


Finance, Performance and Resources Committee


07 July 2020, 09:30 to 11:00
via MS Teams

Agenda


1. **Apologies for Absence**
2. **Declaration of Members' Interests**
3. **Minutes of the last Meetings held on 10 March 2020 and 17 June 2020**

Enclosed
Rona Laing


 Item 3 FPR Unconfirmed Minutes 100320.pdf (10 pages)


 Item 3 FPR Unconfirmed Minutes 170620.pdf (3 pages)
4. **Action List**


Enclosed
Rona Laing

 Item 4 Rolling Action List Update from March 2020.pdf (1 pages)
5. **Matters Arising**
6. **Governance**
- 6.1. **Board Assurance Framework – Financial Sustainability**


Enclosed
Margo McGurk


 Item 6.1 BAF Financial Sustainability - SBAR for 070720.pdf (4 pages)

 Item 6.1 1 NHS Fife Board Assurance Framework (BAF) V22.2 220620 - Financial Sustainability.pdf (1 pages)


 Item 6.1 2 BAF Risks - Financial Sustainability Linked Operational Risks as at 220620.pdf (7 pages)
- 6.2. **Board Assurance Framework – Strategic Planning**


Enclosed
Chris McKenna


 6.2 SBAR FPR BAF SP 07072020.pdf (3 pages)










 6.2 NHS Fife Board Assurance Framework (BAF) 080720 - Strategic Planning.pdf (1 pages)
- 6.3. **Board Assurance Framework – Environmental Sustainability**

Enclosed
Andrew Fairgrieve

 Item 6.3 SBAR (BAF) Environmental Sustainability FP&R 070720.pdf (3 pages)

 Item 6.3 1 NHS Fife Board Assurance Framework (BAF) V23.0 090620 - Environmental Sustainability.pdf (1 pages)

 Item 6.3 2 BAF Risks - Environmental Sustainability - Linked Operational Risks as at 090620.pdf (4 pages)

6.4.	Draft Finance, Performance & Resources Committee Annual Statement of Assurance		Enclosed Rona Laing
	 Item 6.4 SBAR FPR Annual Assurance Statement.pdf	(2 pages)	
	 Item 6.4 Draft FPR Annual Statement of Assurance 201920.pdf	(18 pages)	
6.5.	Internal Audit Governance Checklist		Enclosed Margo McGurk
	 Item 6.5 Draft Internal Audit Governance Checklist FPR.pdf	(5 pages)	
6.6.	Revised Committee Workplan 2020/21		Enclosed Gillian MacIntosh
	 Item 6.6 Draft FPR Revised Annual Workplan.pdf	(5 pages)	
7.	Planning		
7.1.	Orthopaedic Elective Project		Enclosed Alan Wilson
	 Item 7.1 Orthopaedic Elective Centre Paper.pdf	(3 pages)	
8.	Performance		
8.1.	Integrated Performance & Quality Report		Enclosed Margo McGurk
	 Item 8.1 IPQR June 2020.pdf	(49 pages)	
9.	Items for Noting		
9.1.	Internal Audit Report B32/20 - NHS Scotland Waiting Times Methodology		Enclosed
	 Item 9.1 B32-20 Waiting Times Methodology.pdf	(15 pages)	
9.2.	Internal Audit Report B25/19 - Financial Management		Enclosed
	 Item 9.2 B25-19 Financial Management.pdf	(12 pages)	
9.3.	Minute of Pharmacy Practice Committee, dated 25 February 2020		Enclosed
	 Item 9.3 Mins PPC 250220.pdf	(44 pages)	
10.	Issues to be Escalated		
10.1.	To the Board in the IPR & Chair's Comments		Verbal Rona Laing
11.	Any Other Business		
12.	Date of Next Meeting: 8 September 2020 at 9:30am, in the Boardroom, Staff Club, Victoria Hospital		

**MINUTES OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE
MEETING HELD ON 10 MARCH 2020 AT 9:30AM IN THE BOARDROOM, STAFF
CLUB, VICTORIA HOSPITAL, KIRKCALDY.**

RONA LAING

Chair

Present:

Ms R Laing, Non-Executive Director **(Chair)**

Dr L Bisset, Non-Executive Director

Mrs W Brown, Employee Director

Ms H Buchanan, Director of Nursing

Mr E Clarke, Non-Executive Director

Mrs M McGurk, Director of Finance

Mr A Morris, Non-Executive Director

Ms J Owens, Non-Executive Director

Mrs C Potter, Chief Executive

In Attendance:

Mr A Fairgrieve, Director of Estates, Facilities & Capital Services

Mr S Garden, Director of Pharmacy

Ms M Olsen, Interim Chief Operating Officer

Dr G MacIntosh, Head of Corporate Governance & Board Secretary

Mrs R Robertson, Deputy Director of Finance

Miss L Stewart, PA to the Director of Finance (minutes)

27/20 1. Apologies for Absence

Apologies were received from members Dona Milne, Director of Public Health, Dr Chris McKenna, Medical Director, and routine attendee Nicky Connor, Director of H&SCP (Claire Dobson was attending this meeting on her behalf).

28/20 2. Declaration of Members' Interests

There were no declarations of members' interest.

29/20 3. Minutes of the last Meeting held on 14 January 2020

The minute of the last meeting was **agreed** as an accurate record, subject to the addition of Wilma Brown's apologies as given and the removal of the text 'They are looking ... at the front door' from pp.6-7.

30/20 4. Action List

The Chair reviewed the action list and highlighted those that were not otherwise covered in the meeting agenda.

The Chair recognised that Action 133, relating to Kincardine and Lochgelly Health Centres, was still awaiting dates for expected reporting. Mrs Claire Dobson advised the Committee that the H&SCP have started work on the Outline Business Case; however, this will not be expected to be ready until later in the year. They have recommenced the Project Team and Project Board, and have also identified project management resource. The Chair confirmed this will remain on the Action List at present and further updates will follow.

The Chair asked for an update on Action 137, relating to the work of the Scottish Access Collaborative, and queried who is taking forward the action of organising a Development Session for the Board. It was agreed that Mrs Carol Potter will take this action forward, with Ms Susan Fraser and Ms Morag Olsen.

5. MATTERS ARISING

31/20 5.1. Stratheden IPCU – Smoking Area Update

The Chair invited Mrs Claire Dobson, in Mrs N Connor's absence, to present the update to the Committee on the Stratheden IPCU.

Mrs Claire Dobson advised that the Mental Health Team are working towards making Stratheden a Smoke-Free Site, and that several actions are underway. The team have reviewed the Nicotine Replacement Therapy materials on the ward with Pharmacy colleagues; the QI team are compiling a report which details staff feedback; training and promotional material is available to staff; and Outpatient and Inpatient pathways have been developed for people who wish to stop smoking. Smoking status is also now recorded on admission, to target and identify people who wish to stop smoking. Discussions are taking place around non-compliance and these incidents will require to be logged on Datix.

Questions were raised concerning whether these actions should be rolled out across all sites within NHS Fife and if it would replace the original plan to create a designated smoking area within the IPCU facility. Mrs Helen Buchanan confirmed that, if becoming Smoke-Free is a national policy initiative, it will be implemented across all sites, and the assumption is that the work will start in Stratheden due to the issues they have had there. This would therefore replace the original plan to create a designated smoking area. Further consultation is ongoing about how Smoke-Free sites would be rolled out further across NHS grounds, and this would be considered further by the Clinical Governance Committee.

The Chair asked for a written report to be submitted in May 2020 detailing the smoke-free support activities that are being developed and this was agreed. The Committee were advised that this also will form part of the Mental Health Review, which is also under discussion in Clinical Governance.

32/20 5.2. General Policies & Procedures Update

Dr Gillian MacIntosh presented the verbal update that the Committee requested on General Policies and Procedures, and it was advised that the Committee will receive a written report in May 2020 on the status on the policy review work.

Dr MacIntosh explained that, following the actions from the previous Committee, she attended a demonstration of the qPulse system under discussion by eHealth for purchase. It was agreed that this system would do the same job as the Pentana System which was in place in Forth Valley; however, at current costing, this was too expensive for many individual services and might need to be reconsidered at the organisational level.

In the meantime, work is ongoing with Mr Andy Fairgrieve and his team in Estates to develop a more streamlined approval process for policies. It is proposed to have Directorate sign-off at a lower level for many of the existing policies, and have a smaller group of around 20 overarching policies to be approved at EDG/Board level, which should make the process easier to manage and more timely. Further detail would be provided to the Committee in May.

Mr Scott Garden noted that improving the manual process in place is good and he would be supportive, but the best efficiency could be achieved through utilising an electronic system. It was agreed that easy access to electronic data for Clinical Guidance is important, for staff working in patient-facing roles, and it would be beneficial if the publication of policies could be looked at as part of this work.

6. GOVERNANCE

33/20 6.1. Board Assurance Framework – Financial Sustainability

Mrs Margo McGurk presented the report, which provided an update to the Committee on Financial Sustainability.

Mrs McGurk highlighted a concern to the Committee as to whether the expected financial position this year, and the challenges faced going into next year, should be identified as a risk or in fact an issue. Throughout the report there is a significant focus on funding for the next financial year; however, this should be expanded to include effective resource allocation. The report highlights that a detailed savings plan has been developed particularly for Acute, however there is still a lot of work that required to be done around this. It was felt that a review of the risk description may be useful for next year, to take forward how to mitigate the risk for the next financial year.

The Chair advised that though this is the current process and the descriptions have been developed through Board Development sessions, there should be an opportunity moving forward to review all factors and indicators to ensure the BAF remains up-to-date and relevant.

It was observed by members that the actions within the report are not given specific timeframes and the report does need to be more closely monitored with

more milestones in place. It was felt that this would make the action to date more clear. The report also identifies that the Board is looking for funding next year to recover what was missed this year; however, more detail would be required on that to give some reassurance.

Mrs McGurk advised that, in the Private Session, she is aiming to take the Board through some sharpening tactics, which can be put into place this Financial Year with support in principle from the Committee.

The Chair confirmed that the next review of this risk is April 2020; however, she asked that, given the current situation, especially with the impact of Coronavirus, this date will be brought forward if required.

It was agreed that there would be the opportunity to review this earlier if thought necessary.

The Chair **approved** the update on Financial Sustainability.

34/20 6.2. Board Assurance Framework – Strategic Planning

Mrs Carol Potter presented the report to the Committee on Strategic Planning.

It was reported that a detailed discussion took place at Clinical Governance on this particular BAF. More planning will be done regarding the Project Management Office transformation and there is an ASD Transformation Scoping Event happening on 17 March for forward planning. This remains a live and active discussion at this time.

The Committee **noted** the current position in relation to the Strategic Planning Risk.

35/20 6.3. Board Assurance Framework – Environmental Sustainability

Mr Andy Fairgrieve presented the report to the committee on Environmental Sustainability, and it was advised that there had been no major update since the last iteration

Work continues on the operational risk related to the flexible hoses within the PFI site, and once this work is complete the risk will reduce.

The Committee **approved** the update.

36/20 6.4. Review of Committee's Terms of Reference

Dr Gillian MacIntosh presented the report to the Committee and advised that this is a standard paper at this time of year. There are only a few minor updates to bring to members' attention, as it was identified that some wording was not following the current practice.

Mrs Carol Potter advised that in Section 2.3, Chief Operating Officer should be

amended to Director of Acute Services. This title is currently in the process of being updated and they will be going out to advert shortly for the new incumbent, so it should be captured at this point. It was also agreed that the Director of Pharmacy & Medicines should also be included within the Terms of Reference as a regular attendee.

Mr Eugene Clarke highlighted that there are some minor differences between each Committee's Terms of Reference wording and felt it would be beneficial to have these standardised, i.e. in Section 4 the wording is different in relation to who would chair the Committee in the absence of the Chair. It was identified that some committees may be different, due to the different categories of memberships within each committee, and thus some terms of reference may require to be more specific.

Mrs Margo McGurk advised that, from her experience, only Non-Executives would form the membership of governance committees. Dr Les Bisset explained that it was agreed previously that if the Executive Directors were full members of the Health Board, they should be a member of any committees they are involved in.

Mrs Carol Potter noted that standardised Terms of Reference were part of the national workstream aligned to the adoption of the Blueprint for Good Governance and further work would be issued on this in due course.

The Committee **considered** the updated Terms of Reference and **approved** the final version for submission to the Audit & Risk Committee, with the intention that further review is undertaken when the conclusions of the national work is released.

37/20 6.5. Committee Self-Assessment Report

Dr Gillian MacIntosh presented the report to the Committee and thanked members for completing the questionnaire, noting the 100% response rate. It was highlighted that the comments given have been useful and some areas would be picked up through additional training for committee members outwith the normal meeting. Development sessions would be helpful to enhance the opportunities available for training and these would be scheduled to occur at least twice per year. Dr Gillian MacIntosh will work with Mrs Margo McGurk to identify topics for these, with the first suggestion proposed to be further information on national funding streams (timing, impact etc.).

It was highlighted that comments had been received on the relevance of data within the reports submitted to the committees, and it is expected that the new paper template will help make the data presented more clear and concise. A new minute template is also being worked on.

The Chair thanked the Committee and commented that it was a good self assessment. Dr Gillian MacIntosh advised that, in relation to training, there are online training sessions available to Non Executives, as part of the national Board Development work, but these links can be shared more widely as the available information would be valuable to all attendees.

The Committee **noted** the update and **agreed** that bi-annual training events should be organised.

38/20 6.6. Annual Workplan 2020/21

Dr Gillian MacIntosh presented the Annual Workplan 2020/21 to the Committee, advising that the only change was to remove the standing item on Brexit.

The Committee **approved** the updated workplan for 2020/21.

39/20 6.7 Annual Accounts – Progress Update on Audit Recommendations

Mrs Margo McGurk presented the report to the Committee. It was highlighted that throughout the report there are several actions still outstanding. Time will be taken to understand why and sharpen up the process to ensure completion.

Work is being undertaken on some actions and last week a small group of individuals met to discuss the Year-End Process and agreed sharing of responsibility on this.

Questions are to be raised on some actions i.e. Number 19, this responsibility currently sits with the Chief Operating Officer, however this possibly should be looked at as an EDG action overall.

Mrs Margo McGurk asked the Committee for some time to go through the outstanding actions and have the opportunity to report back. The Chair also advised that some elements of the report will be picked up in other committees.

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

7. PLANNING

40/20 7.1. Orthopaedic Elective Project

Mr Alan Wilson introduced the report on the Orthopaedic Elective Project, detailing that currently everything is on plan. The final business case will be submitted to the Scottish Capital Investment Group by September 2020. The Outline Business Case has been granted verbal approval; however, NHS Fife are awaiting the written confirmation, and this should be received by the next meeting. The Scottish Government Financial Allocation Letter has been received and this project is detailed on it.

Moving forward, the next step is for approval of the room layouts. There have been a couple of stages to this, involving discussions and amendments, and it is hoped that at the next meeting they have these can be approved.

