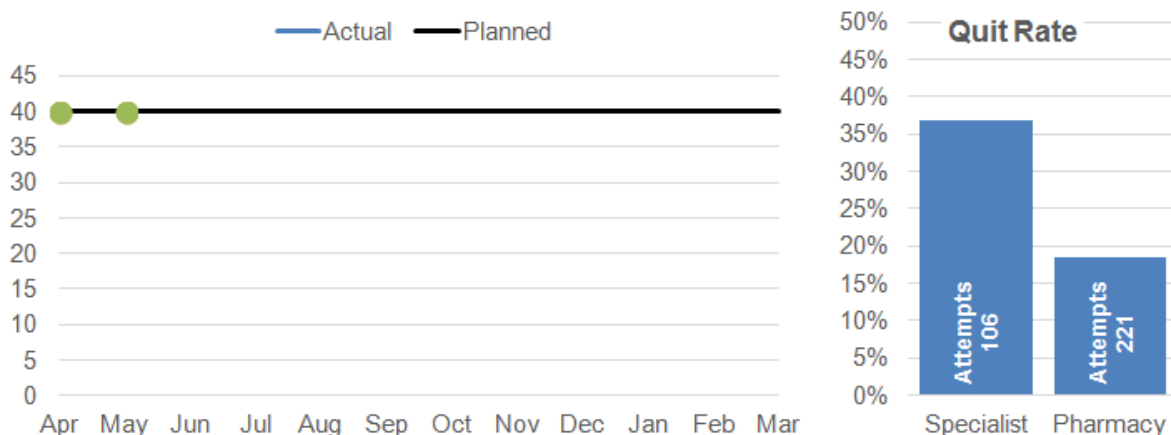
Improvement Actions	Progress	Timescale/ Status
1. Urology Improvement Group review prostate pathway to minimise wait between each step	Improvements implemented have delivered a reduction in waits to 1 st OPA, MRI, TRUS biopsy, and histopathology turnaround times. Pathway reviewed and revised in collaboration with clinical team. Clinical team are now working towards implementation of "bundle booking" whereby all diagnostics and appointments required are booked at the point of vetting. The backlog of patients breached and not treated has reduced.	Jan 2020 On Track
2. Improvement in cancer governance structure and redesign of weekly PTL meeting together with organisation-wide education sessions to ensure clear focus on escalation processes	<ul style="list-style-type: none"> Governance structure agreed Meetings to be arranged and ToRs finalised CWT education package under development SOP to be reviewed Further metrics introduced into the PTL meeting to allow services to manage cancer referral demand and capacity. The action completion date has been adjusted to reflect that work in this area is continuing.	Oct 2019 Delayed to Dec 2019
3. Robust review of timed cancer pathways to ensure up to date and with clear escalation points	Current pathways distributed to teams for review Escalation protocols being developed by each service to avoid any "communication delays in pathway".	Jan 2020 On Track

Finance, Performance & Resources – Operational Performance

Smoking Cessation

In 2019/20, we will deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife

Local Performance



National Benchmarking

Quits (Number and % Achieved against)		2019/20											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	Actual	40	40										
	Actual Cumul	40	80										
	Achieved	100%	100%										
Scotland	Achieved												

Current Challenges

- To improve uptake in deprived communities – **Action 1**
- To increase uptake of Champix – **Action 2**
- To increase smoking cessation in Antenatal Setting – **Action 3**

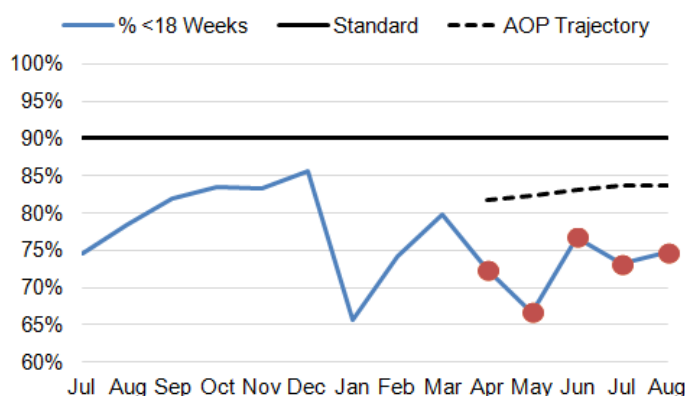
Improvement Actions	Progress	Timescale/ Status
1. Outreach development with Gypsy Travellers in Thornton	We have had no further stop smoking engagement with the Gypsy Travellers in Thornton. However, we have supplied relevant information to be displayed on site and will attend a lifestyle awareness session in October.	Complete
2. Test effectiveness and efficiency of Champix prescribing at point of contact within hospital respiratory clinic	Plans in progress, monthly meetings with Respiratory Consultant to organise paperwork and process/pathways	Mar 2020 On Track
3. 'Better Beginnings' class for pregnant women on Saturday mornings	Plans have progressed and Saturday provision has started - ongoing monitoring in place	Mar 2020 On Track

Finance, Performance & Resources – Operational Performance

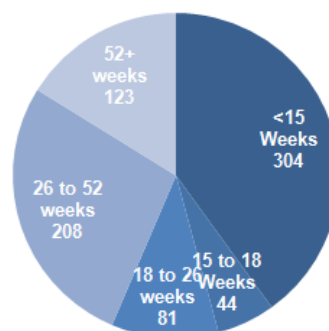
CAMHS 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment
Improvement Target for 2019/20 = 88%

Local Performance



Waiting List (760) Aug-19



National Benchmarking

Month		2018/19								2019/20					Sep-19 Target
		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
NHS Fife	% <18 Weeks	78.4%	82.0%	83.5%	83.3%	85.5%	65.7%	74.3%	79.8%	72.3%	66.7%	76.7%	73.2%	74.8%	85.0%
Scotland		66.3%	70.7%	72.9%	68.3%	78.6%	72.1%	73.4%	75.6%	69.2%	69.1%	70.9%			

Current Challenges

- Increased referrals to service – **Action 1**
- Pressure on existing staff – **Action 2**
- Improving efficiency of workload allocation – **Action 3**

Improvement Actions	Progress	Timescale/ Status
1. Introduction of Primary Mental Health Worker (PMHW) First Contact Appointments System and Group Therapy Programme	Started in April 2019 following SG Action 15 funding. Four additional staff were recruited on 1-year contracts. Impact has been extremely positive with significant amount of C&YP signposted following assessment to alternative service providers. New staff have since moved on to permanent posts, and recruitment has restarted. This is experiencing significant delay.	Mar 2020 On Track
2. Waiting List Additional Staffing Resource	Additional evening clinics now in operation. It is anticipated that 80-100 additional C&YP will be allocated individual therapy depending on uptake and attendance. Group programme underway, resulting in 158 C&YP being allocated group places up until Jan 2020.	Sep 2019 to Feb 2020 On Track
3. Introduction of Substantive Team Leader Role	Posts in place. Active allocation of appointments underway. Team Leaders identifying patients for prioritisation and for evening clinics.	Mar 2020 On Track

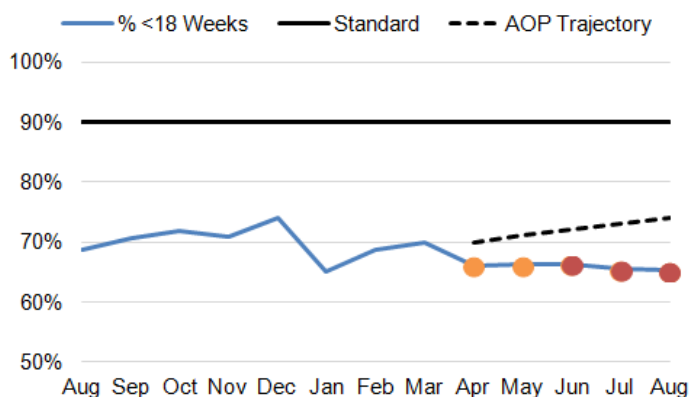
Finance, Performance & Resources – Operational Performance

Psychological Therapies 18 weeks RTT

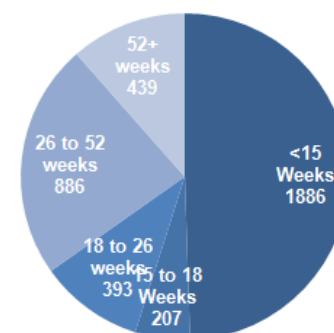
At least 90% of clients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies

Improvement Target for 2019/20 = 82%

Local Performance



Waiting List (3811) Aug-19



National Benchmarking

Month	2018/19									2019/20					Sep-19 Target
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	
NHS Fife	62.9%	68.7%	70.7%	71.9%	70.8%	73.9%	65.0%	68.7%	69.8%	66.1%	66.2%	66.3%	65.5%	65.2%	75.0%
Scotland	75.9%	74.8%	75.8%	75.6%	74.6%	77.5%	75.3%	77.7%	79.6%	76.7%	79.3%	80.0%			

Current Challenges

To reduce delays for patients with complex needs requiring PTs within care programme approach – **Action 1**

To provide sufficient low-intensity PTs for mild-moderate mental health problems – **Action 2**

To increase capacity in services offering PTs for secondary care patients – **Action 3**

To improve triage in Primary Care to improve access to appropriate PTs – **Action 4**

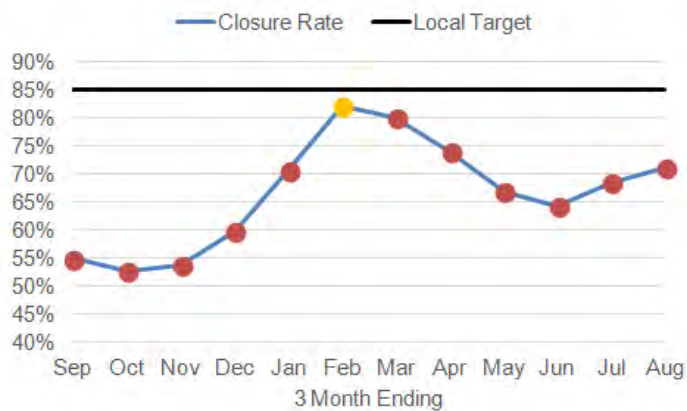
Improvement Actions	Progress	Timescale/ Status
1. Introduction of single point of access for secondary care patients via CMHT	Underway in 4 of 6 CMHTs; working with e-health to develop SCI gateway option to facilitate	Dec 2019 On Track
2. Introduction of Extended Group Programme in primary care, accessible by self-referral	Monitoring of referral rates from GPs to relevant tier of AMH service suggests positive impact on capacity for more highly specialist work within this tier. Further data is required to determine if this is a trend. Target date December 2019. Plans underway to expand self referral via website for low intensity PTs within Child and Family Psychology service and monitor impact on access and capacity.	Mar 2020 On Track (scope extended)
3. Redesign of Day Hospital provision to support CMHTs	Implementation of full re-design delayed due to revised timetable for staff engagement work. Further progress required to impact on capacity for delivery of PTs.	Mar 2020 On Track
4. Implementation of mental health triage nurse pilot programme in Primary Care	Staff in post in selected GP Cluster areas; service being well-utilised; evaluation underway (interim report due in September)	Oct 2019 On Track