As part of the pre-planning application Public Engagement Sessions were required to be held. These took place last month. Attendance at these events was limited, however this has allowed us to move forward with the planning application. The only further comment from the planners was that additional car

parking was required. Space for car parking was originally sourced at Whyteman's Brae, though this required the removal trees so the planners were not supportive as it was a heritage area. New areas on site were sourced in another area at Whyteman's Brae and at Phase 3 near the Co-Operative, which should have been made into a car park during the build of Phase 3.

The Elective Centre Programme Board chaired by Paul Hawkins and John Connagh have requested a letter is sent to them detailing the robust plans that are in place to give assurance on the governance of the project, and this is due within the next three weeks.

Two new stages have been introduced into the SKIM process for the Centre of Excellence, though it is expected that this will not delay the process.

The Committee **noted** the paper and the update provided.

8. PERFORMANCE

41/20 8.1. Integrated Performance & Quality Report

Ms Morag Olsen was invited to present the paper to the Committee and provide an update on Acute Services performance.

It was highlighted that the 4 hour access target at the time of reporting in December 2019 was sitting at 88% against the 95% target. Performance has not been consistent day-to-day between January to March, and some days have been over 95% and the lowest has been 65%. There have been fluctuations in the number of attendees within the Emergency Department and therefore the ongoing referral into the hospital.

The Acute team have been holding rapid improvement events, particularly around AU1, which seems to be the pinch point, and there is ongoing work being undertaken through the Transformation Programme. Mrs Helen Buchanan will be leading on 'Front Door Through', which will look at the way patients flow through the Acute process.

The Committee were referred to the Outpatients TTG figures from December 2019 within the report. Time has been taken to understand the position of the Board and whether they expect to meet the delivery of the Government's 12 week plans; at this time the projected end of March position is 160 patients against the plan of 172. TTG end of March position is 104 took place against planned 281. The team asked to note the 45 positions that did not transfer to the private sector, which could not be taken forward. Questions required to be raised about how this can be managed going forward. Very few electives have been cancelled during this winter period; this is only due to access to critical care beds. The end of March 2020 does look more positive due to achieving additional in-sourced capacity and the decision to move waiting list initiative work to in-week elective activity. Within TTG Orthopaedic Surgery and General Surgery are the biggest risk.

It was queried that £8.3 million additional funding was received to deliver the 12 week figure; however it looks as though only £6.7 million has been allocated. Within the AOP we have looked at what additional work is required to help achieve the figure.

Questions were raised on why NHS Fife is comparing their most up-to-date figures for national benchmarking against the Scottish Government September figures. It was advised that these were the most up-to-date validated figures held.

Questions were raised on delayed discharges, as Fife has fewer beds to the population than anywhere else, thus our figure will always be high for occupied bed days. It may be easier to compare this on population. Ms Claire Dobson advised that this will be fed back to the national discharge group.

Ms Claire Dobson was invited to present to the Committee and provide an update on H&SCP.

It was highlighted that delay is a priority area of focus. The Government wrote to the partnership in January 2020 to ask them to focus on system-wide issues. These are PVG clearance, Care inspectorate legislation and length of stay of those awaiting appointment of welfare guardian. They have asked for local actions, which include care at home and improving capacity, which is challenging. They are focusing on how they work with providers and sharpen their in-house capacity. Work has been done around intermediate care and having early conversations with families around patient pathways.

Due to Covid-19, they have been asked by the Government how they will reduce bed capacity. They are working with providers to work out how to cope with this demand and facilitate the discharge of as many patients as possible.

The Committee were advised that in terms of Smoking Cessation the data highlights progress to 90.7%.

CAHMS performance was presented at the last meeting, and they are continuing to priorities waiting lists for time to access treatment. They are working on a business case which will be submitted to EDG in the coming weeks and further updates will then follow.

Questions were raised on delayed discharge, as the report highlighted the Moving On policy was still to be signed off; it was asked what impact this policy would have. It was advised this policy was about having the right conversation at the correct time and would be helpful with families who are struggling. This should be signed off at the next SLT meeting on Monday 16 March.

Mrs Margo McGurk was invited to present the paper, which provided an update to the Committee on the financial position to the end of January 2020. The Committee were referred to page 28, which provides narrative to the position at that date which highlights an overspend of £5.2 million.

Page 33 details the full year forecast at the time the report was written, giving a best case figure of £4.8 million overspend with the underpinning assumption that there would be a level of support from the Scottish Government to bring this to balance at the year-end based on the optimistic figures.

It was highlighted to the Committee that it is the Board's statutory requirement to reach balance and breach of this could lead to significant scrutiny and attention. One of the main focus has been understanding the year-end position and how this might be balanced. This will be achieved through a combination of a level of additional support from the Scottish Government for a number of specific pressures but also from a forensic review of the financial position and forecast outturn. The next report will narrate that position in more detail. It was important that the organisation must commit to achieve this.

It was clarified through questions from the Committee that this balanced figure will not impact clinical performance and will incorporate the full risk share figure.

The committee **noted** the report.

43/20 8.2 Winter Performance Report

Ms Claire Dobson was invited to provide the Committee with an update on the report for the period 6 January to 2 February.

It was highlighted that the team have taken on board feedback from the last Committee to amend the data to show figures rather than percentages to make it clearer.

It was noted that it has been challenging across Winter, and the Hub has seen a 60% increase in referrals that helps to support people being discharged. Instability in the care at home market has been challenging, which has caused significant delays and can lead to patients being in the wrong place. They have reviewed all care visits and are working closely with Acute to review the data. They will be planning for the next winter, taking a lot of learning from this year.

Ms Morag Olsen added that the two teams have been working extremely together well, which has made a big difference. There are ongoing discussions around acute bed modelling, which will roll into next year.

There is a focus on recruitment, in particular nursing, as staffing has been critical at times, which has caused concern.

The Chair identified that the performance was not great this year. It was explained that this was partly due to not being able to place as many people in long-term nursing or residential care as compared to previous years. They will review this going forward.

The Chair questioned if there have been difficulties to the roll out of Total Mobile and if this is being looked into by the H&SCP. It was identified that this was a challenge and they have done some work on this in terms of short- and medium-term planning and the sustainability of this vital service.

Members noted that Winter does happen every year, however there seems to be a pause waiting to see how much funding is being allocated. Next year, the planning requires to be done differently and much earlier. It is part of the Annual Operational Plan, so cannot now be seen as a different thing. There needs to be an emphasis on recruiting earlier to allow staff to be in place for the winter period.

The Committee **discussed** the report and **noted** its conclusions.

9. ITEMS FOR NOTING

44/20 9.1. Minute of IJB Finance & Performance Committee, dated 11 February 2020

The Committee **noted** the minute.

45/20 9.2. Minute of Pharmacy Practice Committee, dated 10 December 2019

The Committee **noted** the minute.

10. ISSUES TO BE ESCALATED

46/20 10.1. To the Board in the IPR & Chair's Comments

The Committee agreed there were no particular issues to be escalated.

47/20 11. Any Other Business

None.

Date of Next Meeting: **12 May 2020** at 9:30am, in the Boardroom, Staff Club, Victoria Hospital

**MINUTE OF THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE MEETING
HELD ON 17 JUNE 2020 AT 09:30AM VIA MS TEAMS**

Rona Laing
Chair

Present:

Ms R Laing, Non-Executive Director (Chair)	Mr E Clarke, Non-Executive Director
Dr L Bisset, Non-Executive Director	Ms H Buchanan, Director of Nursing
Mrs C Potter, Chief Executive	Dr C McKenna, Medical Director
Mr A Morris, Non-Executive Director	Ms J Owens, Non-Executive Director
Mrs M McGurk, Director of Finance	

In Attendance:

Mrs N Connor, Director of Health & Social Care
Mr A Mackay, Deputy Chief Operating Officer
Mr S Garden, Director of Pharmacy
Mrs W Brown, Employee Director
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
Mrs R Robertson, Deputy Director of Finance
Miss L Stewart, PA to the Director of Finance (minutes)

1. Apologies for Absence

Apologies were received from member Dona Milne, Director of Public Health, and regular attendee Mr Andy Fairgrieve, Director of Estates & Facilities.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Covid-19 Briefing Session

3.1. Mobilisation Plan – Governance Arrangements

Mrs Carol Potter introduced the report, advising that the paper is to raise awareness with Board Members of the strategic and operational governance processes that have been in place during Covid-19.

The Committee were guided to Appendix 1, which highlights the Command Structure of Gold, Silver and Bronze that the Board adapted to address the emergency situation,

and she explained how this relates to the existing governance groups. This structure has been used for all planning, decision-making and governance during the pandemic period.

It was advised that as 'Business as Usual' activities have increased, the regular monthly EDG and weekly Executive Team meetings have recommenced. As the requirement for the Command Structure lessens, work is expected to flow through regular routes, including to the Board and its standing committees.

Mr Eugene Clarke questioned how Covid-19 related risks were being managed by the Health Board, Council and IJB in partnership. It was advised that a report will be presented to the Audit & Risk Committee this week that gives further details on this. Assurance was provided that all Covid-related risks are being monitored through the command structure and are scrutinised effectively.

The Committee took assurance from the above paper and related discussion.

3.2. COVID 19 – Audit Scotland Planning

Mrs Margo McGurk introduced the paper to the Committee, advising that it was intended largely for Audit & Risk Committee; however, there are relevant points detailed within the report for the Finance, Performance & Resources Committee to be aware of.

It was highlighted in the paper that Audit Scotland will be reprioritising their key areas of focus in response to the pandemic. Adaptations to the annual accounts audit process are already in place, to support the audit of the financial statements for 2019/20.

The Committee took awareness from the above paper and related discussion.

3.3. Financial Plan – COVID 19 Response

Mrs Margo McGurk introduced the paper to the Committee, highlighting that it provides an update on the process and adapted revised timeline. An initial presentation of the Financial Plan was presented to the full NHS Fife Board in May; however, this is being continually reassessed.

The Committee were guided to Sections 2.2 and 2.3 of the paper. The Scottish Government have requested the Mobilisation financial plan is resubmitted on the 22nd of June, which will reflect on the April and May actual financial performance. A narrative will be included to highlight emerging plans that are not fully quantified at this stage, such as those relating to Test and Protect and Health Board support to Care Homes. A fuller submission of the Remobilisation Plan will require to be submitted by the end of July. It was recognised that a lot of work is required across the Health Board, Council and IJB to refine the costs and forecasts.

It was advised that there will be a level of funding from the Scottish Government, but nothing has been released yet with the exception of a specific allocation to Local Authorities to recognise emerging cash flow issues.

Mrs Nicky Connor highlighted that the significant financial challenge facing the Partnership has been increased due to the impact of Covid-19.

Mr Alistair Morris questioned if the Scottish Government will amend their performance targets, as many may now be unachievable due to the effects of Covid-19. Mrs Carol Potter advised that Scottish Government are currently considering this issue and the expectation is that some level of change may be required given the impact of physical distancing on the ability of Boards to deliver to previously planned capacity levels.

The Committee took awareness from the above paper and related discussion.

3.4. Reflection on Internal Audit Governance Checklist

Mrs Margo McGurk introduced the paper relating to the Internal Audit Governance Checklist. Mrs Margo McGurk advised that this checklist was produced to support Board and Committee governance processes throughout the pandemic and may be a helpful tool in supporting the development of committee work programmes and areas of focus during 2020/21. This has been presented to the Committee to explore whether this would be a helpful exercise.

Mrs Rona Laing felt that the tool would be useful, and could be considered in more detail by the Committee at the next meeting. As an example, Mrs Rona Laing referenced the specific section on procurement and suggested this may be helpful in supporting Committee oversight in relation to the supply of PPE.

Mr Alistair Morris advised there would be a value in having a common approach across different Boards, but also thought it would be beneficial to have areas of personalisation specific to NHS Fife.

Dr Gillian MacIntosh highlighted that the checklist is a helpful gap analysis tool to check appropriate agenda items for each Committee, particularly to manage prioritisation of business. This can helpfully be taken forward to manage the work plans, which will require revision.

Mrs Margo McGurk and Mrs Rona Laing agreed to trial the checklist in preparing for the next Finance, Performance and Resources agenda in July.

The Committee had the appropriate discussion and took awareness from the above paper.

Action: Margo McGurk/Rona Laing

Date of Next Meeting: 7th July 2020 at 09:30am via MS Teams.

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 10.03.20	Stratheden IPCU – PPE	NC	Written report to be submitted in May 2020, detailing the smoking cessation activities taking place to create a smoke-free site.	Postponed at present due to Covid
130	14.05.19	Review of General Policies & Procedures	CP/GM/B AN/CM GM/CP	Consider potential software solutions for managing policy updates, seeking opinions from other Boards Written report to be submitted in May 2020 outlining proposed changes to the approval process	Postponed at present due to Covid
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 – date TBC
136	14.01.20	Update on PT and CAMHS	NC	Give an update in July 2020 on performance of both services to the Committee.	Postponed at present due to Covid
137	14.01.20	Scottish Access Collaborative	CP/SF/GM	A future Board Development session to be arranged to update the Board on this national workstream, to help inform local developments around enhancing waiting times / clinical pathways.	Date TBC
138	10.03.20	FP&R Development Session	MM/GM	Bi-annual Committee development sessions to be arranged from May 2020	Planned July session postponed due to Covid

COMPLETED ACTIONS					
132	10.09.19	Update on PT and CAMHS	JP	Give an update on performance of both services to the Committee.	Completed, January 2020
135	14.01.20	Winter Plan Funding	CP	DoF to clarify if recently announced, extra SG funding for unscheduled care will be applied to Winter Plan expenditure.	Completed, January 2020

Meeting:	Finance, Performance and Resources Committee
Meeting date:	7 July 2020
Title:	BAF – Financial Sustainability
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Margo McGurk, Director of Finance, Rose Robertson, Deputy Director of Finance

1 Purpose

This is presented to the Board for:

- Awareness
- Discussion

This report relates to a:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

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

The Committee has a vital role in scrutinising the risk and where indicated, Committee chairs will seek further information from risk owners. This report provides the Committee with an update on NHS Fife BAF specifically in relation to Financial Sustainability as at end February 2020.

2.2 Background

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

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

The Committee is invited to consider the following :

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

2.3 Assessment

The Committee can be assured that systems and processes are in place to monitor the financial performance and sustainability of NHS Fife, including the 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 May 2020. 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. It also reflects the level of challenge and uncertainty associated with the mobilisation and remobilisation activity in relation to Covid 19. Linked operational risks are also attached for information, with changes highlighted in red bold typeface.

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

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

Please refer to the full report at Annex 1.

2.3.4 Risk Assessment/Management

Please refer to the full report at Annex 1.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

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

- EDG 30 July 2020

2.4 Recommendation

The Committee is invited to:

- **Consider** the questions set out above; and
- **Approve** the updated financial sustainability element of the Board Assurance Framework
- **Decision** – Reaching a conclusion after the consideration of options.

3 List of appendices

The following appendices are included with this report:

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

Report Contact

Margo McGurk
Director of Finance
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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)	Rationale for Target Score
					Initial Score				Current Score																				Target Score

Financial Sustainability

1413	Sustainable	02.03.2020	30.04.2020	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. This risk must now be considered in the context of managing the financial impact of the COVID 19 pandemic.	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 outcome at year end	During Q4 2019/20 the financial plan was developed and a gap of £20m and consequent savings challenge was confirmed for 2020/21. The response to the COVID 19 pandemic required the organisation to focus all our efforts on mobilising the response plan. The current focus is now on remobilising services, the financial impact of COVID 19 will be significant. There is still a requirement to deliver a recurring balanced position over the medium term. It is inevitable that 2020/21 will be a transitional year where we consider and embrace plans for the "new normal" and how that can be delivered in a sustainable and affordable way. Within NHS Fife we will develop a 3-year financial plan which supports investment and disinvestment and which delivers prioritised and impact assessed financial arrangements. We will create financial models to present the tests of change already mobilised. This will take time and engagement to deliver robustly.	3 - Possible - May occur occasionally - reasonable chance	4 - Major	12	Moderate	Financial risks will always be prevalent within the NHS / public sector however it would be reasonable to aim for a position where these risks can be mitigated to an extent.
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Linked Operational Risk(s)

Risk ID	Risk Title	Current Risk Rating	Risk Owner
1363	Health & Social Care Integration - Overspend	High 20	M McGurk
1364	Efficiency Savings - failure to identify level of savings to achieve financial balance	High 20	M McGurk
1513	Financial and Economic impact of Brexit	High 20	M McGurk
1784	Finance (Short Term/Immediate)	High 16	N Connor
1846	Test and Protect	High 15	N Connor

Previously Linked Operational Risk(s)

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

ID	1363	1364	1513	1784
Position of Risk (Risk Register)	NHSFBD - Finance Directorate Risk Register	NHSFBD - Finance Directorate Risk Register	NHSFBD - Brexit Risk Register	NHSFBD – COVID-19 Risk Register
Opened	13.06.2017	13.06.2017	04.10.2018	28.04.2020
Title	Health and Social Care Integration	Efficiency Savings	Financial and Economic impact of Brexit	Finance (Short Term/Immediate)
Description	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.	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 the coronavirus outbreak will have a negative financial impact on the HSCP in the short term
Likelihood (initial)	4 - Likely - Strong possibility this could occur	4 - Likely - Strong possibility this could occur	5 - Almost Certain - Expected to occur frequently - more likely than not	5 - Almost Certain - Expected to occur frequently - more likely than not
Consequence (initial)	5 - Extreme	4 - Major	5 - Extreme	4 - Major
Risk level (initial)	High Risk	High Risk	High Risk	High Risk
Rating (initial)	20	16	25	20
Current Management Actions	An Integration Scheme Review chaired by the Director of Health & Social Care; and a Risk Share Review chaired by the Chief Finance Officer, were established in the 2019/20 FY - this was temporarily paused due to Covid 19, conversations across the partners have recently recommenced the review. The latter allows consideration of a review of items which should be included/excluded from the respective partners' budget to inform risk share calculations. In parallel the NHSF Director of Finance and Scottish Government colleagues are in dialogue over the unique Fife Integration Scheme and risk share position.			
Likelihood (current)	4 - Likely - Strong possibility this could occur	4 - Likely - Strong possibility this could occur	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Likely - Strong possibility this could occur
Consequence (current)	5 - Extreme	5 - Extreme	4 - Major	4 - Major
Risk level (current)	High Risk	High Risk	High Risk	High Risk
Rating (current)	20	20	20	16
Likelihood (Target)	3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance	1 - Remote - Can't believe this event would happen	1 - Remote - Can't believe this event would happen
Consequence (Target)	3 - Moderate	3 - Moderate	1 - Negligible	1 - Negligible
Risk level (Target)	Moderate Risk	Moderate Risk	Very Low Risk	Very Low Risk
Rating (Target)	9	9	1	1
Risk Owner	McGurk, Margo	McGurk, Margo	McGurk, Margo	Connor, Nicky
Handler	Robertson, Rose	Robertson, Rose	Stewart, Laura	Sweeney, Avril
Previous Review Date	08.06.2020	08.06.2020	05.06.2020	15.06.2020
Next Review	04.06.2021	30.04.2021	24.08.2020	01.07.2020

1846	ID
NHSFBD – COVID-19 Risk Register	Position of Risk (Risk Register)
02.06.2020	Opened
Test and Protect	Title
There is a risk that the introduction of TTIS (Test and Protect) has unintended consequences for workforce, finance and those receiving services: Rapid recruitment of workforce from exisiting areas of service could impair the delivery of critical services as they begin to remobilise: Workforce costs could be significant going forward and clarity is required regarding funding sources: the potential isolation of staff groups in eg pharmacies / care homes / care at home could temporarily close services and directly impact on those reliant on that service.	Description
4 - Likely - Strong possibility this could occur	Likelihood (initial)
5 - Extreme	Consequence (initial)
High Risk	Risk level (initial)
20	Rating (initial)
<p>Risks relating to introduction of TTIS (Test and Protect) identified and escalated to Gold Command.</p> <p>Request for connection of this risk between SG group overseeing care home support and those taking forward TTIS (Test and Protect).</p> <p>Public Health leads asked to ensure that staffing requests come through HSCP Director.</p> <p>Head of Finance to clarify funding arrangements for TTIS (Test and Protect).</p> <p>Service continuity plans to be updated by GMs to ensure mitigation in place for temporary loss of staffing in critical services.</p> <p>To monitor in conjunction with Risk 21.</p>	Current Management Actions
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)
1 - Negligible	Consequence (Target)
Very Low Risk	Risk level (Target)
1	Rating (Target)
Connor, Nicky	Risk Owner
Sweeney, Avril	Handler
15.06.2020	Previous Review Date
01.07.2020	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)
An Integration Scheme Review chaired by the Director of Health & Social Care; and a Risk Share Review chaired by the Chief Finance Officer, were established in the 2019/20 FY - this was temporarily paused due to Covid 19, conversations across the partners have recently recommenced the review. The latter allows consideration of a review of items which should be included/excluded from the respective partners' budget to inform risk share calculations. In parallel the NHSF Director of Finance and Scottish Government colleagues are in dialogue over the unique Fife Integration Scheme and risk share position.	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)
McGurk, Margo	Risk Owner
Robertson, Rose	Handler
08.06.2020	Previous Review Date
04.06.2021	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)
Moving into 2020/21, a formal and detailed assessment of resource levels and service costs is underway including a risk assessment of the deliverability of the required level of savings required to balance in 2020/21. This will be all the more challenging given the impact on services and costs of the response required to the COVID 19 pandemic.	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)
McGurk, Margo	Risk Owner
Robertson, Rose	Handler
08.06.2020	Previous Review Date
30.04.2021	Next Review

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 response to the UK withdrawal from the EU, Procurement have continued 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)
4 - Major	Consequence (current)
High Risk	Risk level (current)
20	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)
McGurk, Margo	Risk Owner
Stewart, Laura	Handler
05.06.2020	Previous Review Date
24.08.2020	Next Review

1784	ID
NHSFBD – COVID-19 Risk Register	Position of Risk (Risk Register)
28.04.2020	Opened
Finance (Short Term/Immediate)	Title
There is a risk that the coronavirus outbreak will have a negative financial impact on the HSCP in the short term	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)
Mobilisation plans submitted to Scottish Government. These reflect a year of costs. Regular meetings with NHS Fife and Fife Council Directors of Finance. Designated Covid -19 financial codes in both organisations. Letter of comfort from Scottish Government outlining agreement in principle to fund Covid 19 costs. Scottish Government have relaesed an initial £50M across Scotland. Fife's share is £3.4M	Current Management Actions
4 - Likely - Strong possibility this could occur	Likelihood (current)
4 - Major	Consequence (current)
High Risk	Risk level (current)
16	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)
Connor, Nicky	Risk Owner
Sweeney, Avril	Handler
15.06.2020	Previous Review Date
01.07.2020	Next Review

1846	ID
NHSFBD – COVID-19 Risk Register	Position of Risk (Risk Register)
02.06.2020	Opened
Test and Protect	Title
There is a risk that the introduction of TTIS (Test and Protect) has unintended consequences for workforce, finance and those receiving services: Rapid recruitment of workforce from exisiting areas of service could impair the delivery of critical services as they begin to remobilise: Workforce costs could be significant going forward and clarity is required regarding funding sources: the potential isolation of staff groups in eg pharmacies / care homes / care at home could temporarily close services and directly impact on those reliant on that service.	Description
4 - Likely - Strong possibility this could occur	Likelihood (initial)
5 - Extreme	Consequence (initial)
High Risk	Risk level (initial)
20	Rating (initial)
<p>Risks relating to introduction of TTIS (Test and Protect) identified and escalated to Gold Command.</p> <p>Request for connection of this risk between SG group overseeing care home support and those taking forward TTIS (Test and Protect).</p> <p>Public Health leads asked to ensure that staffing requests come through HSCP Director.</p> <p>Head of Finance to clarify funding arrangements for TTIS (Test and Protect).</p> <p>Service continuity plans to be updated by GMs to ensure mitigation in place for temporary loss of staffing in critical services.</p> <p>To monitor in conjunction with Risk 21.</p>	Current Management Actions
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)
1 - Negligible	Consequence (Target)
Very Low Risk	Risk level (Target)
1	Rating (Target)
Connor, Nicky	Risk Owner
Sweeney, Avril	Handler
15.06.2020	Previous Review Date
01.07.2020	Next Review

Meeting:	Finance, Performance & Resources Committee
Meeting date:	7 July 2020
Title:	NHS Fife Board Assurance Framework (BAF) Strategic Planning
Responsible Executive:	Dr Chris McKenna, Medical Director
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to:

- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

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

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

The Board 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 the next version of the NHS Fife BAF on 7.7.20.

2.2 Background

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

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

2.3 Assessment

There are five local key priorities for NHS Fife during 2020/21 aligned to the Clinical Strategy and Strategic Plan which underpin all aspects of the Health Board's strategic plan following the review of the integrated transformation programme:

1. Acute Services Transformation Programme
2. Joining Up Care - Community Redesign
3. Mental Health Redesign
4. Medicines Efficiencies
5. Integration and Primary Care

The Integrated Transformation Board (ITB) had been established in 2019 and provides strategic oversight of all of the health transformation programmes by NHS Fife, Fife IJB and Fife Council. The governance will continue to be with the 4 committees (x2 NHS and x2 IJB).

Each programme has now been agreed by the ITB against the programme management stage and gate framework. The ITB will oversee the transformation programmes and ensure objectives, outcomes and deliverables are met within timescales.

Since the last BAF was reported to this committee, the ITB has not met as all services and transformation programmes have been paused over the COVID-19 period. The remobilisation of services after COVID-19 has identified lessons learned including service redesign and transformation delivered at pace during the mobilisation phase. Although the ITB workplan has paused, the Remobilisation Oversight Group is responsible for the restarting of services including redesign and transformation.

The next update of the BAF is expected to include progress of the Integrated Transformation Board.

2.3.1 Quality/ Patient Care

Quality of Patient Care is part of the work of the Remobilisation Oversight Group

2.3.2 Workforce

No change.

2.3.3 Financial

Financial implications are dealt with through the process to restart services and the Finance Director is a member of the Remobilisation Oversight Group.

2.3.4 Risk Assessment/Management

Risk Assessment is part of the restart of services process.

2.3.5 Equality and Diversity, including health inequalities

Equality and Diversity is part of the restart of services process.

2.3.6 Other impact

n/a

2.3.7 Route to the Meeting

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

- Executive Directors Group, 30 June 2020

2.4 Recommendation

The Committee is invited to:

- **Note** the current position in relation to the Strategic Planning risk

Report Contact

Susan Fraser

Associate Director of Planning and Performance

Email susan.fraser@nhs.net

NHS Fife Board Assurance Framework (BAF)

Strategic Planning

1417	Person Centred, Clinically Excellent, Exemplary	Employer - Sustainable	04.04.2020	01.07.2020	There is a risk that NHS Fife will not deliver the recommendations made by the Clinical Strategy within a timeframe that supports the service transformation and redesign required to ensure service sustainability, quality and safety at lower cost.	4 - Likely - Strong possibility this could occur	4 - Major	16	High	4 - Likely - Strong possibility this could occur	4 - Major	16	High	Integrated Transformation Board now in place after the review of transformation in 2019. Reporting and processes currently being embedded.	New programme management approach in place supported by a stage and gate methodology.	Chief Executive	Clinical Governance	Ongoing actions designed to mitigate the risk including: 1. Establishment of Integrated Transformation Board (ITB) in 2019 to oversee transformation programmes across NHS Fife, Fife IJB and Fife Council to drive the delivery of the H&SC Strategic Plan and the Clinical Strategy. 2. Establishment of programme management framework with a stage and gate approach. 3. 3 of the 4 key strategic priorities are being taken forward by the H&SCP/IJB. The remaining priority is being taken forward by Acute services and progress shared through regular highlight reports. Programme Boards provide oversight and	JSTG not performing role adequately and replaced by the newly formed Integrated Transformation Board. but transformation programmes being progressed.	Leadership to strategic planning coming from the Executive Directors Group. Clinical Strategy workstream update has been produced to reflect progress against recommendations. Establishment of ITB should provide assurance to the committees and Board that the transformation programme has strategic oversight and delivery. Senior Leadership for Transformation through the ITB is provided by CEOs of NHS Fife and Fife Council.	Chief Executive	31.08.2020	1. Minutes of meetings record attendance, agenda and outcomes. 2. New governance in place with newly formed Integrated Transformation Group meeting every 6 weeks. 3. Performance and Accountability Reviews now underway which will provide assurance to committees on performance of all	1. Internal Audit Report on Strategic Planning (no. B10/17) 2. SEAT Annual Report 2016 3. Governance committee oversight of performance assurance framework	That the ITB is overseeing and managing the impact of the various programmes on areas such as capital and revenue, workforce and facilities. Business cases have been developed in support of the transformation	Current challenges associated with delivery of our strategic objectives include the focus on the 4 strategic priorities (Acute Transformation, Joining Up Care, Mental Health Redesign and Medicines Efficiencies), the interdependencies of workplans (NHS Fife/H&SCP/ Region) in terms of the whole system oversight of operational plans, delivery measures and	Possible - May occur occasionally - reasonable chance	4 - Major	12	Moderate	Once governance and monitoring is in place and transformation programmes are being realised, the risk level should reduce. WILL BE REVIEWED AFTER COVID19 PERIOD
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Linked Operational Risk(s)

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

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Reason for unlinking from BAF	Current Risk Rating	Risk Owner
	NIL APPLICABLE			

Meeting:	Finance, Performance & Resources Committee
Meeting date:	7 July 2020
Title:	Update on NHS Fife Board Assurance Framework (BAF) Environmental Sustainability
Responsible Executive:	Andy Fairgrieve Director of Estates , Facilities & Capital Services
Report Author:	Andy Fairgrieve Director of Estates , Facilities & Capital Services

1 Purpose

This is presented to FP&R for:

- Decision

This report relates to:

- Board Governance & Strategic Objectives

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

- Safe

2 Report summary

2.1 Situation

The BAF is intended to provide assurances to this Committee and ultimately to the Board, that the organisation is delivering on its strategic objectives as contained in the following:

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

The Committee has a key role in scrutinising the risk and where necessary, the chair should seek further information. The Committee is required to consider the following:

- Does the risk score feel right?
- Do the current controls match the stated risk?
- Will the mitigating actions bring the risk down to its target level?
- If the mitigating actions are fully implemented would the outcome be achieved?
- Does the assurance provided, describe how the controls are performing?
- Do the assurances come from more than one source including independent sources?