Finance, Performance & Resources – Operational Performance

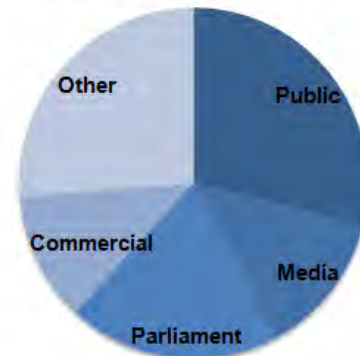
Freedom of Information Requests

In 2019/20, we will respond to a minimum of 85% of Fol Requests within 20 working days

Local Performance



Fol Source QE Aug-19



Service Performance

Monthly	2018/19					2019/20							
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Health Board	53.1%	48.4%	55.6%	55.4%	76.0%	83.7%	80.4%	76.2%	52.2%	56.8%	64.4%	68.9%	73.0%
IJB						100.0%	100.0%	55.6%	100.0%	86.7%	71.4%	86.7%	100.0%

Current Challenges

Performance variable due to delays in the return of responses from services and pressure on corporate support for finalising responses – **Actions 1, 2, 3 and 4**

Improvement Actions	Progress	Timescale/ Status
1. Map pathway out and identify areas that have recurring issues with delayed responses	New spreadsheet created to improve ongoing tracking of enquiries and identify stages of delay. Revised spreadsheet continues to be tested and refined.	Aug 2019 Complete
2. Improve Fol case recording and monitoring of timeliness of responses	Revised spreadsheet now in use and timeliness of response has improved over this short-term period. Further capturing of data will indicate any ongoing problem areas where timeliness is a repeat issue.	Sep 2019 Complete
3. Review enhanced cover arrangements for corporate administration of requests, to improve resilience	Training session has taken place in September for corporate staff. Day-to-day management of FOI inbox has now been transferred to staff within Information Governance & Security Team, which has greatly improved overall resilience.	Sep 2019 Complete
4. Update of FOI processes to reflect involvement of Information Governance & Security Team	Meetings arranged for October to review and update administrative pathways, processes and existing paperwork / templates.	Dec 2019 On Track

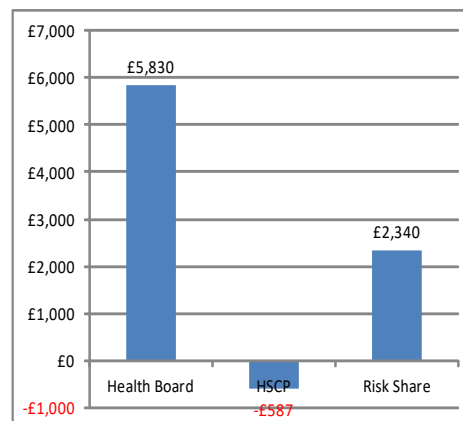
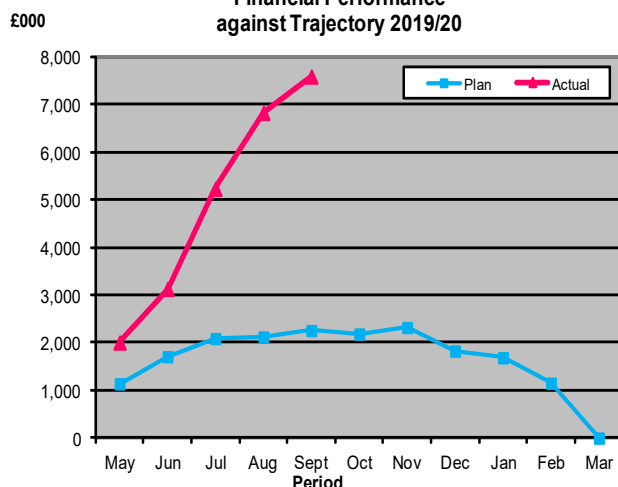
Finance, Performance & Resources – Finance

Revenue Expenditure

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

Local Performance

Financial Performance
against Trajectory 2019/20



Expenditure by Health Board/IJB

Memorandum	Budget			Expenditure			Variance split by	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	416,309	418,039	200,601	206,431	5,830	2.91%	1,397	4,433
Integration Joint Board	349,458	351,763	174,208	173,621	-587	-0.34%	-772	185
Risk Share				2,340	2,340	0.00%	2,340	
Total	765,767	769,802	374,809	382,392	7,583	2.02%	2,965	4,618

Commentary

The revenue position for the 6 months to 30 September reflects an over spend of £7.583m. This is significantly higher than the position reported for the same period in each of the four previous financial years.

Based on this year to date position, and a number of high level planning assumptions as agreed by delegated budget holders, the year end forecast ranges from a potential optimistic forecast of £7m overspend to a potential worst case of £15.8m overspend.

The key challenges are the overspend on Acute Services (largely driven by non delivery of savings and a number of specific cost pressures) and the risk share impact of the Integration Joint Board position (entirely driven by social care costs). In addition, there is a growing cost pressure in relation to activity outside Fife and in particular, the number of specialist high cost, low volume procedures undertaken in Edinburgh. On a positive note, the forecast position reported does not take into account the ongoing work to review potential offsetting benefits such as increased financial flexibility from financial plan commitments (including unplanned slippage on allocations), review of balance sheet accruals, and non recurring ADEL (Additional Departmental Expenditure Limit) funding. An early estimate of these additional offsetting benefits provides a *degree* of assurance that the net (optimistic) forecast overspend on the Health Board retained services might be mitigated to an extent.

However, as highlighted in the Integrated Performance & Quality Report last month, there is limited assurance that NHS Fife can remain within the overall revenue resource limit if we are required to cover the impact of the IJB position (capped at 72% of the initial £6.5m budget gap) ie £4.6m. This would become even more challenging, if we are required to cover the impact of the forecast outturn position for the IJB (currently in excess of £11m). This therefore raises a concern that the Board cannot deliver on its statutory requirement to break even.

For the purposes of reporting to Scottish Government in the Monthly Financial Performance Return (FPR) we have included a funding assumption to the value of the risk share impact and a continued commitment to cover the net overspend on the Health Board budgets through increased financial

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flexibility	
Current Challenges	Acute Services Division: overspend of £7.363m, the key driver being the shortfall on savings – Action 1 and 3
	IJB: extent of social care overspend and resultant impact of risk share arrangement – Actions 2 and 3
	Non recurring financial flexibility: under review but currently not sufficient to offset full extent of overspend, including IJB risk share – Action 3

Improvement Actions	Progress	Timescale/ Status
1. Savings	External review completed Detailed action plan required from ASD This will be an ongoing activity throughout 2019/20 and 2020/21	Sep 2019 Delayed to Mar 2021
2. Discussions with Scottish Government to support financial position	Meeting held in early October Further discussion required with SG in November Action completion date adjusted accordingly	Oct 2019 Delayed to Nov 2019
3. Ongoing grip and control measures across all services	All Directors required to confirm measures in place within delegated areas of responsibilities. Oversight undertaken through EDG. Proactive communication required with all staff via Directors Action completion date adjusted accordingly	Oct 2019 Delayed to Nov 2019

1. Annual Operational Plan

- 1.1 The Financial Plan for 2019/20 was approved by the Board on 27 March 2019, with the related Annual Operational Plan approved on 29 May 2019.

2. Financial Allocations

Revenue Resource Limit (RRL)

- 2.1 On 1 October 2019 NHS Fife received confirmation of September core revenue and core capital allocation amounts. The revised core revenue resource limit (RRL) has been confirmed at £753.554m. A breakdown of the additional funding received in month is shown in Appendix 1 and Appendix 2 shows details of anticipated allocations expected to be received.

Non Core Revenue Resource Limit

- 2.2 NHS Fife also receives 'non core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes, for example, depreciation or impairment of assets. The anticipated non core RRL funding of £24.367m is detailed in Appendix 3

Total RRL

- 2.3 The total current year budget at 30 September is therefore £769.802m

3. Summary Position

- 3.1 At the end of September, NHS Fife is reporting an overspend of £7.583m against the revenue resource limit. Table 1 below provides a summary of the position across the constituent parts of the system: an overspend of £5.830m is attributable to Health Board retained budgets; an underspend of £0.578m is attributable to the health budgets delegated to the Integration Joint Board and an overspend shown of £2.340m relating to the IJB risk share (capped at the opening budget deficit of £6.5m).

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3.2 Key points to note from Table 1 are:

- 3.2.1 Acute Division overspend of £7.363m, driven largely as a result of non delivery of savings (£4.316m);
- 3.2.2 The aforementioned Acute Division overspend includes £3.011m overspend relating to a number of Acute services budgets that are 'set aside' for inclusion in the strategic planning of the IJB, but which remain managed by the NHS Board;
- 3.2.3 Underspend across Estates & Facilities;
- 3.2.4 Underspend of £0.578m against the Health budgets delegated to the IJB; and.
- 3.2.5 Risk share impact of the overall IJB position (budget deficit) of £2.340m.