- Are limited resources being allocated appropriately i.e. on uncontrolled high risks or in otherwise well controlled areas of risk?
- Is there anything missing you would expect to see in the BAF?

This report provides FP&R with an update on NHS Fife BAF in relation to BAF risks.

2.2 Background

Estates & Facilities receive capital funding from Scottish Government via Fife's Capital Investment Group to address any statutory compliance or backlog maintenance issues. This is never enough and the above projects therefore need to be priorities and the highest risks receive the funding.

2.3 Assessment

Assessment of FHB's current position-

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

Both PFI providers at St Andrews and the VHK have started the replacement program for the flexible hoses. Only when these projects been completed will we remove them from the relevant BAF and risk registers .

There has been no change to the previous BAF report.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

There is no negative impact to the workforce.

2.3.3 Financial

Capital projects are being managed as and when funding becomes available.

2.3.4 Risk Assessment/Management

Please see attached risks and BAF.

2.3.5 Equality and Diversity, including health inequalities

N/A

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

External stakeholders are appointed where appropriate.

2.3.8 Route to the Meeting

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

EDG on 30 June is the first Group to be consulted.

2.4 Recommendation

- **Decision** – Note the report

3 List of appendices

The following appendices are included with this report:

- BAF Environmental Sustainability
- BAF Environmental Sustainability linked operational risks

Report Contact

Andy Fairgrieve

andrewfairgrieve@nhs.net

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)	Rationale for Target Score
---------	-------------------------------	--------------------	---------------------	---------------------	----------------------	-----------------------	------------------	-----------------	----------------------	-----------------------	------------------	-----------------	-----------------------------	----------------------------	--	--	-----------------	--	--------------------	-----------	--	--	--	---------------------	---------------------	----------------------	-----------------	----------------	----------------------------

1414	Sustainable, Clinically Excellent	10.06.2020	18.09.2020	There is a risk that Environmental & Sustainability legislation is breached which impacts negatively on the safety and health of patients, staff and the public and the organisation's reputation.	4 - Likely - Strong possibility this could occur	5 - Extreme	20	High	4 - Likely - Strong possibility this could occur	5 - Extreme	20	High	Estates currently have significant high risks on the E&F risk register; until these have been eradicated this risk will remain. Action plans have been prepared and assuming capital is available these will be reduced in the near future.	Director of Estates, Facilities & Capital Services (E,F &CS) Finance, Performance & Resources (F,P&R) Chair: Rona Laing	Ongoing actions designed to mitigate the risk including: 1. Operational Planned Preventative Maintenance (PPM) systems in place 2. Systems in place to comply with NHS Estates 3. Action plans have been prepared for the risks on the estates & facilities risk register. These are reviewed and updated at the monthly risk management meetings. The highest risks are prioritised and allocated the appropriate capital funding. 4. The SCART (Statutory Compliance Audit & Risk Tool) and EAMS (Estates Asset Management System) systems record and track estates & facilities compliance. 5. Sustainability Group manages environmental issues and Carbon Reduction Commitment(CRC) process is audited annually. 6. Externally appointed Authorising Engineers carry out audits for all of the major services i.e. water safety, electrical systems, pressure systems, decontamination and so on.	Nil	1. Capital funding is allocated depending on the E&F risks rating	Director of Estates, Facilities & Capital Services Ongoing as limited funding available	1. Capital Investment delivered in line with budgets 2. Sustainability Group minutes. 3. Estates & Facilities risk registers. 4. SCART & EAMS 5. Adverse Event reports	1. Internal audits 2. External audits by Authorising Engineers 3. Peer reviews	None	High risks still exist until remedial works have been undertaken, but action plans and processes are in place to mitigate these risks.	1 - Remote - Can't believe this event would happen	5 - Extreme	5	Low	All estates & facilities risk can be eradicated with the appropriate resources but there will always be a potential for failure i.e. component failure or human error hence the target figure of 5.
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Risk ID	Risk Title	Current Risk Rating	Risk Owner
1296	Emergency Evacuation - VHK- Phase 2 Tower Block	High 20	A Fairgrieve
1007	Theatre Phase 2 Remedial work	High 15	M Cross
1252	Flexible PEX hoses Phase 3 VHK - Legionella Risk	High 15	A Fairgrieve

Risk ID	Risk Title	Reason for unlinking from BAF	Current Risk Rating	Risk Owner
735	Medical Equipment Register	Risk Closed		
749	VHK Phase 2 - Main Foul Drainage Tower Block	Risk Closed		
1083	VHK CL O2 Generator - Legionella Control	Risk Closed		
1207	Water system Contamination STACH	No longer high risk	Moderate 10	A Fairgrieve
1275	South Labs loss of service due to proximity of water main to plant room	No longer high risk	Moderate 8	D Lowe
1306	Risk of pigeon guano on VHK Ph2 Tower Windows	No longer high risk	Moderate 12	D Lowe
1312	Vertical Evacuation - VHK Phase 2 Tower Block	Risk Closed		
1314	Inadequate Compartmentation - VHK - Escape Stairs and Lift Enclosures	Risk Closed		
1315	Vertical Evacuation - VHK Phase 2 - excluding Tower Block	Risk Closed		
1316	Inadequate Compartmentation - VHK - Phase 1, Phase 2 Floors and 1st - risk of fire spread	No longer high risk	Moderate 12	A Fairgrieve
1335	Fife College of Nursing - Fire alarm potential failure	Risk Closed		
1341	Oil storage - risk of SEPA prosecution/ HSE enforcement due to potential leak/ contamination/ non compliant tanks	No longer high risk	Moderate 10	G Keatings
1342	Oil Storage - Fuel Tanks	No longer high risk	Moderate 10	J Wishart
1352	Pinpoint malfunction	Risk Closed		
1384	Microbiologist Vacancy	Risk Closed		
1473	Stratheden Hospital Fire Alarm System	Risk Closed		

1252	1007	1296	ID
Corporate Directorate - Estates Risk Register	Acute Services - Planned Care - Theatres/Anaesthetics Risk Register	CORPORATE RISK REGISTER, Corporate Directorate - Estates Risk Register	Position of Risk (Risk Register)
02.06.2016	11.02.2015	22.08.2016	Opened
Flexible PEX hoses in PHASE 3 VHK	Theatre Phase 2 Remedial work	Emergency Evacuation, VHK Phase 2 Tower Block	Title
<p>AF 2/8/16 There is a risk to patient safety due to a legionella risk in phase 3 building.</p> <p>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.</p>	<p>Risk of increased loss of service due to deteriorating fabric of building resulting in reduced ability to reach TTG targets.</p>	<p>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.</p>	Description
3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance	4 - Likely - Strong possibility this could occur	Likelihood (Initial)
5 - Extreme	5 - Extreme	5 - Extreme	Consequence (Initial)
High Risk	High Risk	High Risk	Risk level (Initial)
15	15	20	Rating (Initial)
Current Management Actions			
<p>JR/KD</p> <p>It was agreed that the flexible hose replacement would be a 2 year programme of work. The first 50% is to be rolled out this year, although this is likely to start later due to the current situation, and 50% is to be replaced in 2021.</p>	<p>13/4/20 Risk remains unchanged and plans are being taken forward as outlined on 30/4/2019</p> <p>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</p> <p>Executive team reviewing options of undertaking surgery in alternative theatres.</p>	<p>JR/AF - 17/12/2019 - Situation is still the same, however adjustments have been made to the fire alarm system which gives a clear definition now between a full fire alarm tone for evacuation, and an intermittent tone for prepare to evacuate. Previously this fire tone was unrecognizable between the two as the gap was 250ms and is now 1.6 seconds. Feedback from ward staff is positive. This will assist clinical teams in confirming clarity on the need to evacuate or not.</p> <p>Also with ward 13 only being used now as winter pressure ward.</p> <p>Extra pagers have been purchased by Estates and now all clinical coordinators hold their own.</p>	
3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance	4 - Likely - Strong possibility this could occur	Likelihood (current)
5 - Extreme	5 - Extreme	5 - Extreme	Consequence (current)
High Risk	High Risk	High Risk	Risk level (current)
15	15	20	Rating (current)
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	Likelihood (Target)
5 - Extreme	5 - Extreme	5 - Extreme	Consequence (Target)
Moderate Risk	Low Risk	Low Risk	Risk level (Target)
10	5	5	Rating (Target)
Fairgrieve, Andrew	Cross, Murray	Fairgrieve, Andrew	Risk Owner
Bishop, Paul	Lowe, David	Ramsay, Jimmy	Handler
28.04.2020	14.04.2020	23.04.2020	Previous Review Date
31.03.2021	30.04.2021	31.03.2021	Next Review

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/AF - 17/12/2019 - Situation is still the same, however adjustments have been made to the fire alarm system which gives a clear definition now between a full fire alarm tone for evacuation, and an intermittent tone for prepare to evacuate. Previously this fire tone was unrecognizable between the two as the gap was 250ms and is now 1.6 seconds. Feedback from ward staff is positive. This will assist clinical teams in confirming clarity on the need to evacuate or not. Also with ward 13 only being used now as winter pressure ward. Extra pagers have been purchased by Estates and now all clinical coordinators hold their own.	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)
Faigrieve, Andrew	Risk Owner
Ramsay, Jimmy	Handler
23.04.2020	Previous Review Date
31.03.2021	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)
13/4/20 Risk remains unchanged and plans are being taken forward as outlined on 30/4/2019 M.C 30/04/2019 funding has been agreed and plans are well underway for a new Orthopaedic Building which will accommodate theatres, ward are and out-patient area. This will not be complete until 2022 Executive team reviewing options of undertaking surgery in alternative theatres.	Current Management Actions
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
14.04.2020	Previous Review Date
30.04.2021	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)
JR/KD It was agreed that the flexible hose replacement would be a 2 year programme of work. The first 50% is to be rolled out this year, although this is likely to start later due to the current situation, and 50% is to be replaced in 2021.	Current Management Actions
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)
Faigrieve, Andrew	Risk Owner
Bishop, Paul	Handler
28.04.2020	Previous Review Date
31.03.2021	Next Review

Meeting:	Finance, Performance & Resources Committee
Meeting date:	7 July 2020
Title:	Draft Finance, Performance & Resources Committee Annual Statement of Assurance 2019-20
Responsible Executive:	Carol Potter, Chief Executive
Report Author:	Gillian MacIntosh, Board Secretary

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Legal requirement
- Local policy

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

- Effective

2 Report summary

2.1 Situation

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

2.2 Background

Each Committee must consider its proposed Annual Statement at the first Committee meeting of the new financial year. In normal circumstances, this would be the May meeting of the Committee, but a three-month extension has been granted for the formal approval of the Financial Statements due to the present circumstances of the pandemic. The timing of submission to the Committee reflects that extension to the normal deadlines.

2.3 Assessment

In addition to recoding practical details such as membership and rates of attendance, the format of the report has been reviewed this year to include a more reflective and detailed section (Section 4) on agenda business covered in the course of 2019-20, with a view to improving the level of assurance given to the NHS Board.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

N/A.

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

N/A.

2.3.8 Route to the Meeting

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

2.4 Recommendation

The paper is provided for:

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

Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

gillian.macintosh@nhs.net

ANNUAL STATEMENT OF ASSURANCE FOR THE FINANCE, PERFORMANCE & RESOURCES COMMITTEE 2019/20

1. Purpose of Committee

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

2. Membership of Committee

- 2.1 During the financial year to 31 March 2020, membership of the Finance, Performance and Resources Committee comprised:

Ms Rona Laing	Chair / Non-Executive Member
Dr Les Bisset	Non-Executive Member
Ms Sinead Braiden	Non-Executive Member (until 30.11.19)
Mr Eugene Clarke	Non-Executive Member
Mr Alistair Morris	Non-Executive Member (from 01.12.19)
Ms Wilma Brown	Stakeholder Member
Ms Janette Owens	Stakeholder Member
Mr Paul Hawkins	Chief Executive (until 27.01.20)
Ms Carol Potter	Director of Finance (until 27.01.20) / Chief Executive (from 28.01.20)
Ms Margo McGurk	Director of Finance (from 03.02.20)
Dr Chris McKenna	Medical Director
Ms Helen Buchanan	Director of Nursing
Ms Dona Milne	Director of Public Health

- 2.2 The Committee may invite individuals to attend the Committee meetings for particular agenda items, but the Chief Operating Officer (Director of Acute Services), Director of Health & Social Care, Director of Estates & Facilities, Director of Pharmacy & Medicines and Board Secretary will normally be in attendance at Committee meetings. Other attendees, deputies and guests are recorded in the individual minutes of each Committee meeting.

3. Meetings

- 3.1 The Committee met on seven occasions during the financial year to 31 March 2020, on the undernoted dates:
- 14 May 2019
 - 16 July 2019
 - 10 September 2019
 - 14 October 2019

- 05 November 2019
- 14 January 2020
- 10 March 2020

3.2 The attendance schedule is attached at Appendix 1.

4. Business

- 4.1 As the 2019/20 Financial Year drew to a close, the Covid-19 pandemic required an unprecedented mobilisation effort on behalf of NHS Fife in order to address the developing public health emergency. Staff responded with professionalism, speed and agility, effecting major service changes in an extremely short timescale. This report is written against that background, with the knowledge that the Committee's future schedule of business will adapt appropriately to reflect on the Board's ongoing response to Covid-19. Issues to consider in the forthcoming year will be the implications for the Board's financial planning processes and efficiency savings targets, in addition to the continued challenges of addressing overspend within integrated services.
- 4.2 Minutes of Committee meetings have been approved by the Committee and presented to Fife NHS Board. The Board also receives a verbal update at each meeting from the Chair, highlighting any key issues discussed by the Committee at its preceding meeting. The Committee maintains an action register to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings.
- 4.3 At each meeting the Finance, Performance and Resources Committee considers the most up-to-date financial position for the year for both revenue and capital expenditure. This function is of central importance, as the Committee provides detailed scrutiny of the ongoing financial position and all aspects of operational performance across NHS Fife activities, including those delegated to the Integration Joint Board.
- 4.4 Considerable time was spent in meetings discussing and reviewing the financial pressures facing the Board, the delivery of in-year savings and consideration of future year service changes and financial consequences. A detailed update on the Acute Services Division Savings Plan was reviewed at the July 2019 meeting of the Committee in a dedicated presentation session with members, with subsequent updates to following meetings.
- 4.5 The Committee has also received detailed reports on the Annual Operational Plan for 2019/20, subsequently approved by the Board in May 2019, and, in private session, the new version of the Plan for 2020/21. Briefings were also provided on additional funding secured via ADEL and details of qualifying expenditure through this source. A new five-year Procurement Strategy was reviewed and approved by the Committee in September 2019, setting out how the Board intends to ensure that its procurement activity delivers value for money and contributes towards NHS Fife's broader strategic objectives.
- 4.6 The Committee scrutinised operational performance at each meeting through review of the Integrated Performance & Quality Report (IPQR). During 2019/20 the IPQR was further developed to improve layout, content and provide clearer data analysis, trend and interpretation. There was increased clarity, and subsequently increased scrutiny, of matters within the IPQR of specific relevance to the Committee.
- 4.7 Members received updates on the implementation of a new Performance & Accountability Framework across NHS Fife, welcoming the structured, transparent and systematic approach to ensure the robust delivery of standards and targets across the areas of (i) Finance; (ii) Operational Performance; (iii) Quality; and (iv) Workforce. A summary of the key themes identified at the review meetings with services held in September 2019 was considered by the Committee at its January 2020 meeting. The Committee also considered the Strategic Objectives 2019/20, describing what NHS Fife aims to achieve in year, in tandem with a looking-back review of Directors' Objectives for 2018/19.

- 4.8 In September 2019, detailed updates, at the request of the Committee, were given on performance within the services of Psychological Therapies and CAMHS, particularly in relation to ongoing concerns about failure to meet RTT targets. The issues were explained in detail by the relevant service managers and Committee members scrutinised the various improvement actions and recovery plans. Further updates were delivered to the January and March 2020 meetings of the Committee, with members reviewing the actions underway to improve performance in these services.
- 4.9 The preparation of a robust plan for dealing with Winter demand, along with a review of the previous year's performance, were considered by the Committee at a number of meetings. A lessons-learned report remained an important area of consideration by the Committee, to improve performance on an ongoing basis. The potential impact of Covid-19 risks on Winter Planning is recognised to be a significant issue going forward.
- 4.10 During the year, the Committee received regular reports on the subject of Brexit, particularly in relation to the potential financial impact of a 'no deal' or 'hard' Brexit, on issues such as the economy, budget planning, procurement of medicines and equipment, and the supply chain in general. A watching brief remains, despite the stepping-down of Brexit-related emergency planning activity, as the national political position has stabilised.
- 4.11 The Committee has considered a regular update around the status of General Policies & Procedures, gaining assurance from improved performance in the review and updating of Board-level policies. Members have been supportive of efforts to move to a more streamlined review process, utilising electronic software solutions where appropriate, and this work is expected to develop over the coming year.
- 4.12 The Committee considered matters in relation to the following capital schemes:
 - Kincardine & Lochgelly Health Centres Initial Agreement Documents
 - Elective Orthopaedic Centre Outline Business Case
 - Hospital Electronic Prescribing & Medicines Administration (HEPMA)
- 4.13 The Committee also received reports on the management of Capital schemes in general, and reviewed the Property & Asset Management Strategy update for 2019 in detail at its July meeting. A detailed presentation was given to members on the processes of the Scottish Capital Investment Manual (SCIM), to improve members' awareness of this key governance process. The annual PPP Monitoring Report for 2018-19, covering the sites of St Andrews Community Hospital and Phase 3 of the Victoria Hospital in Kirkcaldy, was considered by the Committee in January 2020, with members gaining assurance from the positive audit opinion detailed therein.

5. Outcomes

- 5.1 The Committee has, through its scrutiny and monitoring of regular finance reports and other one-off reports, been able to assure the Board that NHS Fife:
 - complied with statutory financial requirements and achieved its financial targets for the financial year 2019/20;
 - met specific reporting timetables to both the Board and the Scottish Government Health & Social Care Directorates;
 - made adequate progress in the delivery of efficiency savings (on a recurring and non recurring mix), noting the continuing challenges within Acute and social care spend within the Fife Health & Social Care Partnership; and

- has taken account of planned future policies and known or foreseeable future developments in the financial planning process.

6 Best Value

- 6.1 Since 2013/14 the Board has been required to provide overt assurance on Best Value. A revised Best Value Framework was considered and agreed by the NHS Board in January 2018. Appendix 2 provides evidence of where and when the Committee considered the relevant characteristics during 2019/20.

7 Risk Management

- 7.1 In line with the Board's agreed risk management arrangements, the Finance, Performance & Resources Committee, as a governance committee of the Board, has considered risk through a range of reports and scrutiny, including oversight on the detail of the Board Assurance Frameworks covering Financial Sustainability, Strategic Planning and Environmental Sustainability. Progress and appropriate actions were noted. Within the Committee's remit specifically, the ongoing risks presented by the failure to achieve savings targets within Acute, in addition to ongoing pressures in the Partnership in relation to the Social Care budget and the potential impact of the Integration risk share arrangement, were considered in detail, with assurances sought over mitigating actions.
- 7.2 As with other Board Committees, Finance, Performance & Resources Committee members contributed to work involved in developing a risk appetite threshold for the Board overall, to determine the nature and extent of the significant risks the Board is willing to take in order to achieve its strategic priorities. A dedicated session at the Committee was led by the Risk Manager in order to capture members' thoughts and comments, which were brought together in a subsequent Board Development Session.

8 Self Assessment

- 8.1 The Committee has undertaken a self assessment of its own effectiveness, utilising a revised questionnaire considered and approved by the Committee Chair. Attendees were also invited to participate in this exercise, which was carried out via an easily-accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its March 2020 meeting, and action points are being taken forward at both Committee and Board level.

9. Conclusion

- 9.1 As Chair of the Finance, Performance and Resources Committee at 31 March 2020, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that adequate financial planning and monitoring and governance arrangements were in place throughout NHS Fife during the year, including scrutiny of all aspects of non financial performance metrics.
- 9.2 I would pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee.

Signed: _____ Date: _____

Rona Laing, Chair

On behalf of the Finance, Performance and Resources Committee

Appendix 1 – Attendance Schedule
Appendix 2 – Best Value

**FINANCE, PERFORMANCE AND RESOURCES COMMITTEE
ATTENDANCE SCHEDULE 2019/20**

	14.05.19	16.07.19	10.09.19	14.10.19 (private)	05.11.19	14.01.20	10.03.20
Ms R Laing (Chair)	√	√	√	√	√	√	√
Dr L Bisset	√	√	√	√	√	√	√
Ms S Braiden (until 30.11.19)	√	x	√	√	√		
Mr E Clarke	√	√	√	√	√	√	√
Mr A Morris (from 01.12.19)						√	√
Mrs W Brown	√	√	√	√	x	x	√
Ms J Owens	√	√	√	√	√	√	√
Mr P Hawkins (until 27.01.20)	√	√	√	x	x	√	
Mrs C Potter	√	√	√	√	√	√	√
Mrs M McGurk (from 03.02.20)							√
Dr C McKenna	√	x	√	√	x	√	x
Ms H Buchanan	√	x	√	√	x	√	√
Ms D Milne	x	x	√	√	√	√	x

In attendance

Mr M Kellet, Director of H&SC	√	x					
Ms N Connor, Director of H&SC			√		√	√	x
Mr A Fairgrieve, Director of Estates	√	√	√		√	√	√
Ms E Ryabov, Chief Operating Officer	x	√	√		x		
Ms M Olsen, Interim Chief Operating Officer						√	√
Mr A Mackay, Deputy Chief Operating Officer	√				√		
Mrs E McPhail, Director of Pharmacy	x						
Mr S Garden, Director of Pharmacy		√	√		√	x	√
Dr G MacIntosh, Board Secretary	√	x	√	√	√	√	√
Ms R Robertson, Deputy Director of Finance	√				√	√	
Ms C Dobson, Divisional General Manager (West)		√					√
Mr A Wilson, Capital Projects Director					√		

BEST VALUE FRAMEWORK

Vision and Leadership

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

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

GOVERNANCE AND ACCOUNTABILITY

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

OVERVIEW

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

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

APPENDIX 2

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

USE OF RESOURCES

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

OVERVIEW

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

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

APPENDIX 2

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Organisational budgets and other resources are allocated and regularly monitored.	Annual Operational Plan Integrated Performance & Quality Report	FINANCE, PERFORMANCE & RESOURCES COMMITTEE	Bi-monthly	Integrated Performance & Quality Report
NHS Fife has a strategy for procurement and the management of contracts (and contractors) which complies with the SPFM and demonstrates appropriate competitive practice.	Code of Corporate Governance Financial Operating Procedures	FINANCE, PERFORMANCE & RESOURCES COMMITTEE	Reviewed annually	Code of Corporate Governance Financial Operating Procedures
NHS Fife understands and exploits the value of the data and information it holds.	Annual Operational Plan Integrated Performance & Quality Report	BOARD COMMITTEES	Annual Bi-monthly	Annual Operational Plan Integrated Performance & Quality Report
Fixed assets including land, property, ICT, equipment and vehicles are managed efficiently and effectively and are aligned appropriately to organisational strategies.	Property and Asset Management Strategy	FINANCE, PERFORMANCE & RESOURCES COMMITTEE	Bi-annual Ongoing Bi-monthly Monthly	Property and Asset Management Strategy Report on asset disposal Integrated Performance & Quality Report Minutes of NHS Fife Capital Investment Group

PERFORMANCE MANAGEMENT

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

OVERVIEW

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

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

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

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

CROSS-CUTTING THEME – SUSTAINABILITY

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

OVERVIEW

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

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

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

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

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

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

APPENDIX 2

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

CROSS-CUTTING THEME – EQUALITY

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

OVERVIEW

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

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

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

APPENDIX 2

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

Meeting:	Finance, Performance & Resources Committee
Meeting date:	7 July 2020
Title:	Internal Audit Governance Checklist
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Gillian MacIntosh, Board Secretary

1 Purpose

This is presented to the Committee for:

- Awareness
- Discussion

This report relates to a:

- Legal requirement

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The purpose of this paper is to invite the Finance, Performance & Resources Committee to reflect on the Internal Audit Governance Checklist provided to support the work of NHS Boards and Committees during the pandemic period. Annex 1 sets out the specific parts of that checklist relevant to the work of this Committee. Other sections are being considered by the other governance committees and the Board as a whole.

2.2 Background

The FTF Internal Audit Consortium have developed this helpful governance checklist for use across their clients. The intention is for it to be used to support local governance processes during the pandemic.

2.3 Assessment

The Committee is asked to consider the specific areas covered in their checklist and consider whether it should be used to support the governance process during the

pandemic. Other Board committees have found the checklist useful as an aid to prioritise agenda business (when reviewed in conjunction with an update of the Committee's routine workplan), and to serve as a gap-analysis tool, to help identify new topics and areas that the Committee should receive updates on at future meetings, to enhance their understanding and provide assurance on new or developing risks.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

Workforce concerns are core to the Board's response to the Covid-19 pandemic.

2.3.3 Financial

The Covid-19 impact on costs is unprecedented and represents a major financial challenge for all Health Boards. Continuing with robust scrutiny arrangements is therefore vital.

2.3.4 Risk Assessment/Management

This paper relates to how risks specific to the Covid-19 pandemic can best be captured in the Committee's work going forward, to improve the level of assurance that can be provided to the Board.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

N/A.

2.3.8 Route to the Meeting

This governance checklist has been considered by both the Audit & Risk Committee and, in initial form, at the Finance, Performance & Resources Committee at their June briefing session. The former has asked that all of the Board's governance committees consider at their July meetings how best the checklist can be used to enhance their business planning going forward.

2.4 Recommendation

The paper is provided for:

- **Awareness** – For Members' assurance and information

3 List of appendices

The following appendices are included with this report:

- Governance Checklist for the Finance, Performance & Resources Committee

Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

gillian.macintosh@nhs.net

Finance, Performance & Resources Related Questions	Y/N/Partly?
<i>The overarching Covid Response Plan is inadequate</i>	
Has a comprehensive Covid Response Plan or plans been prepared and made available?	
How was it prepared, by whom and on what basis?	
Have key risks been identified and assigned and are these being overtly mitigated and reported in a manner conversant with both the extant guidance on risk and the fluid situation?	
Does it cover all key areas - e.g. overall Governance, Partnerships, Clinical, Information, Finance, Risk, Estates, Communications (external & Internal), Workforce, Supplies, IT?	
Has the plan been developed in consultation with all key players, including senior Clinical, Nursing and HSCP stakeholders?	
Has it been approved formally by the Board?	
<i>Corporate Governance Arrangements (Board and Sub -Committees) fail to operate effectively during Covid Crisis</i>	
Is the Board able to meet effectively during the crisis?	
How is required openness and transparency being maintained and assured about decisions made during this period with a curtailed governance framework, including with the general public? Are there any key indicators?	
Is the Board being kept up to date with all key information (e.g. on finances, staffing, clinical matters, infrastructure, IT, Performance, Covid related statistics)? How has the Board decided on its information priorities?	
Is the Board considering and measuring the potential impact on its ability to meet key performance targets and how it might address potential shortfalls?	
Have these arrangements been agreed formally by the Board ? Is there an appropriate and agreed decision making process?	
Have arrangements been made to ensure the Annual Accounts Process can be completed timeously?	
Have arrangements been made to facilitate the statutory audit?	
Have all the required assurances been received and reviewed? If the Board is not receiving reports they normally would do, what is the risk associated with this and is there a process to risk assess which reports should continue to come to Board?	
Have arrangements been made to enable the Audit and Risk Committee to review the Annual Accounts and Governance Statement in line with requirements?	
Has the rationale behind these preparations been set out and agreed by the Board?	
Will the new AOP take into account the likely impact on Targets and how will this be addressed?	
Will the workforce strategy be revised, including to reflect any potential changes to working and service delivery methods (shared services, e/home working, eHealth)?	
<i>Covid may have a serious impact on the Board's Financial Position</i>	
Has a reasoned assessment been made of the extra costs likely to be incurred through Covid?	
Is there adequate authority/approval for the additional expenditure and is it limited?	

Finance, Performance & Resources Related Questions	Y/N/Partly?
Are these extra costs being separately recorded and monitored both capital and current?	
Are the financial arrangements being developed and co-ordinated with the IJBs/HSCPs?	
<i>FHB has insufficient arrangements to ensure it has sufficient supplies/equipment to handle the current crisis</i>	
Are key suppliers still in a position to deliver the required services (as a result of their own coronavirus issues)? Have alternatives been identified if not?	
Are stock/equipment monitoring arrangements sufficiently robust to cope with sudden high demand for key items - e.g. PPE, Ventilators, sanitisers, oxygen, beds?	
Are stock levels and storage facilities being managed so as to enable storage of high demand items?	
Have adequate arrangements been made to liaise with the SG and other NHS/LA bodies on emergency supplies?	
Are there adequate arrangements to identify and prioritise locations with high/low stocks and arrange transfers as appropriate?	
Are there adequate staffing and transport arrangements to handle deliveries and transfers?	