Table 1: Summary Financial Position for the period ended September 2019

Memorandum	Budget			Expenditure			Variance split by	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	416,309	418,039	200,601	206,431	5,830	2.91%	1,397	4,433
Integration Joint Board - Health	349,458	351,763	174,208	175,961	1,753	1.01%	1,568	185
Total	765,767	769,802	374,809	382,392	7,583	2.02%	2,965	4,618

	Budget			Expenditure			Variance split by	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	198,462	203,644	102,903	110,266	7,363	7.16%	3,047	4,316
IJB Non-delegated	8,189	8,204	4,132	4,122	-10	-0.24%	-37	27
Estates & Facilities	72,837	73,009	35,980	35,734	-246	-0.68%	-292	46
Board Admin & Other Services	53,251	69,740	39,250	39,224	-26	-0.07%	-70	44
Non Fife & Other Healthcare Providers	85,946	85,946	42,941	43,633	692	1.61%	692	0
Financial Flexibility & Allocations	22,822	17,582	1,663	0	-1,663	-100.00%	-1,663	0
Health Board	441,507	458,125	226,869	232,979	6,110	2.69%	1,677	4,433
Integration Joint Board - Core	374,019	398,885	199,486	198,908	-578	-0.29%	-763	185
Integration Fund & Other Allocations	13,880	2,326	0	0	0	0.00%	0	0
Sub total Integration Joint Board Core	387,899	401,211	199,486	198,908	-578	-0.29%	-763	185
IJB Risk Share Arrangement	0	0	0	2,340	2,340	0.00%	2,340	0
Total Integration Joint Board - Health	387,899	401,211	199,486	201,248	1,762	0.88%	1,577	185
Total Expenditure	829,406	859,336	426,355	434,227	7,872	1.85%	3,254	4,618
IJB - Health	-38,441	-49,448	-25,278	-25,287	-9	0.04%	-9	0
Health Board	-25,198	-40,086	-26,268	-26,548	-280	1.07%	-280	0
Miscellaneous Income	-63,639	-89,534	-51,546	-51,835	-289	0.56%	-289	0
Net position including income	765,767	769,802	374,809	382,392	7,583	2.02%	2,965	4,618

4. Operational Financial Performance for the year

Acute Services

- 4.1 The Acute Services Division reports a **net overspend of £7.363m for the year to date**. This reflects an overspend in operational run rate performance of £3.047m, and unmet savings of £4.316m. Within the run rate performance, pay is overspent by £2.908m. The overall position has been driven by a combination of unidentified savings and continued pressure from the use of agency locums, junior doctor banding supplements, incremental progression and nursing recruitment in line with workforce planning tool as well as supplementary staffing to support surge capacity. As the operational performance section of the IPQR highlights, there is increasing pressure across unscheduled care in terms of demand; the financial position demonstrates the cost impact of the additional capacity required.

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- 4.2 As previously reported, external expertise provided through Deloitte LLP has been positive in robustly supporting and challenging the Acute Services team to design and implement an effective savings programme. This work now needs to progress with pace and whilst it may result in some benefit in the current year it specifically provides a focus on the longer term financial challenge facing our acute services. This includes: transformational change in relation to outpatients, theatres and A&E attendances; Directorate schemes already identified as opportunities but not yet progressed; and underlying grip and control measures particularly in relation to supplementary staffing.

Table 2: Acute Division Financial Position for the period ended September 2019

	Budget			Expenditure			Variance split by	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division								
- Planned Care & Surgery	67,710	69,767	35,499	37,560	2,061	5.81%	415	1,646
- Emergency Care & Medicine	73,085	75,430	38,178	41,746	3,568	9.35%	2,484	1,084
- Women, Children & Clinical Services	54,022	54,741	27,307	29,608	2,301	8.43%	715	1,586
- Acute Nursing	596	616	279	244	-35	-12.54%	-35	
- Other	3,049	3,090	1,640	1,108	-532	-32.44%	-532	
Total	198,462	203,644	102,903	110,266	7,363	7.16%	3,047	4,316

Estates & Facilities

- 4.3 The Estates and Facilities budgets report an **under spend of £0.246m** which is generally attributable to vacancies, energy and water and property rates, and partially offset by an overspend on property maintenance.

Corporate Services

- 4.4 Within the Board's corporate services there is an **underspend of £0.026m**. Further analysis of Corporate Directorates is detailed per Appendix 4.

Non Fife and Other Healthcare Providers

- 4.5 The budget for healthcare services provided out with NHS Fife is **overspent by £0.692m**. This remains an area of increasing challenge particularly given the relative higher costs of some other Boards. Included in the position this month is the impact of holding back funding for the new Royal Hospital for Children & Young People / Department of Clinical Neurosciences in Edinburgh. This can be seen in the underspend reported against NHS Lothian in Appendix 5.

Financial Plan Reserves & Allocations

- 4.6 Financial plan expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year, and therefore form part of devolved budgets. A number of residual uplifts and new in year allocations are held in a central budget and are subject to robust scrutiny and review each month. The detailed review of the financial plan reserves at Appendix 6 allows an assessment of financial flexibility for the year to date. Whilst no specific decisions are made to hold back new allocations, there are often unplanned underspends which emerge as the year progresses.
- 4.7 As in every financial year, this 'financial flexibility' allows mitigation of slippage in savings delivery, and is a crucial element of the Board's ability to deliver against the statutory financial target of a break even position against the revenue resource limit.

Integration Services

- 4.8 The health budgets delegated to the Integration Joint Board report an **underspend of £0.578m for the year to date**. This position comprises an under spend in the run rate

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performance of £0.763m; together with unmet savings of £0.185m. The underlying drivers for the run rate under spend are vacancies in community nursing, health visiting, school nursing, community and general dental services across Fife Wide Division. The aforementioned under spend is partly offset by locum costs within mental health services and inpatient service costs within East and West Fife. The IJB risk share is included within the position month and is shown separately in the Table 1 above. The position shown for the first 6 months of 2019/20 is **£2.340m**, representing a share of the overall initial budget gap of £6.5m. The key financial risk in relation to the Health & Social Care Partnership is this overall gap (comprising an under delivery of £7.2m on social care and over delivery of £0.7m on delegated health budgets) and the increasing actual overspend on social care budgets seen in the first quarter of the year. In parallel with the increasing pressure across unscheduled care within the Acute Services Division, as reported in 4.1 above, there is increasing demand within social care and this is manifesting in additional packages which are outwith the budget available.

- 4.9 The Integration Scheme for the IJB describes the steps required to manage any overspend:

“Process for resolving budget variances in year - Overspend

8.2.1 The Director of Health & Social Care will strive to deliver the outcomes within the total delegated resources. Where there is a forecast overspend against an element of the operational budget, the Director of Health & Social Care, the Chief Finance Officer of the Integration Joint Board, Fife Council's Section 95 Officer and NHS Fife's Director of Finance must agree a recovery plan to balance the total budget. The recovery plan shall be subject to the approval of the Integration Joint Board.

8.2.2 The Integration Joint Board may increase the payment to the affected body, by either:

- utilising an underspend on the other arm of the operational Integrated Budget to reduce the payment to that body; and/or*
- utilising the balance on the integrated general fund, if available, of the Integration Joint Board in line with the reserves policy.*

8.2.3 If the recovery plan is unsuccessful and there are insufficient integrated general fund reserves to fund a year-end overspend, then the Parties with agreement of the Integration Joint Board shall have the option to:

- Make additional one-off payments to the Integration Joint Board; or*
- Provide additional resources to the Integration Joint Board which are then recovered in future years, subject to scrutiny of the reasons for the overspend and evidence that there is a plan in place to resolve this.*

8.2.4 Any remaining overspend will be funded by the Parties based on the proportion of their current year contributions to the Integration Joint Board.

- 4.10 In previous years, and in agreement with Fife Council colleagues, we have managed the overspend on the IJB through the risk share arrangement described at 8.2.4 of the Integration Scheme. However, as discussed and agreed through the Finance, Performance & Resources Committee in February 2019, the Annual Operational Plan for 2019/20 was predicated on the assumption that the Chief Executive and Director of Finance would actively pursue discussions with the Director of Health & Social Care and Fife Council colleagues that the risk share approach would not be the immediate option. Instead, the application of an earlier clause (ie a further recovery plan per 8.2.1,

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or each party to cover their own position per 8.2.3) was preferable. This discussion was paused following various meetings with representatives of Scottish Government over recent months, with a clear expectation from SG that all partners would agree an in year recovery plan for the IJB.

Income

- 4.11 A small over recovery in income of £0.289m is shown for the year to date.

5. Pan Fife Analysis

- 5.1 Analysis of the pan NHS Fife financial position by subjective heading is summarised in Table 3 below.

Table 3: Subjective Analysis for the Period ended September 2019

	Annual Budget	Budget	Actual	Net over/ (under) spend
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	371,855	185,202	186,125	923
GP Prescribing	72,726	36,251	36,254	3
Drugs	29,903	15,420	14,855	-565
Other Non Pay	373,974	192,438	194,653	2,215
IJB Risk Share	0	0	2,340	2,340
Efficiency Savings	-9,030	-4,619	0	4,619
Commitments	19,908	1,663	0	-1,663
Income	-89,534	-51,546	-51,835	-289
Net underspend	769,802	374,809	382,392	7,583

Pay

- 5.2 The overall pay budget reflects an overspend of £0.923m. There are under spends across a number of staff groups which partly offset the overspend position within medical and dental staff; the latter being largely driven by the additional cost of supplementary staffing to cover vacancies and also nursing.
- 5.3 Against a total funded establishment of 7,748 wte across all staff groups, there was 7,737 wte staff in post in September.

Drugs & Prescribing

- 5.4 Across the system, there is a net under spend of £0.562m on medicines largely due to an under spend of £0.565m on sexual health and rheumatology drugs. The GP prescribing position is based on 2018/19 trend analysis and June and July 2019 actual information. Whilst it is difficult to predict, there are emerging concerns related to the potential increase in prices over coming months.

Other Non Pay

- 5.5 Other non pay budgets across NHS Fife are collectively overspent by £2.215m. The overspends are in purchase of healthcare from other Health Boards and independent providers, other supplies, property & hotel expenses and surgical sundries. These are offset by under spends across a number of areas including energy and diagnostic supplies.

6 Financial Sustainability

- 6.1 The Financial Plan presented to the Board in March highlighted the requirement for £17.333m cash efficiency savings to support financial balance in 2019/20. The Plan was approved with a degree of cautious optimism and confidence that the gap would be managed in order to deliver a break even position in year 1 of the 3 year planning cycle. As reported to the Board in March, this view was entirely predicated on a robust and ambitious savings programme across Acute Services and the Health & Social Care Partnership; supported by ongoing effective grip and control on day to day expenditure and existing cost pressures; and early identification and control of non recurring financial flexibility.
- 6.2 The extent of the recurring / non recurring savings delivery for the year is illustrated in Table 4 below.

Table 4: Savings 2019/20

Savings 2019/20	Target £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Total Identified & Achieved to date £'000	Outstanding £'000
Health Board	10,873	1,019	1,248	2,267	8,606
Integration Joint Board	6,460	3,431	2,605	6,036	424
Total Savings	17,333	4,450	3,853	8,303	9,030

7 Key Messages / Risks

- 7.1 The key challenges are the overspend on Acute Services (largely driven by non delivery of savings and a number of specific cost pressures) and the risk share impact of the IJB position (entirely driven by social care costs). In addition, there is a growing cost pressure in relation to activity outside Fife and in particular, the number of specialist high cost, low volume procedures undertaken in Edinburgh, as well as the cost of outflow activity in NHS Tayside.
- 7.2 Based on the year to date position and high level planning assumptions, estimates and information available at this time, and as agreed by delegated budget holders, the year end forecast ranges from a potential optimistic forecast of £7m overspend to a potential worst case of £15.8m overspend as detailed in table 5 below:

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Table 5 – Financial Outturn (modelling based on actual position at 30 September 2019)

Forecast Outturn	Pessimistic £'000	Mid range £'000	Optimistic £'000
Acute Services Division	8,561	7,251	5,943
Acute Services Division (Acute Set Aside)	4,864	4,585	4,339
IJB Non-delegated	84	29	(4)
Estates & Facilities	87	(600)	(1,894)
Board Admin & other services	(330)	(888)	(1,076)
Non Fife & other Healthcare Providers	1,126	1,126	1,126
Financial Flexibility	(3,327)	(3,327)	(3,327)
Misc Income	(350)	(350)	(350)
Health Board Retained Budgets	10,715	7,826	4,757
IJB Delegated Health Budgets	397	(1,047)	(2,406)
Integration Fund & Other Allocations	0	0	0
Sub Total IJB Delegated Health Budgets	397	(1,047)	(2,406)
Risk Share	4,680	4,680	4,680
Net IJB Health Position	5,077	3,633	2,274
Total Forecast Outturn	15,792	11,459	7,031

- 7.3 On a positive note, the forecast position reported does not take into account the ongoing work to review potential offsetting benefits such as increased financial flexibility from financial plan commitments (including unplanned slippage on allocations), review of balance sheet accruals, and non recurring ADEL (Additional Departmental Expenditure Limit) funding. An early estimate of these additional offsetting benefits provides a degree of assurance that the net (optimistic) forecast overspend on the Health Board retained services might be mitigated to an extent, although this remains an area of high risk.
- 7.4 However, as already highlighted in the Integrated Performance & Quality Report produced in September, there is limited assurance that NHS Fife can remain within the overall revenue resource limit if we are required to cover the impact of the IJB position (capped at 72% of the initial £6.5m budget gap) ie £4.6m. This would become even more challenging if we are required to cover the impact of the forecast outturn position for the IJB (currently in excess of £11m). This therefore raises a concern that the Board cannot deliver on its statutory requirement to break even without additional funding.
- 7.5 For the purposes of reporting to Scottish Government in the Monthly Financial Performance Return (FPR) we have included a funding assumption to the value of the risk share impact and a continued commitment to cover the net overspend on the Health Board budgets through increased financial flexibility.
- 7.6 Whilst every effort has been made to quantify the possible financial risks and benefits, there remains an element of uncertainty on the additional costs which may be incurred through: actions to achieve the winter plan; and recent decisions on the use of specific high cost medicines, as instructed by Scottish Government.

8 Recommendation

8.1 Members are invited to approach the Director of Finance or Chief Executive for any points of clarity on the position reported and are asked to:

- **Note** the reported overspend of £7.583m for the year to 30 September 2019;
and
- **Note** the current *potential* outturn position of break even; with the heavy caveat that this is entirely predicated on additional funding from SGHSCD to support any impact of the IJB risk share.

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Core Revenue Resource Limit

Appendix 1

		Baseline Recurring	Earmarked Recurring	Non- Recurring	Total	Narrative
		£'000	£'000	£'000	£'000	
May-19	Opening	662,752			662,752	
	May Adjustments	-696		-229	-925	
Jun-19	June Adjustments	16,293	3,774	6,265	26,332	
Jul-19	July Adjustments		2,863	1,678	4,541	
Aug-19	August Adjustments	280	3,268	-181	3,367	
Sept-19	£20m(2018-19) tariff reduction to global sum		-1,380	1,380	0	Change to nature of adjustment
	£20m(2019-20) tariff reduction to global sum		-1,142	1,142	0	Change to nature of adjustment
	Top slice Stereotactic Radiosurgery	-16			-16	National Adjustment
	Top slice Mitral Valve	-13			-13	National Adjustment
	Elective activity as per AOPs			100	100	Relates to Aberdeen Clinic
	CSO- support for research infrastructure			5	5	
	Flow Variability programme			70	70	Annual Allocation
	PFG - Enhancing School Nursing service			46	46	Additional School Nurses
	Veterans First Point			115	115	Annual Allocation
	Supporting improvements in primary care digital technology			209	209	Support IT used by primary care
	Primary Medical Services - provision and support		55,281		55,281	Annual Allocation
	Projects in support of primary care fund			3	3	Support dispensing staff training & implementation of falsified medicines directive
	GP Out of Hours Fund			20	20	GP Fellow
	Supporting improvements to GP premises			204	204	To Look at digitisation of GP paper records to release space and GP improvement grants
	TEC funding to support local scale up			113	113	
	Neonatal Expenses Fund			25	25	Annual Allocation
	Supporting better value healthcare in boards			6	6	
	Paid as if at work			257	257	Relates to payments for 2017/18
	National Cancer Strategy			141	141	Annual Allocation
	Shingles Rotavirus Seasonal Flu and Childhood Flu			935	935	Annual Allocation
	Men C vaccine costs			-14	-14	Annual Allocation
	Total Core Revenue Allocation	678,600	62,664	12,290	753,554	

Anticipated Core Revenue Resource Limit

Appendix 2

	£'000
CAMHS Regional post	35
Distinction Awards	228
Community Pharmacy Pre-Reg Training	-44
New Medicine Fund	3,005
Golden Jubilee SLA	-24
Waiting List	1,675
NSD risk share	-2,566
Scotstar	-321
PET scan	-477
Depreciation to Non-core	-12,386
Mental Health Bundle	620
Capacity Building CAMHS & PT	456
Mental health innovation fund	288
Primary Care Fund GP sub Committee	34
Primary Care Improvement Fund	1,124
Capital to revenue	234
Total	-8,119

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Appendix 3 - Anticipated Non Core Revenue Resource Limit Allocations

	£'000
PFI Adjustment	3,374
Donated Asset Depreciation	117
Impairment	1,000
AME Provision	-843
IFRS Adjustment	4,833
Non-core Del	3,500
Depreciation from Core allocation	12,386
Total	24,367

Appendix 4 - Corporate Directorates

Cost Centre	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E Health Directorate	12,722	5,732	5,767	35
Nhs Fife Chief Executive	207	105	110	5
Nhs Fife Finance Director	5,266	2,617	2,379	-238
Nhs Fife Hr Director	3,042	1,535	1,490	-45
Nhs Fife Medical Director	6,356	2,732	2,658	-74
Nhs Fife Nurse Director	3,471	1,701	2,001	300
Nhs Fife Planning Director	1,971	960	875	-85
Legal Liabilities	15,719	13,702	13,874	172
Public Health	2,192	1,095	1,032	-63
Early Retirements & Injury Benefits	629	226	192	-34
Regional Funding	228	150	151	1
Depreciation	17,937	8,695	8,695	0
Total	69,740	39,250	39,224	-26

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Service Agreements

Appendix 5

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	95	47	29	-18
Borders	43	21	25	4
Dumfries & Galloway	24	12	30	18
Forth Valley	3,089	1,543	1,668	125
Grampian	349	174	157	-17
Highland	131	66	109	43
Lanarkshire	111	56	76	20
Scottish Ambulance Service	98	49	53	4
Lothian	30,600	15,302	14,143	-1,159
Greater Glasgow	1,607	804	509	-295
Tayside	39,772	19,886	20,385	499
	75,919	37,960	37,184	-776
UNPACS				
Health Boards	8,063	4,031	5,323	1,292
Private Sector	1,209	605	773	168
	9,272	4,636	6,096	1,460
OATS	690	345	353	8
Grants	65	0	0	0
Total	85,946	42,941	43,633	692