Meeting:	Finance, Performance & Resources Committee
Meeting date:	7 July 2020
Title:	Revised Committee Annual Workplan 2020-21
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Gillian MacIntosh, Board Secretary

1. Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Local policy

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

- Effective

2. Report Summary

2.1 Situation

The Finance, Performance & Resources Committee agreed its Annual Workplan for 2020-21 in March 2020, to manage effectively the work of the Committee throughout the year. As a consequence of the change in priorities for the Board in response to the Covid-19 pandemic, and also to reflect the cancellation of the May 2020 Finance, Performance & Resources Committee meeting, the plan requires to be revised, to ensure missed work is covered and new priorities are appropriately reflected.

2.2 Background

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

2.3 Assessment

The Workplan agreed in March 2020 no longer fully reflects the correct timings and priorities for the remainder of the year as a consequence of the pandemic situation. A revised version is thus attached for the Committee's consideration.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

N/A.

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

N/A.

2.3.8 Route to the Meeting

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

2.4 Recommendation

The paper is provided for:

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

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Revised Annual Workplan 2020-21

Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

gillian.macintosh@nhs.net

FINANCE, PERFORMANCE AND RESOURCES COMMITTEE – REVISED ANNUAL WORKPLAN 2020/21

	Lead	May	July	September	November	January	March
Governance							
Minutes of Previous Meetings	Chair	✓	✓	✓	✓	✓	✓
Minutes of other Committees & Groups	Chair	✓	✓	✓	✓	✓	✓
Escalation of Issues from IJB	DoH&SC	✓	✓	✓	✓	✓	✓
Escalation of Issues to NHS Board	Chair	✓	✓	✓	✓	✓	✓
Board Assurance Framework (BAF)	DoN	✓	✓	✓	✓	✓	✓
Review of Terms of Reference	Board Secretary						✓
Committee Self Assessment	Board Secretary						✓
Annual Assurance Statement	Board Secretary	✓	✓				
PPP Performance Monitoring Report	DoE&F				✓		
Labs MSC Performance Report	COO	✓		✓			
Review of General Policies & Procedures (work presently paused but next update to be as scheduled)	Board Secretary	✓			✓		
Annual Workplan	Board Secretary		✓				✓
Annual Accounts – Progress Update on Audit Recommendations (report timing revised to reflect extension to Accounts approval)	DoF			✗	✗	✓	✓
Corporate Calendar	Board Secretary			✓			
Planning							
Financial Plan 2020/21 (in private session)	DoF	✓	✓				✓
Medium Term Financial Strategy & AOP Financial Plan 2020/21 – 2022/23	DoF			✓	✓		
Capital Programme 2020/21	DoF			✓	✓		
Medium Term Financial Strategy & AOP Financial Plan 2021/22 – 2023/24	DoF					✓	
Financial Plan and Opening Budgets 2021/22	DoF						✓
Capital Programme 2021/22	DoF						✓
Property & Asset Management Strategy (PAMS) (no report being requested this year due to pandemic)	DoE&F		✗				
Winter Plan / Winter Performance Report	DoH&SC	✓		✓ Review	✓ Plan 2020-21	✓	✓
Orthopaedic Elective Project	DoN	✓	✓	✓	✓	✓	✓

FINANCE, PERFORMANCE AND RESOURCES COMMITTEE – REVISED ANNUAL WORKPLAN 2020/21 (continued)

	Lead	May	July	September	November	January	March
Performance							
Integrated Performance & Quality Report	DoF	✓	✓	✓	✓	✓	✓
Other / Adhoc							
Receipt of Business Cases	As required						
Property Transaction Matters							
Consideration of awards of tenders							
Asset Disposals							

Meeting:	Finance, Performance & Resources Committee
Meeting date:	7 July 2020
Title:	Elective Orthopaedic Centre Project
Responsible Executive:	Helen Buchanan, Director of Nursing
Report Author:	Alan Wilson, Capital Project Director

1 Purpose

This is presented to the Board for:

- Awareness

This report relates to a:

- NHS Board Strategy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 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 a Full Business Case (FBC) for submission to the Scottish Government Capital Investment Group (CIG) by September 2020 to meet the initial timelines as set out in the Initial Agreement Document (IAD).

The paper is to provide the committee with an update on the NHS Fife Elective Orthopaedic Centre project.

2.2 Background

The new Elective Orthopaedic Centre construction project has key milestones set out in the IAD and the purpose of this report is to provide assurance to the committee members on progress against these key milestones.

2.3 Assessment

The project is currently behind by 2 weeks on the timeline per the agreed programme in due to the challenges associated with the current climate in regards to the COVID-19 pandemic but we are currently in the process of revising the activity times allocated to various tasks in the programme to bring it back in line.

We have received the official letter of approval of our Outline Business Case from the Directorate of Health and Social Care Capital Investment Group following submission of the document back in November.

Through site investigation work, we have now established that an area of around one third of the building footprint needs some further consolidation carried out. A budget cost for these works are currently being undertaken but any works will still be within the affordability of the risk budget assigned.

We have now been able to conclude all the work packages and they are out to the Principal Supply Chain Partners for market testing. The programme for returning the priced packages is to be completed by 1st September and although this is a very tight programme initial feedback is that this will be achieved.

The main financial risk for the project going forward is understandably the effect that the current COVID -19 pandemic will have on the construction industry but we are in continual communication with Scottish Government representatives and our Principal Supply Chain Partners.

2.3.1 Quality/ Patient Care

The new facility will provide state of the art quality of care for the population of Fife however it may mean that some services are centralised within the unit and not delivered locally as present.

2.3.2 Workforce

The centre will have a positive impact on the workforce with the design capturing the whole service working in the same facility. The garden and staff areas will provide great space to help with staff well being.

2.3.3 Financial

The financial model of the new facility has all been agreed and sits within either capital budget allocation or future revenue funding increases.

2.3.4 Risk Assessment/Management

The project has a full risk register and is a standing agenda on the monthly project board meeting.

2.3.5 Equality and Diversity, including health inequalities

Equality issues will be addressed through the Full Business Case process and will align with all current guidance/policy.

An impact assessment has been completed and is available.

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

The project is being delivered in line with Scottish Capital Investment Manual that sets out the standards for the processes and standards for the above.

2.3.8 Route to the Meeting

This paper has been reviewed by the Director of Nursing as Senior Responsible Officer for the Project.

2.4 Recommendation

- **Awareness** – For Members' information only.

3 List of appendices

N/A

Report Contact

Alan Wilson

Capital Projects Director

Email alan.wilson1@nhs.net

Meeting:	Finance, Performance & Resources Committee
Meeting date:	7 July 2020
Title:	Integrated Performance & Quality Report
Responsible Executive:	Carol Potter, Chief Executive
Report Author:	Susan Fraser, Associate Director of Planning & Performance

1 Purpose

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

- Discussion

This report relates to the:

- Annual Operational Plan (AOP), as impacted by the Joint Fife Mobilisation Plan (JFMP)

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report informs the Finance, Performance & Resources (FPR) Committee of performance in NHS Fife and the Health & Social Care Partnership against a range of key measures (as defined by Scottish Government 'Standards' and local targets). The period covered by the performance data is (with certain exceptions due to a lag in data availability) up to the end of April 2020.

2.2 Background

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

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

The May meeting of the FPR Committee was cancelled due to the pandemic, but 'virtual' meetings are restarting from July.

2.3 Assessment

Due to the COVID-19 pandemic, this report has been updated on a 'data only' basis since March, with all open Improvement Actions being marked as 'ON HOLD'. We have restarted the process of updating existing Improvement Actions and identifying new ones which reflect the spirit of the JFMP, where possible.

Performance, particularly in relation to Waiting Times across Acute Services and the Health & Social Care Partnership has been hugely affected during the pandemic. The Exec Summary Assessment in Pages 6 to 8 of the report summarise this impact, while Appendix 1 provides more detailed information on the predicted recovery of key services.

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

WT = Waiting Times

RTT = Referral-to-Treatment

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

DTT = Decision-to-Treat-to-Treatment

Operational Performance – Acute Services / Corporate Services

Measure	Update	Target	Current Status
IVF WT *	Monthly	100%	Achieving
4-Hour Emergency Access	Monthly	95%	Achieving
New Outpatients WT	Monthly	95%	Not achieving
Diagnostics WT	Monthly	100%	Not achieving
Patient TTG	Monthly	90.6%	Not achieving
18 Weeks RTT	Monthly	90%	Not achieving
Cancer 31-Day DTT	Monthly	95%	Achieving
Cancer 62-Day RTT	Monthly	95%	Not achieving
Detect Cancer Early *	Quarterly	29%	Not achieving
FOI Requests	Monthly	85%	Not achieving

Operational Performance – H&SCP

Measure	Update	Target	Current Status
DD (Bed Days Lost)	Monthly	5%	Not achieving
Antenatal Access	Monthly	80%	Achieving
Smoking Cessation	Monthly	100%	Not achieving
CAMHS WT	Monthly	90%	Not achieving

Psy Ther WT	Monthly	90%	Not achieving
ABI (Priority Settings) *	Quarterly	80%	Not achieving
Drugs & Alcohol WT	Monthly	90%	Achieving

Finance

Measure	Update	Target	Current Status
Revenue Expenditure	Monthly	Break even	Not achieving
Capital Expenditure	Monthly	£7.394m	Achieving

* Data for latest reporting period not yet available (paused as per instruction from Scottish Government during the pandemic)

2.3.1 Quality/ Patient Care

Refer to the Exec Summary for details on how the COVID-19 pandemic has affected service performance throughout NHS Fife.

2.3.2 Workforce

The report has been compiled by the Planning & Performance Team (PPT) with the support of Managers across the range of NHS Fife services.

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

All current risks are related to the COVID-19 pandemic.

2.3.5 Equality and Diversity, including health inequalities

Not applicable.

2.3.6 Other impact

None.

2.3.7 Communication, involvement, engagement and consultation

The NHS Fife Board Members are aware of the approach to the production of the IPQR since April.

Standing Committees and Board Meetings were cancelled in May, but are scheduled to restart in July, and the June IPQR will be available for discussion at each.

2.3.8 Route to the Meeting

The IPQR was drafted by the PPT, ratified by the Associate Director of Planning & Performance and then considered at a meeting of the EDG on 30th June. It was then authorised for release to Board Members and Standing Committees.

2.4 Recommendation

The FPR Committee is requested to:

- **Discussion** – Examine and consider the NHS Fife performance, with particular reference to the measures identified in Section 2.3, above

3 List of appendices

None

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Fife Integrated Performance & Quality Report

Produced in June 2020



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

- a. Clinical Governance
- b. Finance, Performance & Resources
 - Operational Performance
 - Finance
- c. Staff Governance

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

A summary report of the IPQR, the Executive Summary IPQR (ESIPQR), 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 mainland NHS Boards.

The 2020/21 Annual Operational Plan (AOP) was produced before the COVID-19 Pandemic, and its content, both in terms of planned improvement work and performance improvement trajectories, was being discussed with the Scottish Government when the lockdown started. The suspension of many services means that the AOP will require significant rework before it can be agreed with the SG. As such, it cannot currently be reflected in the IPQR.

An alternative source for Improvement Actions in the 2020/21 IPQR, specifically for performance areas relating to Waiting Times, is the Joint Mobilisation Plan (JMP) for Fife. This has been produced at the request of the Scottish Government in order to describe the steps being taken by the Health Board and Health & Social Care Partnership to recover services which were 'paused' from the start of the COVID-19 lockdown. This issue of the IPQR includes the initial proposals for these actions.

Improvement Actions carry a '20' or '21' prefix, to identify those continuing from 2019/20 and those identified as new for this FY.

No Performance Improvement Trajectories are included in the run charts at this stage.

As part of the JMP, a spreadsheet showing projected activity across critical services has been created by Scottish Government and will be a 'living document' as we go forward. The latest version of this is shown in Appendix 1.

a. LDP Standards & Key Performance Indicators

The current performance status of the 29 indicators within this report is 9 (31%) classified as **GREEN**, 4 (14%) **AMBER** and 16 (55%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory.

In addition to measures which consistently achieve/exceed the Standard performance (IVF Treatment Waiting Times – regional service delivered by NHS Tayside - Antenatal Access and Drugs & Alcohol Treatment Waiting Times), there was notable improvement (almost certainly attributable to the lockdown) in the following areas during the last reporting period:

- 4-Hour Emergency Access Standard achieved for the first time July 2019 – attendance almost 60% less at VHK than in April 2019, resulting in far fewer 4-Hour breaches than in previous months
- 18 Weeks RTT Standard achieved for first time since September 2016 – number of patients treated in April was almost 75% less than in April 2019
- Significant reduction in % Bed Days Lost due to patients in delay as a result of a 50% fall in the number of patients in delay across ASD and the Community Hospitals
- Smoking Cessation - highest monthly quit number of year recorded in January 2020
- Sickness Absence – lowest monthly absence rate since June 2018, possibly positively impacted by guidelines around reporting Coronavirus-related absence from work

b. National Benchmarking

National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 29 indicators within this report has 3 (10%) within upper quartile, 19 (66%) in mid-range and 7 (24%) in lower quartile.







There are indicators where national comparison is not available or not directly comparable.