Financial Flexibility & Allocations

Ap

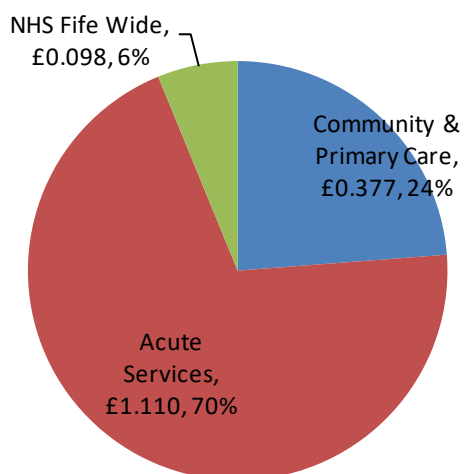
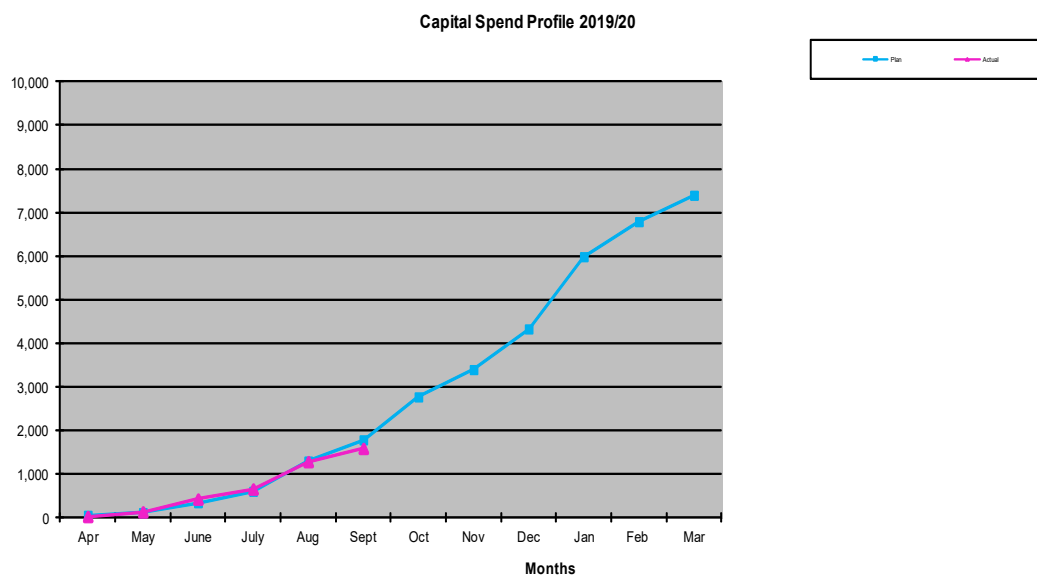
	CY Budget £'000	Flexibility Released to Sept-19 £'000
Financial Plan		
Drugs	3,599	0
Complex Weight Management	50	0
Adult Healthy Weight	104	0
National Specialist Services	166	0
Band 1's	307	154
Unitary Charge	213	57
Junior Doctor Travel	112	25
Consultant Increments	50	25
Discretionary Points	231	0
Cost pressures	4,034	1,097
Financial Flexibility	594	85
Subtotal Financial Plan	9,460	1,443
Allocations		
Health Improvement	93	0
AME Impairments	991	0
AME Provisions	-350	0
Pay Awards	251	0
Distinction Awards	37	0
Waiting List	4,524	0
CAMHS Post	35	0
Best Start	345	0
Advanced Breast Practitioner Radiology	36	0
Insulin Pumps & CGM	125	0
Superannuation	280	90
Carry Forward 18-19	260	130
Urolift	26	0
Flow Variability	70	0
Neonatal Expenses	18	0
Supporting better value	6	0
Capital to revenue	234	0
ADEL	1,000	0
National Cancer Strategy	141	0
Subtotal Allocations	8,122	220
Total	17,582	1,663

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Capital Expenditure

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

Local Performance



Capital Programme Expenditure

Finance, Performance & Resources – Finance

Capital Expenditure Breakdown

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2019/20 £'000
<u>COMMUNITY & PRIMARY CARE</u>			
Statutory Compliance	947	316	947
Capital Minor Works	307	26	307
Capital Equipment	86	34	86
Condemned Equipment			
Total Community & Primary Care	1,340	377	1,340
<u>ACUTE SERVICES DIVISION</u>			
Capital Equipment	1,945	331	1,945
Statutory Compliance	2,307	393	2,307
Minor Works	168	74	168
Condemned Equipment	95	95	95
Elective Orthopaedic Centre	218	218	218
Total Acute Services Division	4,733	1,110	4,733
<u>NHS FIFE WIDE SCHEMES</u>			
Condemned Equipment			
Information Technology	1,041	95	1,041
Equipment Balance	0		0
Scheme Development	60		60
Contingency	100	1	100
Statutory Compliance - Fire Compartmentation	102	2	102
Minor Works	18		18
Total NHS Fife Wide	1,321	98	1,321
TOTAL ALLOCATION FOR 2019/20	7,394	1,585	7,394

Commentary

The total Capital Resource Limit for 2019/20 is £7.394m. The capital position for the 6 months to September shows investment of £1.585m, equivalent to 21.43% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.

Current Challenges

Overall programme of work to address all aspects of backlog maintenance, statutory compliance, equipment replacement, and investment in technology considerably outstrips capital resource limit available

Improvement Actions	Progress	Timescale/ Status
1. Managing expenditure programme within resources available	Risk management approach adopted across all categories of spend	Mar 2020 On Track

1. Annual Operational Plan

- 1.1 The Capital Plan 2019/20 was approved by the NHS Board on 27 March 2019. For information, changes to the plan since its initial approval in March are reflected in Appendix 1. On 3 June 2019 NHS Fife received confirmation of initial core capital allocation amounts of £7.394m gross. NHS Fife is anticipating an additional £2m allocation for the new Elective Orthopaedic Centre and an expected adjustment for the transfer to revenue schemes that will be actioned during the year (£0.234m).

2. Capital Receipts

- 2.1 The Board's capital programme is partly funded through capital receipts which, once received, will be netted off against the gross allocation highlighted in 1.1 above. Work continues on asset sales with several disposals planned:

- Lynebank Hospital Land (Plot 1) (North) – Under offer;
- Forth Park Maternity Hospital – Sold;
- Fair Isle Clinic – Sold;
- Skeith Land – preparing to market; and
- ADC – Sale due to complete October 2019.

3. Expenditure To Date / Major Scheme Progress

- 3.1 Details of the expenditure position across all projects are set out in the dashboard summary above. Project Leads have provided an estimated spend profile against which actual expenditure is being monitored. This is based on current commitments and historic spending patterns. The expenditure to date amounts to £1.585m or 21.43% of the total allocation, in line with the plan, and as illustrated in the spend profile graph above.

- 3.2 The main areas of investment to date include:

Statutory Compliance	£0.711m
Minor Works	£0.100m
Equipment	£0.460m
E-health	£0.095m
Elective Orthopaedic Centre	£0.218m

4. Capital Expenditure Outturn

- 4.1 At this stage of the financial year it is currently estimated that the Board will spend the Capital Resource Limit in full.

5. Recommendation

- 5.1 Members are invited to approach the Director of Finance or Chief Executive for any points of clarity on the position reported and are asked to:

- **note** the capital expenditure position to 30 September 2019 of £1.585m and the forecast year end spend of the capital resource allocation of £7.394m

Finance, Performance & Resources – Finance

Appendix 1: Capital Plan - Changes to Planned Expenditure

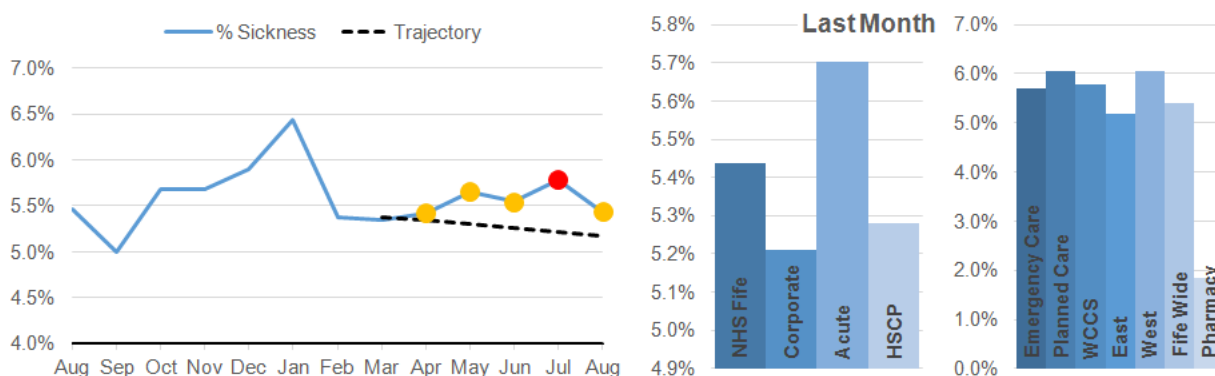
Capital Expenditure Proposals 2019/20	Board Approved 27/03/2019 £'000	Cumulative Adj to Aug £'000	Sept Adj £'000	Sept Total £'000
Routine Expenditure				
Community & Primary Care				
Minor Capital		325	(18)	307
Capital Equipment		81	6	86
Statutory Compliance		1,222	(275)	947
Condemned Equipment				
Total Community & Primary Care	0	1,628	(287)	1,340
Acute Services Division				
Capital Equipment		1,948	(3)	1,945
Minor Capital		168		168
Statutory Compliance		2,066	241	2,307
Condemned Equipment		94		94
Elective Orthopaedic Centre		186	32	218
Total Acute Service Division	0	4,463	270	4,732
Fife Wide				
Minor Work	498	(498)	18	18
Information Technology	1,041			1,041
Backlog Maintenance/Statutory Compliance	3,569	(3,469)	2	102
Condemned Equipment	90	(90)		
Scheme Development	60			60
Fife Wide Equipment	2,036	(2,033)	(3)	0
Fife Wide Contingency Balance	100			100
Total Fife Wide	7,394	(6,090)	17	1,321
Total NHS Fife	7,394	0	0	7,394

Staff Governance

Sickness Absence

To achieve a sickness absence rate of 4% or less
Improvement Target for 2019/20 = **4.89%**

Local Performance



National Benchmarking

Month	2018/19						2019/20						
	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	5.46%	5.00%	5.69%	5.68%	5.89%	6.43%	5.38%	5.34%	5.42%	5.66%	5.55%	5.78%	5.44%
Scotland	5.36%	5.02%	5.53%	5.47%	5.54%	6.17%	5.23%	5.10%	5.04%	5.23%	4.98%	5.22%	5.18%

Current Challenges

Sickness Absence Rate Significantly Above Standard – **Action 1**

High Level of Sickness Absence Related to Mental Health – **Action 2**

Improvement Actions	Progress	Timescale/ Status
1. Targeted Managerial, HR, OH and Well@Work input to support management of sickness absence	<p>This is being progressed through Attendance Management Leads within their respective areas, HR Officers / Advisors, and through the trajectory reporting for each business unit and use of the RAG status reports.</p> <p>A plan for additional OH support is being developed, including OH Drop-in Sessions scheduled throughout September and October.</p> <p>Overall activity will continue throughout the remainder of the FY, and the action completion date has been adjusted accordingly.</p>	Sep 2019 Delayed to Mar 2020
2. Early OH intervention for staff absent from work due to a Mental Health related reason	This has been in place since March 2019 and will be reviewed in six months.	Oct 2019 On Track

PAUL HAWKINS
Chief Executive
23rd October 2019

Prepared by:
CAROL POTTER
Director of Finance and Performance

DATE OF REPORT:	5 November 2019	
TITLE OF REPORT:	Performance & Accountability Reviews – September 2019	
EXECUTIVE LEAD:	Carol Potter, Director of Finance & Performance	
REPORTING OFFICER:	Bryan Archibald, Planning & Performance Manager	
Purpose of the Report (delete as appropriate)		
For Decision	For Discussion	For Information
SBAR REPORT		
<p><u>Situation</u></p> <p>NHS Fife is committed to supporting the people of Fife to live long and healthy lives. The strategic and operational management of the organisation must be aligned to this vision, with a robust governance framework in place to provide assurance to the Board of the systems and processes and culture to deliver this vision. It is essential therefore, that there is effective scrutiny across all quadrants of governance, providing assurance on performance and accountability.</p> <p>This document outlines the key themes emerging from the Performance & Accountability Review meetings held in September 2019.</p>		
<p><u>Background</u></p> <p>The implementation of a Performance & Accountability Review Framework across NHS Fife seeks to provide a structured, transparent and systematic approach to ensure delivery of standards and targets across the four quadrants of governance, with an effective reporting and assurance mechanism from ‘service to Board’.</p> <p>At Board level the Integrated Performance & Quality Report provides an overarching view of the key performance, quality, workforce and financial metrics, however there is an opportunity to enhance the approach at an operational level with individual management teams and services, and to ensure greater connectivity between operational management and Committee / Board level assurance mechanisms.</p> <p>The Performance & Accountability Review framework has been established this year, and is very much an evolving process. The second round of Performance & Accountability Reviews was held in September 2019 following inaugural reviews in June 2019. The reviews are to continue on a quarterly basis with eHealth added to the schedule from December 2019.</p>		
<p><u>Assessment</u></p> <p>Establishing a formal Performance & Accountability Review Framework seeks to ensure the Board, Executive Directors Group, management teams and individual staff are able to:</p> <ul style="list-style-type: none"> • Assess performance against clear targets and goals • Inform strategic and operational decision making using robust data • Undertake exception reporting • Predict future performance and forecast outturn • Identify and monitor key actions 		

- Establish effective review structures including intervention as necessary and appropriate
- Focus resources and improvement efforts in key areas
- Identify any systematic problems across NHS Fife
- Evaluate the impact of new developments or initiatives
- Prioritise key improvements in line with the Clinical Strategy

The **overarching purpose of the Performance & Accountability Review Framework**, therefore is to:

- Ensure effective systems and processes are in place to provide assurance to the NHS Board and stakeholders that services are performing to the highest statutory and regulatory standards
- Develop the business intelligence capability of NHS Fife and thus inform service delivery, improvement activity; productivity and efficiency; sustainability; and deliver transformation
- Support delivery of strategic objectives as set out in the Clinical Strategy and the Annual Operational Plan
- Provide assurance on best value in the use of all resources

Implementation of the Performance & Accountability Review Framework will support the risk management process and ongoing review of the Board Assurance Framework (BAF).

A number of key principles underpin the Performance & Accountability Review Framework:

- **Creating a performance culture through improvement** – the framework is intended to support a culture of continuous improvement, delivered for the benefit of patients. It is not intended as a punitive or negative process. It will require clear objectives at all levels of the organisation supported by existing individual PDP/appraisal processes. The aim is to instil a rigorous performance and accountability culture with a clear understanding of individual responsibility.
- **Transparency** – the metrics and evidence used to assess performance will be clearly set out for all services, adapted to reflect clinical and non clinical services.
- **Delivery focus** – the approach will be integrated, action focused, and seek to improve performance.
- **Proportionality** – the arrangements eg frequency of meetings will be adapted to suit the requirements of different services, to ensure management actions and interventions are proportional to the potential performance risk
- **Balance** – all parties involved in the performance and accountability review meetings will seek to deliver a balance between challenge and support

Performance & Accountability Review meetings have been held with the management teams across:

- Acute Services Division
- Health & Social Care Partnership
- Public Health
- Pharmacy Directorate

- Estates & Facilities Directorate
- Finance & Performance Directorate
- Director of Nursing Directorate
- Medical Director Directorate
- Workforce Directorate

The high level themes emerging from the September 2019 reviews are detailed below:

Operational Performance

- External resource to aid with Acute Waiting Times (Urology)
- Review of Waiting Lists for treatment (already seen) for CAMHS and PT
- Explore different use of facilities to improve flow

Finance

- Medicines – horizon scanning / new medicine fund
- Procurement – establishment of Governance Board
- Efficiencies – recruit to save possibilities, schemes identified by Deloitte in Acute
- Overall financial pressures in the Health & Social Care Partnership and Acute Services Division

Quality

- Complaints – identifying bottlenecks, exploring change of process
- Adverse Events – review of Duty of Candour cases, data quality issues relating to Tissue Viability, further detail relation to Medication incidents

Staff Governance

- Retention of staff – exit interview data, possible survey for new staff
- Timeliness of recruitment process – post vacant to post start
- Sickness Absence –return to work interview arrangements

Further updates will be provided as the year progresses, with the next series of Performance & Accountability Review meeting scheduled for December. The timetable of meetings for 2020/21 will be reported in next update. Work will continue to refine the approach and to reflect on any lessons learned for the process in the next financial year. This work will be aligned with the development of the Annual Operational Plan for 2020/21 and monitoring of performance thereafter.

Recommendation

Members are invited to:

- **Note** the key themes from the September Performance & Accountability Reviews

Objectives: (must be completed)	
Healthcare Standard(s):	All
HB Strategic Objectives:	All
Further Information:	
Evidence Base:	NA
Glossary of Terms:	NA
Parties / Committees consulted prior to FP&R Committee:	EDG
Impact: (must be completed)	
Financial / Value For Money	Statutory requirement to break even
Risk / Legal:	There are no specific implications from the issues in this paper
Quality / Patient Care:	
Workforce	

Fife Health & Social Care Integration Joint Board



Supporting the people of Fife together

UNCONFIRMED MINUTE OF THE FINANCE AND PERFORMANCE COMMITTEE HELD ON WEDNESDAY 17 SEPTEMBER 2019 AT 9.30 AM, FIFE RENEWABLES INNOVATION CENTRE, AJAX WAY, LEVEN, KY8 3RS

Present: Cllr David Graham (Chair)
Cllr Rosemary Liewald
Martin Black, NHS Board Member
Les Bissett, NHS Board Member
Margaret Wells, NHS Board Member

Attending: Fiona McKay, Head of Strategic Planning, Performance & Commissioning, Fife H&SCP
Nicky Connor, Interim Director of Health & Social Care
Audrey Valente, Chief Finance Officer
Julie Paterson, Divisional General Manager (Fife Wide)
David Heaney, Divisional General Manager (East)
Claire Dobson, Divisional General Manager (West)
Norma Aitken, Head of Corporate Service, Fife H&SCP
Scott Garden, Interim Director of Pharmacy
Tracy Hogg, Accountant

In Attendance: ShirleyAnne Miller, Service Manager - SWIFT Replacement Project
Andrew Henry-Gray (Minutes)

Apologies: Helen Hellewell, Associate Medical Director
Lynn Barker, Interim Associate Director of Nursing
Andrea Smith, Pharmacy

NO	HEADING	ACTION
1	WELCOME AND APOLOGIES	
	Cllr David Graham welcomed everyone to the meeting. Apologies were noted.	
2	DECLARATIONS OF INTEREST	
	None.	

3	MINUTE OF PREVIOUS MEETING on 17/07/2019	
	<p>MW requested that '<i>questioned</i>' be amended to '<i>queried</i>' [page 3, item 5, para 5].</p> <p><u>Decision</u></p> <ul style="list-style-type: none"> With these amendments, the Committee agreed the minutes of the previous meeting. 	
4	MATTERS ARISING and ACTION LOG from 17/07/2019	
	<p>There were no matters arising from the minute of the previous meeting. The action log from the previous meeting was discussed and the following points were noted:</p> <p><u>Work Plan</u> DG and FM have been working through additional items for the forthcoming agendas. Committee members are invited to suggest items for future agendas.</p> <p><u>Reconciliation of Adult Packages Updates</u> <i>Correction:</i> action by Jen McPhail should read Audrey Valente. AV noted that this is ongoing and that the current position is reflected in today's update.</p> <p><u>Revision of the Performance Framework</u> FM highlighted that there were not enough attendees available for the previously arranged F&PC development session but another has been scheduled for 18/10/2019. The chair of the A&RC and C&CGC have been invited to attend.</p> <p><u>Draft Mental Health Strategy</u> Taken off as going through another process and will come back at a later date.</p>	<p>ALL</p> <p>AHG</p>
5	F&PC WORKPLAN	
	<p>DG explained that the workplan is still being populated but gives an idea of the items that will be discussed at the next meeting. Continuing to work on future meetings. Always happy to take suggestions.</p> <p><i>Correction:</i> lead for Mental Health Strategy reads as DH but should read as JP.</p>	AHG

6	FINANCE UPDATE 2019/20	
	<p>AV presented the monitoring position at June 2019 for both NHS Fife and Fife Council. Current projected outturn is £11.3m overspend being some £4.7m above the agreed budget deficit that was agreed in March of this year. AV noted the table on page 21 which itemises the additional funding that comes in via NHS Fife noting that, as of June, there was £12.5m received with £5m unallocated. AV highlighted the main areas of variance: Community Services (£1.8m underspend mainly due to staff vacancies); GP Prescribing (£1m overspend though there have been significant improvements and reductions made); Hospital & Long-Term Care (£1.1m overspend due to additional demands relating to patient frailty); Adult Packages (£3.7m overspend); Social Care Other (£7.7m overspend mainly the agreed budget deficit). AV further detailed that Social Care Other is mainly made up of various historical legacy overspends and historical gaps in inflationary uplifts. At the IJB in March 2019 there were £8.8m of savings approved and AV reported that we are on track to deliver 96% of those savings with a projected delivery of £8.5m. One potential saving (£250k) which will be delayed is in relation to older people maximum indicative budgets.</p> <p>DG noted that Item 5.5 on page 23 of the Finance Report states that <i>'a paper on the process will be brought to a future meeting of the IJB.'</i> AV confirmed that this will go through the committee process first.</p> <p>LB noted the £1m underspend for the Alcohol & Drugs Partnership (ADP) last year and queried how this came about and who authorised the transfer of that money to the bottom line. FM provided an explanation in relation to historical funding and savings agreements between the Scottish Government, the IJB and the ADP. LB requested a copy of the Terms of Reference and Constitution for the ADP and FM agreed to provide these.</p> <p>LB referred to an underspend in the Primary Care Investment Fund of £560k in the previous year and queried why this is not showing as a carry forward in the table on page 21. AV responded that it is not in there at the moment because notification is still awaited in relation to the full funding so this is a high-level estimate at the moment. Funding for this financial year is now known and this, plus the carry forward, will now be reflected. LB noted that there is a column in the table for Funding Brought Forward and queried why this amount is not shown there. AV suggested that this may be an administrative error with the table and that this amount will be accounted for, confirming that the partnership is allocating an additional £500k to PCIF for this year.</p>	FM

MB noted that the ADP receives significant funding and queried how often this is reviewed and suggested that the outcomes are not reflective of the investment. FM & JP gave assurance about the scrutiny of the ADP noting that all work is under the review of public health colleagues and the care inspectorate. JP highlighted that there is a current stock taking exercise being undertaken for public health. DG queried what the next steps are after the stock taking exercise. JP explained the governance processes in place. DG queried, if the service is underspent, how can we be assured that the funding package is right. FM responded that the ADP does not currently have an underspend of £1m: since March 2019 new teams and organisations have received additional funding. LB noted that the IJB are putting a lot of money into the ADP and highlighted that this committee needs to be sighted on this funding and needs assurance that this money is being spent appropriately from a governance point-of-view. DG agreed that this would be an item for a future meeting.