Indicator Summary



				Performance						Benchmarking			
				meets / exceeds the required Standard / on schedule to meet its annual Target						Upper Quartile			
				behind (but within 5% of) the Standard / Delivery Trajectory						Mid Range			
				more than 5% behind the Standard / Delivery Trajectory						Lower Quartile			
Section	LDP Standard	Standard	Target 2020/21	Reporting Period	Year Previous		Previous		Current		Reporting Period	Fife	Scotland
Clinical Governance	N/A	Major & Extreme Adverse Events	N/A	Month	Apr-19	58	Mar-20	23	Apr-20	26	N/A		
	N/A	HSMR	N/A	Year Ending	Dec-18	N/A	Sep-19	1.02	Dec-19	1.02	YE Dec-19	1.02	1.00
	N/A	Inpatient Falls	5.97	Month	Apr-19	7.42	Mar-20	7.94	Apr-20	7.77	N/A		
	N/A	Inpatient Falls with Harm	2.16	Month	Apr-19	1.60	Mar-20	1.33	Apr-20	1.73	N/A		
	N/A	Pressure Ulcers	0.42	Month	Apr-19	0.50	Mar-20	1.06	Apr-20	1.02	N/A		
	N/A	Caesarean Section SSI	2.5%	Quarter Ending	Dec-18	1.7%	Sep-19	2.5%	Dec-19	2.3%	QE Dec-19	2.3%	0.9%
	N/A	SAB - HAI/HCAI	19.5	Quarter Ending	Apr-19	16.9	Mar-20	11.4	Apr-20	10.6	YE Dec-19	13.5	16.2
	N/A	SAB - Community	N/A	Quarter Ending	Apr-19	14.3	Mar-20	6.5	Apr-20	13.1	YE Dec-19	10.5	9.4
	N/A	C Diff - HAI/HCAI	6.7	Quarter Ending	Apr-19	4.5	Mar-20	10.3	Apr-20	10.6	YE Dec-19	8.8	13.3
	N/A	C Diff - Community	N/A	Quarter Ending	Apr-19	4.4	Mar-20	1.1	Apr-20	2.2	YE Dec-19	4.0	4.7
	N/A	ECB - HAI/HCAI	36.6	Quarter Ending	Apr-19	51.7	Mar-20	47.9	Apr-20	43.9	YE Dec-19	43.1	39.3
	N/A	ECB - Community	N/A	Quarter Ending	Apr-19	27.5	Mar-20	28.0	Apr-20	26.1	YE Dec-19	35.5	43.7
	N/A	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Apr-19	78.1%	Mar-20	71.8%	Apr-20	68.0%	2018/19	70.7%	81.5%
	N/A	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Apr-19	44.7%	Mar-20	34.7%	Apr-20	24.7%	2018/19	49.1%	53.7%
Operational Performance	90%	IVF Treatment Waiting Times	90%	Month	Mar-19	100.0%	Feb-20	100.0%	Mar-20	100.0%	N/A		
	95%	4-Hour Emergency Access		Month	Apr-19	94.7%	Mar-20	91.8%	Apr-20	96.8%	Apr-20	96.8%	94.9%
	100%	Patient TTG (Ongoing Waits)		Month	Apr-19	88.5%	Mar-20	83.1%	Apr-20	57.3%	Mar-20	83.2%	64.4%
	95%	New Outpatients Waiting Times		Month	Apr-19	98.0%	Mar-20	95.2%	Apr-20	74.8%	Mar-20	95.2%	74.9%
	100%	Diagnostics Waiting Times		Month	Apr-19	99.8%	Mar-20	97.8%	Apr-20	46.3%	Mar-20	97.9%	75.8%
	95%	Cancer 31-Day DTT		Month	Apr-19	89.9%	Mar-20	97.6%	Apr-20	94.5%	QE Dec-19	97.7%	96.5%
	95%	Cancer 62-Day RTT		Month	Apr-19	84.4%	Mar-20	85.9%	Apr-20	67.5%	QE Dec-19	89.6%	83.7%
	90%	18 Weeks RTT		Month	Apr-19	80.9%	Mar-20	84.3%	Apr-20	90.1%	Dec-19	82.0%	78.9%
	29%	Detect Cancer Early	27%	Year Ending	Sep-18	26.9%	Jun-19	25.2%	Sep-19	24.8%	2017, 2018	25.1%	25.5%
	N/A	Delayed Discharge (% Bed Days Lost)	5%	Month	Apr-19	7.5%	Mar-20	9.6%	Apr-20	5.6%	QE Dec-19	7.2%	7.1%
	N/A	Delayed Discharge (# Standard Delays)	N/A	Month	Apr-19	65	Mar-20	58	Apr-20	24	Apr-20	6.42	7.47
	80%	Antenatal Access	80%	Month	Aug-18	87.5%	Jul-19	84.2%	Aug-19	86.6%	2018/19	91.3%	87.6%
	473	Smoking Cessation	473	YTD	Jan-19	81.9%	Dec-19	87.9%	Jan-20	92.4%	YT Sep-19	91.5%	91.1%
	90%	CAMHS Waiting Times		Month	Apr-19	72.3%	Mar-20	83.1%	Apr-20	67.0%	QE Mar-20	76.0%	65.1%
	90%	Psychological Therapies Waiting Times		Month	Apr-19	66.1%	Mar-20	78.4%	Apr-20	62.0%	QE Mar-20	70.1%	77.6%
	80%	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Dec-18	72.1%	Sep-19	77.3%	Dec-19	75.7%	YT Dec-19	51.8%	83.7%
	90%	Drugs & Alcohol Treatment Waiting Times	90%	Month	Feb-19	95.5%	Jan-20	87.1%	Feb-20	96.1%	QE Dec-19	96.0%	95.0%
	N/A	Dementia Post-Diagnostic Support		Annual	2016/17	87.3%	2017/18	86.8%	2018/19	92.1%	2017/18	86.8%	72.5%
	N/A	Dementia Referrals		Annual	2016/17	60.0%	2017/18	55.3%	2018/19	60.6%	2017/18	55.3%	42.3%
	N/A	Freedom of Information Requests	85%	Quarter Ending	Apr-19	73.1%	Mar-20	72.1%	Apr-20	80.3%	N/A		
Finance	N/A	Revenue Expenditure	£0	Month	May-19	N/A	Apr-20	N/A	May-20	+£2.839m	N/A		
	N/A	Capital Expenditure	£7.394m	Month	May-19	N/A	Apr-20	N/A	May-20	£1.280m	N/A		
Staff Governance	4.00%	Sickness Absence		Month	Apr-19	5.42%	Mar-20	5.46%	Apr-20	4.95%	YE Mar-20	5.49%	5.31%

d. Assessment


The Executive Summary Assessment currently focuses, where possible, on the impact of the COVID-19 pandemic on services.

Clinical Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
HSMR	1.00	N/A	N/A	YE Dec-19	1.02	YE Dec-19	
The annual HSMR for NHS Fife was unchanged during the final quarter of 2019, and remained slightly above the Scotland average. The drill-down narrative provides a detailed explanation of the measure and limitations associated with it.							
Inpatient Falls (with Harm)	2.16	Apr-20	2.16	Apr-20	1.73	N/A	N/A
Reduce falls with harm by 20% by December 2020							
The changes in service delivery due to the COVID-19 pandemic have changed clinical area function and this has been dynamic in response to the need for green and red capacity. This includes a change in numbers of patients in ward areas and the use of PPE and social distancing, all of which have had an impact on the way that staff deliver care. Moving forward we will need to continue to review our approaches to continue to reduce falls with harm.							
Pressure Ulcers	0.42	Never Met	0.42	Apr-20	1.02	N/A	N/A
50% reduction by December 2020							
Assessing the impact of COVID-19 on performance is difficult as our response has changed the clinical area function and pathway, and this has led to a dynamic response to the need for green and red capacity. A brief deep dive exercise of data to date has is being undertaken to identified wards (HSCP) who reported pressure incidents during the pandemic to learn the reasons behind them.							
Caesarean Section SSI	N/A	QE Dec-19	2.5%	QE Dec-19	2.3%	QE Dec-19	
We will reduce the % of post-operation surgical site infections to 2.5%							
In response to the COVID-19 pandemic and the resultant increased demand on IPCTs, the CNO issued a letter on 25th March stating that there would be a temporary pause on all Surgical Site Infection surveillance. This remains the case until further notice.							
SAB (MRSA/MSSA)	18.8	QE Apr-20	19.5	QE Apr-20	10.6	YE Dec-19	
We will reduce the rate of SAB HAI/HCAI by 10% between March 2019 and March 2022							
Infection control surveillance has continued throughout the COVID-19 pandemic. The number of infections has fallen (as might have been expected with a much-reduced bed occupancy rate throughout the Acute and Community hospitals).							
C Diff	6.5	QE Jun-19	6.7	QE Apr-20	10.6	YE Dec-19	
We will reduce the rate of C Diff HAI/HCAI by 10% between March 2019 and March 2022							
Infection control surveillance has continued throughout the COVID-19 pandemic. Despite a much-reduced bed occupancy rate throughout the Acute and Community hospitals), the C Diff infection rate has remained fairly static, although infection numbers are low.							
ECB	33.0	Never Met	36.6	QE Apr-20	43.9	YE Dec-19	
We will reduce the rate of E. coli bacteraemia HAI/HCAI by 25% between March 2019 and March 2022							
Infection control surveillance has continued throughout the COVID-19 pandemic. Prior to this, an Exception Report was received from HPS in relation to the number of ECB in the final quarter of 2019. The number of infections has fallen (as might have been expected with a much-reduced bed occupancy rate throughout the Acute and Community hospitals).							
Complaints - Stage 2	N/A	Never Met	65%	QE Apr-20	24.7%	FY 2018/19	
At least 75% of Stage 2 complaints are completed within 20 working days							
During the early onset of COVID-19, Patient Relations were advised that the clinical team's priority was focused on the pandemic and that responding to complaints would not be high priority. While the clinical services aimed to respond, there have been significant delays and a reduced complaint workload. Responding to complaints in line with the timescales of the National Complaint Handling Procedure has therefore suffered.							

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
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%	Apr-20	TBC	Apr-20	96.8%	Apr-20	●
Performance against the 4-Hour Emergency Access Standard has improved during the COVID-19 pandemic as a result of the significant reduction in presentations at ED. This, combined with the impact of the Urgent Care Centres, has reduced admission numbers and breaches for bed waits have become rare.							
Patient TTG (Ongoing Waits) All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	TBC	Apr-20	57.3%	QE Mar-20	●
Performance has been hugely affected during the COVID-19 pandemic, as a result of all non-urgent elective work being paused. The drop in referrals has meant the overall waiting list has remained stable, but the number of patients already waiting more than 12 weeks for treatment has increased by a factor of 5 since March, and recovery to the pre-pandemic position will be a lengthy process.							
New Outpatients 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	Mar-20	TBC	Apr-20	74.8%	Mar-20	●
In response to COVID-19, Outpatient services in Fife were suspended week beginning 23rd March, with a limited service available for urgent and urgent suspicion of cancer outpatients only. Whilst the number of patients on list waiting to be seen has remained stable due to reduced referrals, the number of patients waiting over 12 weeks to be seen has increased significantly.							
Diagnostics 100% of patients to wait no longer than 6 weeks from referral to key diagnostic test (scope or image)	100%	Apr-16	TBC	Apr-20	46.3%	Mar-20	●
The pausing of non-urgent services from late March due to COVID-19 has resulted in a significant fall in the % of patients waiting no more than 6 weeks for a diagnostics test. While the overall waiting list has remained stable due to a similar fall in referrals, the number of patients waiting more than 6 weeks (particularly for Imaging) has increased to over half of the overall figure.							
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	TBC	Apr-20	67.5%	QE Dec-19	●
NHS Fife's response to COVID-19 ensured that cancer services were prioritised and maintained, although public anxiety early on in the pandemic resulted in patients choosing not to attend appointments. A full diagnostic radiology service has been maintained for urgent suspicion of cancer patients, and private sector surgical capacity has been utilised for breast, ENT and urology patients. Nevertheless, performance has fallen significantly during							
FOI Requests At least 85% of Freedom of Information Requests are completed within 20 working days	N/A	Never Met	85%	QE Apr-20	80.3%	N/A	N/A
Due to the COVID-19 pandemic, any FOI requests closed between 7th April and 26th May, inclusive, have been subject to a 60-day closure allowance rather than the normal 20 days. The Information Governance & Security Team, who now manage all NHS Fife FOI requests as well as co-ordinating efforts with the Health & Social Care Partnership, have largely been able to improve closure performance during this period.							
Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Aug-18	5%	Apr-20	5.6%	QE Dec-19	●
Bed days lost due to patients in delay has reduced significantly during the COVID-19 pandemic, a natural result of the actual number of delayed patients reducing by half. The challenge will be to maintain this as normal working resumes.							
Smoking Cessation Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	YT May-19	100%	YT Jan-20	92.4%	YT Sep-19	●
Smoking Cessation activities have been impacted by the COVID-19 pandemic as we are unable to conduct face to face support within GP practices and hospital clinics or use the mobile unit to reach our most vulnerable communities. Changes to the service model have been introduced to address the various challenges. The specialist service has agreed to support the pharmacy stop smoking service by undertaking the outstanding follow-ups due now and for the foreseeable future. Whilst the number of clients has reduced, there is increased workload associated with arranging extended supplies of medication for clients and alternative collection and delivery options through community pharmacy. Advisors also describe long conversations with clients facing difficult personal circumstances at this time.							

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance		Benchmarking Period and Quartile	
CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral	90%	Sep-16	TBC	Apr-20	67.0%	QE Mar-20	
Performance has not been hugely affected so far due to the COVID-19 pandemic, with a drop-off in referrals and continuing work in improved signposting by Primary Mental Health Workers resulting in a fall in waiting times. However, plans for group work will have to be reviewed to reflect new social distancing rules, and the underlying challenge of meeting demand with available capacity remains.							
Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral	90%	Never Met	TBC	Apr-20	62.0%	QE Mar-20	
While performance has not been hugely affected so far due to the COVID-19 pandemic, there has been a drop-off in referrals which is very likely to be reversed during the next few months, above current capacity. In addition, the inability to hold group sessions due to social distancing restrictions will impact on treatment plans.							

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
Revenue Expenditure							
Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	May-20	+ £2.839m	N/A	N/A
Following the unprecedented challenges created by the outbreak of the COVID-19 pandemic and the resultant public health emergency, our financial reporting has been expanded to encompass: our 'business as usual' or core position; and COVID-19 additional costs. The validation of additional COVID-19 spend has necessitated an informed desktop assessment to be made of offsetting cost reductions (health costs that have reduced as a result of the COVID-19 response). In parallel, a desktop assessment has been made re potential savings generated, to ensure a continued effort to meet our efficiency savings requirements; albeit we have signposted to SG a level of expected underachievement of savings for the 2020/21 financial year as part of our Local Mobilisation Financial Template process.							
Capital Expenditure							
Work within the capital resource limits set by the SG Health & Social Care Directorates	£7.394m	N/A	£7.394m	May-20	£1.280m	N/A	N/A
The total anticipated Capital Resource Limit for 2020/21 is £7.394m. The capital position for the 2 months to May shows investment of £1.280m, equivalent to 17.32% of the total allocation							

Staff Governance	Standard / Local Target	Last Achieved	Target 2020/21	Current Performance	Benchmarking Period and Quartile		
Sickness Absence To achieve a sickness absence rate of 4% or less	4.00%	Never Met	TBC	Apr-20	4.95%	YE Mar-20	
Sickness absence levels have fallen in the first two months of the COVID-19 pandemic. It is difficult to draw any firm conclusions around this due to the way that pandemic-related absence (either due to having the infection or requiring to self-isolate) is being handled, and the situation will be monitored as we return to 'normal' and restart various Attendance Management activities.							