DG

MW noted that it is encouraging to see that 96.4% of savings are on track to be achieved and AV confirmed that this was not an overoptimistic view. MW referred to item 5.4 of the Finance Report and the significant overspend on the adult packages: acknowledged that work is being done but would be keen to see progress and suggested that it should not be too hard to identify the majority of the people who are generating that increased cost and therefore produce a more accurate projection and build this into budget setting. AV responded that she and JP are working together on growth areas and trends of packages that increase throughout the year. Some of that is reflected to date in the Finance Report but needs more refinement. Will make it clear in narrative for next F&PC meeting. JP highlighted that the population has changed and packages are more complex so there is a need to include this in the financials. MW requested further information about projections and interface with the IJB budget in terms of predicting those coming through from children and young people's services into adult services noting that the profile of those with complex needs is building and that this population has changed over the years. AV to look into this.

AV

AV

MB queried if any significant investigations have been made into the impact of Brexit suggesting that a no-deal Brexit will lead to British nationals returning to the UK and some of these may have additional needs and require support. AV & JP responded that they were not aware of any impact from Brexit and there was no information that people who return will require adult packages. NC noted that the question was worth asking and that there is a growing awareness about the impact of Brexit. DG noted that various council groups are looking at the overall impact of Brexit. LB highlighted that he is chair of the Brexit Group for the Health Board and that it has been brought to their attention that there may be up to 150 people returning within the first 3 months and up to 1000 people over a 6-month period. There is no information about any conditions they may have but there is anticipation that there may be some impact on prescribing and other areas. The committee agreed that it might be worth exploring this potential impact. LB noted

	<p>that a report from the HSCP comes to his Brexit Group so he would be happy to be involved with this to take it forward together.</p> <p>MW noted that the next meeting F&PC meeting is in November and queried what can be expected in terms of the whole budget setting process for the IJB and HSCP. AV responded that it is noted in the workplan to bring something back to the November committee. AV has had discussions with NA about a potential development session to take place in November with a list of opportunities that can be discussed as a committee. DG highlighted the need to involve the funding partners so that concerns can be taken into consideration at an early stage. AV advised that a rag status can be applied to the risk column.</p> <p>NC referred to the timings of IJB and committee meetings and to be aware of expectations from this Committee in terms of reporting items to the IJB due to there not being another F&PC committee before the IJB meeting in October.</p> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> • Note the financial position as reported at 30th June 2019 • Note and discuss the next steps and key actions <p><u>Decision</u></p> <ul style="list-style-type: none"> • The Committee noted the financial position as reported at 30th June 2019. • The Committee agreed that scrutiny of ADP funding should be included as a future F&PC agenda item. • The Committee agreed that consideration needs to be given to the impact of Brexit on adult care packages. 	<p>AV/LB</p> <p>AV</p>
7	SAVINGS TRACKER	
	<p>AV presented the Savings Tracker report. AV had agreed at previous meeting to provide more detail in relation to some of the savings – has produced further information in relation to those savings which are amber only – detail provided around how we plan to deliver those savings and where we are in relation to delivery of those savings.</p> <p>DG referred to table 1 <i>[page 31, items 2&3]</i> and noted that both the Community Alarm Service charge and the Meals on Wheels charge were amber because neither could be implemented by 1st April: DG queried why this did not happen and how the F&PC can have confidence, moving forward, that items approved from a budget perspective which rely on being approved by a particular date will be actioned in time. FM responded that the paper was brought to the committee on 25th March but that 4 weeks' notice was required and so that was the delay. DG highlighted the need to look at meeting schedules and dates for future savings.</p>	

	<p><u>Recommendation</u></p> <ul style="list-style-type: none"> To consider the attached information, discuss as appropriate and agree next steps <p><u>Decision</u></p> <ul style="list-style-type: none"> The Committee considered and discussed the information. The Committee agreed that next steps should be, when discussing papers for future years, to make sure there is enough time to implement the actions that have been agreed. 	
8	WINTER REVIEW 2018/19	
	<p>CD presented the Winter Review report.</p> <p>CD confirmed that the report has been to all of the governance committees.</p> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> Discuss and note the Winter Review document for 2018/19 and the dates for Winter Planning 2019/20. <p><u>Decision</u></p> <ul style="list-style-type: none"> The Committee noted the Winter Review document and the dates for Winter Planning. 	
9	WINTER PLAN 2019/20	
	<p>CD presented the Winter Plan paper highlighting that the winter planning process involved a lessons learned workshop at the end of winter and a further workshop in August with key stakeholders around the planning priorities for the winter coming. From these workshops the Winter Planning document has been produced: CD noted that an Escalation document should have been attached and this will be shared with the Committee at a later point.</p> <p>CD highlighted the part around capacity challenges. The Winter Plan has a list of actions with RAG status some of which are challenged already. CD referred to point 2 of the table in Winter Planning Process [page 54, item 4.1b] and noted that the status is not green as stated but is amber at present due to a higher number of delayed discharges.</p> <p>CD referred to a placement tracker that is being worked on and highlighted that there is a hefty financial pressure as well as activity pressure as a result of winter.</p>	CD

	<p>MW queried if the winter pressures have been taken into account in the projections given. NC explained that work is currently being done to look at how much winter has cost us in recent years. There is an acknowledgement that the money coming nationally to Fife is not enough. This has not been included in projections as the work is still ongoing.</p> <p>NC explained that the flu vaccine will be available from the beginning of October and that high-risk patients will be targeted first and care home delivery will be through community and district nursing teams as early as possible in the season. This year's new Flu Fighters campaign was highlighted.</p> <p>MB raised his own concerns about the winter costs and queried why this is the first time we are looking at this questioning whether we should be writing to the Scottish Government about this. NC explained that the tracker has been in place for 3 years and now we are able to begin articulate this. Discussions are ongoing with colleagues in the acute service and the EDG.</p> <p>MW queried if there is a national look at winter planning with any benchmarking. NC responded that there is a national winter event in October to look at winter planning and information will be brought back when available. CD noted that the Fife winter return is looked at by the Government alongside other winter returns but there is not a financial element to this.</p> <p>LB queried if extra funding for winter planning will result in cuts elsewhere with funding being transferred from other services. NC responded that the process is not yet at that stage of decision but that it is important to avoid making any decisions that can have unintended consequences. NC confirmed that this will all go through the relevant governance routes.</p> <p>MB raised a concern that by putting so much focus on a winter plan that we risk taking attention off other parts of the service in the rest of year and suggested that it should be an overall plan for the year. The chair explained that the winter plan is a government requirement.</p> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> • Note and discuss the Winter Plan 2019/20. <p><u>Decision</u></p> <ul style="list-style-type: none"> • The Committee noted the Winter Plan 2019/20. 	
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10	POST DIAGNOSTIC SUPPORT	
	<p>JP presented the Dementia Post Diagnostic Support Update.</p> <p>JP highlighted that the LDP target for PDS was one year but, in the revised strategy, PDS was to extend beyond one year and was to be open-ended and flexible, without a time limit which has led to a difference in reporting. JP also highlighted ongoing issues with the accuracy of the data provided by Information Services Division (ISD).</p> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> • Note the specific issues which impacted on waiting times during September-December 2019 which are now resolved. • Note the ongoing issues with accuracy of data and consider whether there is value in this information being reported in the Quality Report. • Note the key findings from the recent evaluation report from the PDS Service and the subsequent actions identified to support ongoing development. <p><u>Decision</u></p> <ul style="list-style-type: none"> • The Committee noted the issues raised in the update and the key findings. 	
11	PERFORMANCE REPORT	
	<p>FM presented the Performance Report highlighting that there is a mismatch in the reporting due to a change in the NHS Fife formatting but that the data is the same and NHS Fife colleagues have been contacted to align the modelling.</p> <p>FM highlighted that there are significant delays within the hospitals and with discharge which is mainly due to Care at Home both internally and externally.</p> <p>FM advised that the START team now has 50 additional carers supporting those coming out of hospital with the impact being that external providers have struggled to pick up these services after the 6 weeks. The partnership has been supporting the external providers to encourage them to increase their staff.</p> <p>There was nervousness about the introduction of Totalmobile but this is now not so bad. FM explained that there is a need to work closely with Paul Dundas, the Scottish Care representative.</p> <p>DG had a query about the time taken to respond to complaints. JP responded that there is a lot of improvement work ongoing noting that complex complaints have holding letter which are not captured in the reporting which does not give the full picture. DG noted that there is therefore a need to look at the reporting mechanism. JP responded that work is ongoing with FM to look into this.</p> <p>FM gave an explanation of the complaints process and detailing that a weekly report gets sent out to managers to flag those which require to be dealt with. FM noted that, from April 2018, the timescales for dealing with complaints in Social</p>	

	<p>Care and NHS Fife have been the same but with two different management systems with some crossover.</p> <p>There was discussion and explanation about patients being stuck in assessment beds due to lack of available placements. FM confirmed that assessment beds are long-term care beds and that patients in these beds have been financially assessed and are being funded but are not necessarily in the right place: 3 preferred choices are made by the patient and often these placements are not available for some time.</p> <p>LB noted that under improvement it states that the partnership continues to monitor the average length of stay and suggested that this needs a bit more detail about what we are trying to do to improve the situation. DG advised that this will be looked at.</p> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> The Committee should note the information contained within this Performance Report. <p><u>Decision</u></p> <ul style="list-style-type: none"> The Committee noted the information contained within this Performance Report and suggested where more detail could be given. 	FM/DG
12	UPDATE ON PROGRESS - ACTION 15 Funding for Mental Health	
	<p>JP presented the National Mental Health Strategy Action 15 Funding Progress update and noted that the financials give an overarching view rather than a detailed view: however, every piece of work will be brought back to the Committee to show how this is progressing. JP highlighted that Action 15 funding is targeted at making sure we have additional resources to ensure people get the right support at the right time and in the right place to with the aim of having a positive impact on A&E areas, GP surgeries and police resources.</p> <p>DG referred to page 109 where it is stated that Fife has no prisons but noted that Fife does have prisoners accommodated elsewhere and queried if we receive any of the additional funding. JP clarified that this has been discussed with the Scottish government but they have made it clear that we do not get additional monies.</p> <p>JP advised that, of the additional 54 staff that were necessary, 38.7% of this target has been achieved so far and the Action 15 board are reviewing the outstanding allocation of staff. Psychology input is being reviewed and JP will share quarterly reports with the Committee members.</p>	JP

	<p>JP gave an explanation of percentage impacts and described the Sam's Cafe project to example this. DG asked if the outcomes from this project would be reported on and JP responded that the quarterly reports being shared above will detail this. JP will also distribute evaluation reports to Committee members.</p> <p>JP advised that the Sam's Cafe project works out of Linton Lane in Kirkcaldy.</p> <p>DG noted that this is a piece of work that is very interesting and advised that this will be added into the F&PC workplan to come back at a later date.</p> <p>MB referred to the table on page 109 of the papers and queried why Fife showed a nil value under 'other settings'. JP responded that the reporting will change having previously just shown impact percentage on settings. The new staff will be allocated to other settings so this value will increase. JP noted that through-care once people leave the prisons is done through the criminal justice social work. This work is for supporting people in distress.</p> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> The Committee is asked to note: progress on the National Strategy Action 15 Funding. <p><u>Decision</u></p> <ul style="list-style-type: none"> The Committee noted the progress made on the National Strategy Action 15 Funding and will follow this up at a future meeting. 	<p>JP</p> <p>DG/FM</p>
13	CONSULTANT REPORT – Verbal Update	
	<p>The Chair explained that, due to NC having not long been in post, it was agreed that today's update would be a verbal report.</p> <p>NC advised that a full written report will be provided at the next Committee meeting and acknowledged that this item is a priority for the Committee and gave assurance that this is also a priority for herself.</p> <p>NC highlighted some work that has been ongoing:</p> <ul style="list-style-type: none"> Extending the remit of the weekly SLT Financial Efficiency meeting Performance monitoring structure is being built and developed Vacancy management work is well established and now looking at this more widely. Introducing systems in terms of supplementary staffing - looking at locum staffing impact Procurement: meetings arranged and looking at opportunities Budgetary control: refreshed Grip & Control measures supported with a communication plan and engaging with workforce Looking at longer term areas of transformation 	

	<ul style="list-style-type: none"> • Performance management: workshop planned for F&PC and looking at reporting for SLT management. Performance management reviews are in place and will continue. • Communication will be an important discussion at next LPF in partnership with trade unions and staff side representatives. • Regular programme within SLT Financial Efficiency meeting for cross-cutting themes to come back and monitor progress <p>New improvements have included establishment of the Digital Innovation Board to begin looking at key digital transformations: beginning to develop a workplan for this. Looking at redesign proposals in terms of using new technologies.</p> <p>PMO: well established in terms of business case work that has been taken forward and will be looking at skill sets we have currently and how to take this forward.</p> <p>Lots of work ongoing and will be brought back as a report and in November.</p> <p>LB acknowledged the Chair's summary and thanked NC for the helpful update but noted that, from a governance point-of-view, written reports and action plans are necessary. LB proposed that NC and the SLT should provide an action plan ahead of the next meeting. LB noted that, in terms of the issue around Culture that was raised in the report, Steve Grimmond and Paul Hawkins were going to take this forward but proposed that the Committee needs assurance that this work being taken forward.</p> <p><u>Decision</u></p> <ul style="list-style-type: none"> • The Committee agreed that the SLT should provide an updated action plan within 3-4 weeks of this meeting as well as a written report at the next meeting. • The Committee agreed that assurance should be provided that work is being taken forward in terms of culture. 	
14	SWIFT REPLACEMENT - Update	
	<p>FM and ShirleyAnne Miller gave an update on the SWIFT replacement project. FM explained that the current SWIFT system (which is used by H&SCP; Children & Families; and Criminal Justice) is 17-years-old. A report was taken in 2017 to Fife Council for capital funding to replace the system and eventually money was awarded for this. A team of staff are involved in clean up of the old data in preparation for the new system. Currently out to tender with a closing date of 23/09/2019. Managers from throughout the service are on a board and the tender will be scored by staff from all areas. SM highlighted the amount of work that goes into these systems.</p>	

	<p>MW highlighted the significant risks in any change of system and queried what has been put in place identify points of risk and what steps will be put in for the transition. SM responded that this is not a traditional IT replacement system and significant work has been done on the cleansing of data and key decisions have been made proactively. FM noted also that they have a risk register to track and review any risks.</p> <p>RL noted an agreement with the current provider to work with whichever provider takes over and queried the length of time this covers. SM explained that the supporting and maintenance contract is for 3 years and that the existing system will still be available as read-only on our servers.</p> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> • For information. 	
15	AOCB	
	<p>Items for escalation to the IJB to be added to future Committee agendas.</p> <p><u>Items for escalation to the IJB</u></p> <ul style="list-style-type: none"> • To advise that we have discussed consultant report. • To advise that we will be looking at the complaints reporting mechanism and better report on this. • To ensure that financial projections are included with the winter plan that is presented to the IJB 	AHG
16	DATE OF NEXT MEETING	
	<ul style="list-style-type: none"> • Friday 18 October 2019 at 1.00pm, Conference Room 2, Ground Floor, Fife House (Development Session) • Tuesday 07 November 2019 at 3.00 pm, Conference Room 1, Ground Floor, Fife House 	

**MINUTES OF THE PRIMARY MEDICAL SERVICE SUB-COMMITTEE HELD ON
TUESDAY, 3 SEPTEMBER 2019 IN THE LMC OFFICE, LESLIE**

PRESENT:

Mrs J Kelly (JK) (Chairperson)

Dr P Duthie (PD)

IN ATTENDANCE:

Miss J Parkinson (JP)

Mrs J Watson (JW)

Miss D Watson

NO	HEADING	ACTION
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01/19	CHAIRPERSON'S WELCOME AND OPENING REMARKS	
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JK welcomed the member of the Committee. She advised that although the meeting was not quorate it would go ahead as the previous two meetings had been cancelled and some items agendas required consideration. Any decisions made to be ratified at a later date.

02/19	DECLARATION OF MEMBERS' INTERESTS	
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There were no declarations of interest.

03/19	APOLOGIES FOR ABSENCE	
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Apologies were received from Dr McKenna, Dr Mitchell & Mrs Potter

04/19	MINUTES OF PREVIOUS MEETING	
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The minute of the meeting held on 4 December 2019 was agreed as a true record of proceedings.

05/19	MATTERS ARISING – ACTION POINTS	
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- a. Winter Planning
Pending
- b. Kirkcaldy GP Resilience
Under review
- c. Future arrangements of the PMSSC
CM looking at governance to see where this meeting sits.
- d. Risk Register
Updated
- e. PMS Expenditure Budget
Pending
- g. National Code of Practice for GP Premises
Pending

06/19 PMS EXPENDITURE BUDGET

JW advised there were no issues with the budget.

07/19 RISK REGISTER

Updated after previous meeting

08/19 IMPROVEMENT GRANTS

JP advised there were no grants requiring the Committees approval.

09/19 APPLICATION TO REDUCE BRANCH SURGERY HOURS – TAYPORT TAYVIEW MEDICAL PRACTICE, NEWPORT-ON-TAY

The application from Tayview Medical Practice to reduce their opening hours at their branch surgery in Tayport had been approved by the Committee after the request had been e-mailed to the members.

10/19 APPLICATION TO REDEFINE PRACTICE BOUNDARY – LESLIE MEDICAL PRACTICE

The application from the Glenrothes Cluster on behalf of Leslie Medical Practice was approved as all the areas to be removed from the practice boundary would have at least one practice still providing cover. It was confirmed that no other Cluster's practices would be affected by these change.

11/19 APPLICATION TO CLOSE KENNOWAY BRANCH SURGERY – DR PAGE AND PARTNERS, LEVEN

Dr Page & Partners, Leven applied to close their branch surgery in Kennoway. They currently only provide a maximum 10 appointments a week at Kennoway, and often the practice are unable to cover Kennoway as a result of short staff. Any patients unable to travel to Leven would be registered by the Kennoway Medical Group. It was noted that Dr Page & Partners no longer have either Kennoway or Windygates in their practice boundary.

The application was approved.

12/19 PRACTICE INSPECTIONS

- (a) Nethertown Surgery, Elliot Street, Dunfermline
- (b) Linburn Road, Health Centre, 124 Nith Street, Dunfermline
- (c) Kennoway Medical Group, The Health Centre, Jordan Lane, Kennoway
- (d) Nicol Street Surgery, 48 Nicol Street, Kirkcaldy
- (e) Bennoch Medical Centre, 65 Bennoch Road, Kirkcaldy
- (f) Leslie Medical Practice, Anderson Drive, Leslie
- (g) Markinch Medical Practice, 19 High Street, Markinch

JP reported that no major issues arose during these inspections.

13/19 ROUTINE REPORTING

Memorandum number PCD/PMSC/03/19 was enclosed for consideration.

The Committee noted the content of the report.

14/19 AOCB

There was no AOCB

55/18 DATE OF NEXT MEETING

The next meeting will held on Tuesday, 3 December 2019 in the LMC offices in Leslie at 1pm.

The proposed dates for the 2020 meetings are as follows:

3 March

2 June

1 September

1 December

The meetings would be at 1pm in the LMC office in Leslie.