II. Performance Exception Reports

Clinical Governance

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Finance, Performance & Resources – Operational Performance

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Finance, Performance & Resources – Finance

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Staff Governance

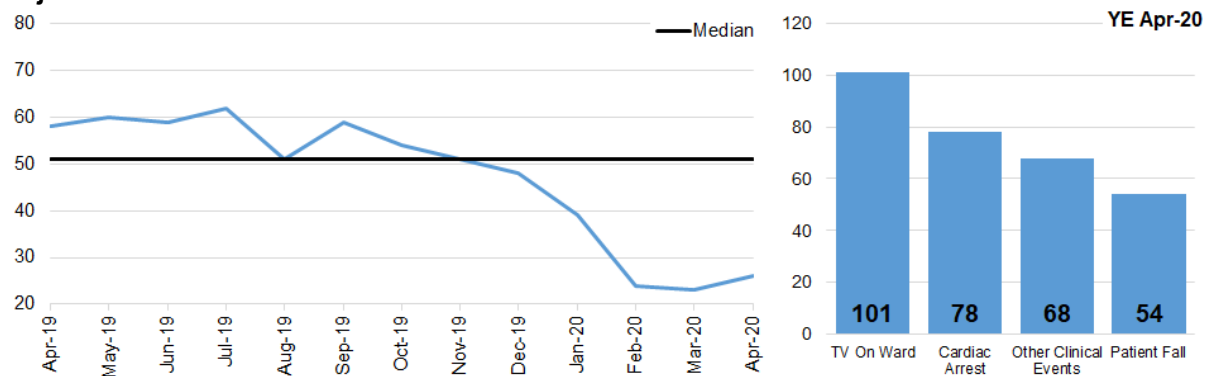
Sickness Absence	43
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Clinical Governance

Adverse Events

*An event that could have caused (a near miss), or did result in, harm to people or groups of people.
Harm is defined as an outcome with negative effect.*

Major and Extreme Adverse Events



All Adverse Events

	Month	2019/20												20/21
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
ALL	NHS Fife	1234	1292	1242	1405	1297	1248	1355	1356	1386	1395	1304	1103	875
	Acute Services	537	594	566	562	573	532	659	575	583	616	635	461	367
	HSCP	645	626	629	800	668	670	646	732	766	743	618	619	476
	Corporate	52	72	47	43	56	46	50	49	37	36	51	23	32
CLINICAL	NHS Fife	853	935	833	914	833	814	939	889	927	909	920	782	597
	Acute Services	485	551	516	519	517	486	593	534	525	556	573	429	339
	HSCP	356	347	297	380	284	310	320	337	391	335	328	339	240
	Corporate	12	37	20	15	32	18	26	18	11	18	19	14	18

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 deaths is more than predicted.

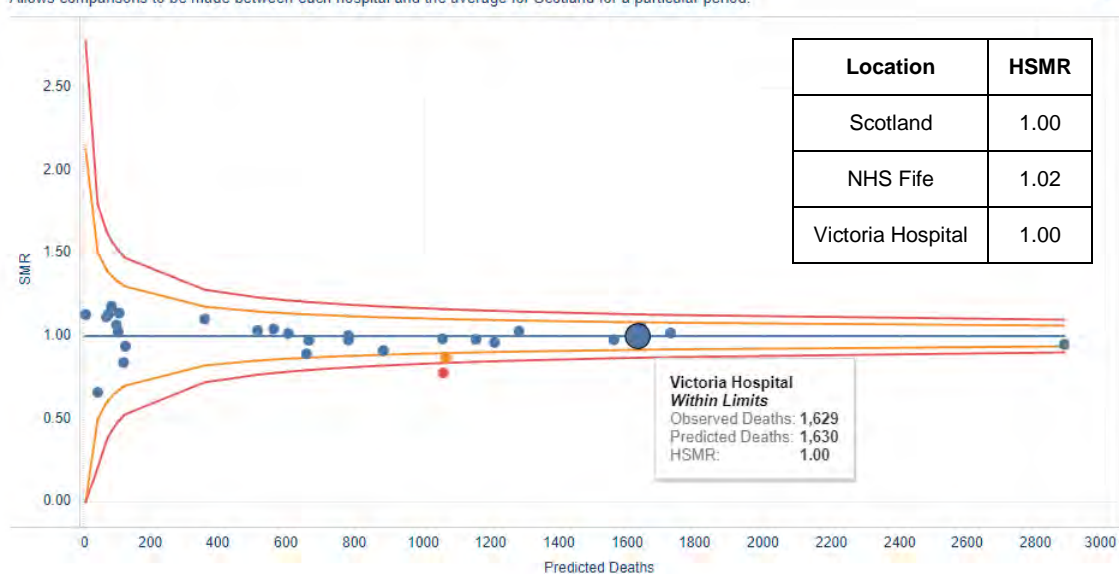
Reporting Period; January 2019 to December 2019^p

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.

The rates for Scotland, NHS Fife (as a whole) and Victoria Hospital as an entity in itself are shown in the table within the Funnel Plot.

Funnel Plot by Hospital: January 2019 to December 2019

Allows comparisons to be made between each hospital and the average for Scotland for a particular period.



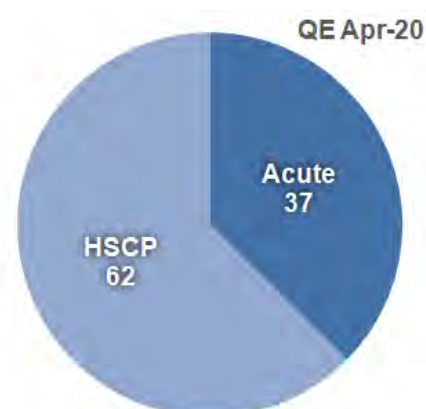
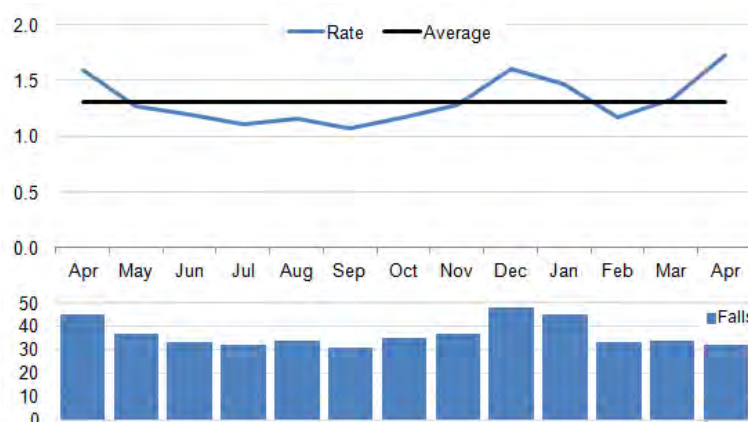
Clinical Governance

Inpatient Falls with Harm

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

Improvement Target rate (by end December 2020) = **2.16 per 1,000 OBD**

Local Performance



Service Performance

Month	2019/20												20/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	1.60	1.26	1.19	1.10	1.16	1.08	1.17	1.28	1.61	1.47	1.16	1.33	1.73
Acute Services	0.94	0.67	1.33	0.61	0.89	0.98	0.81	1.08	1.03	0.99	0.84	1.26	1.93
HSCP	2.14	1.77	1.07	1.51	1.38	1.16	1.48	1.44	2.10	1.89	1.44	1.38	1.61

Key Challenges in 2020/21

The changes in service delivery due to the COVID-19 pandemic have changed clinical area function and this has been dynamic in response to the need for green and red capacity. This includes a change in numbers of patients in ward areas and the use of PPE and social distancing, all of which have had an impact on the way that staff deliver care. Moving forward we will need to continue to review our approaches to continue to reduce falls with harm.

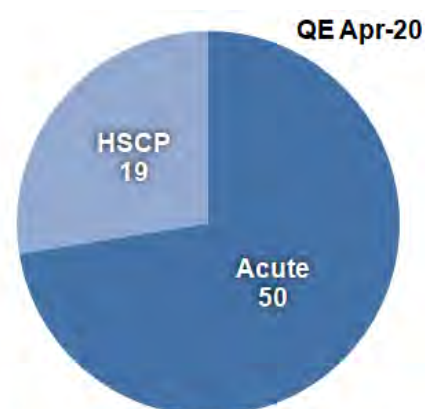
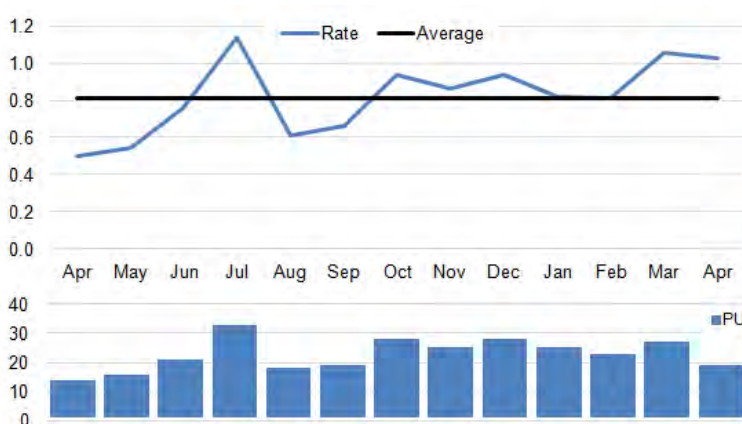
Improvement Actions	Update
20.3 Falls Audit By TBC	The audit was completed over a 5 week period, focused on 5 acute wards and showed that falls intervention reviews are poorly completed. Improvement is anticipated following the launch of the revised toolkit, and a further compliance audit (originally planned for February/March 2020) will be rescheduled later in 2020 with local work continuing to improve practice.
20.5 Improve effectiveness of Falls Champion Network By TBC	The Falls Champions Network was anticipated as a regular face to face session to support champions. Challenges in maintaining the network were being explored with some discussion regarding a Fife wide more virtual approach using technology. This discussion will be recommenced in the coming weeks with plans around developing an information/training pack to support development, shared learning and consistency. This will also consider information boards within the wards and falls related information.
21.1 Refresh of Plans By TBC	Next meeting planned for 12 th August with a view to refreshing the group workplan at that time for the coming year.

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 2020) = **0.42 per 1,000 Occupied Bed Days**

Local Performance



Service Performance

Month	2019/20												20/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	0.50	0.55	0.76	1.14	0.61	0.66	0.94	0.86	0.94	0.82	0.81	1.06	1.02
Acute Services	0.70	0.89	1.25	2.15	1.27	0.98	1.39	1.62	1.40	1.20	1.23	1.94	2.08
HSCP	0.32	0.25	0.33	0.31	0.06	0.39	0.55	0.25	0.56	0.49	0.46	0.46	0.42

Key Challenges in 2020/21

Analysing impact of COVID-19 on clinical pathway for handling Pressure Ulcers, and taking appropriate action to improve performance

Improvement Actions	Update
20.4 Improve consistency of reporting	Action complete
20.5 Review TV Champion Network Effectiveness By Sep-20	Regular sessions to support the already existing TV Champions Network is challenging due to clinical commitment. We need to consider how best to support the champions to deliver their role effectively. We are utilising the Teams IT system to reach all TV champions.
20.6 Reduce PU development By Oct-20	Redesign of the Quality Improvement Model to support the clinical teams to reduce harm, led by a HoN from the HSCP and ASD. To provide senior leadership support in practice.
21.1 Improve reporting of PU By Oct-20	First initial TV Steering meeting held on 2 nd June to re-ignite the TV work stream, with next meeting scheduled for 8 th July. We are annotating the TV Report Charts to reflected the COVID 19 pandemic to better understand the reasons behind the data and support improvement measures. A "Deep Dive" exercise is being undertaken into identified wards (HSCP) who reported pressure incidents during the pandemic to learn the reasons behind them

Clinical Governance

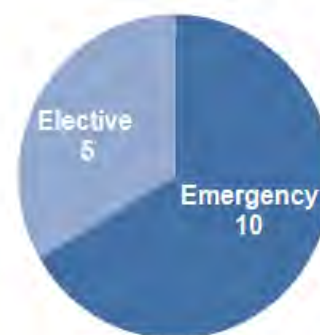
Caesarean Section SSI

To reduce C Section SSI incidence (per 100 procedures) for inpatients and post discharge surveillance to day 10 to **2.5%** by March 2021

Local Performance



QE Dec-19



Service Performance

Quarter Ending	2017/18				2018/19				2019/20			
	Jun-17	Sep-17	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20
NHS Fife	3.0%	4.5%	4.0%	3.3%	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%	2.3%	
Scotland	1.2%	1.3%	1.6%	1.6%	1.5%	1.5%	1.4%	1.6%	1.0%	1.2%	0.9%	

Key Challenges in 2020/21

NHS Fife SSI Caesarean Section incidence still remains higher than the Scottish incidence rate (no data for 2020 available at this stage)

Improvement Actions	Update
20.1 Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan By Oct-20 ON HOLD	The most recent scheduled SSI Implementation Group meetings (for April and May 2020) were cancelled due to the pandemic. The next meeting is due to take place on 2 nd July, via Microsoft Teams. The new case ascertainment methodology was adopted from October 2019. Following the recommencement of SSI surveillance, the new methodology will continue to be applied and assessed for its effectiveness.
20.2 Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond	Work continuing as part of routine working, action can be closed

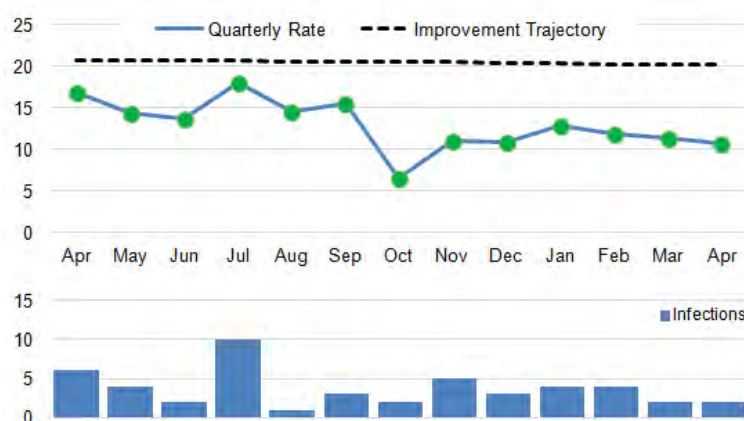
Clinical Governance

SAB (HAI/HCAI)

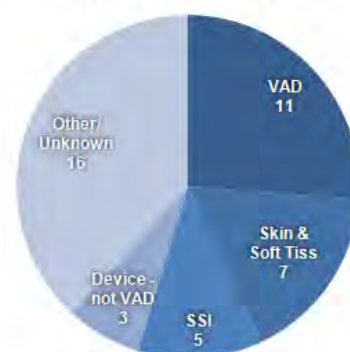
Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Note: This equates to reducing the NHS Fife rate from 20.9 to 18.8 (per 100,000 TOBD) over 3 years, or to 20.2 by March 2020, 19.5 by March 2021 and 18.8 by March 2022

Local Performance



Infection Source: YE Apr-20



National Benchmarking | Year Ending

Year Ending		2018/19			2019/20			
		Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	20.7	22.1	20.9	17.6	15.2	13.5	
Scotland		17.4	17.6	16.8	16.7	16.9	16.2	

Key Challenges in 2020/21

Achieving a 10% reduction of healthcare-associated SAB by March 2022

Improvement Actions	Update
20.1 Reduce the number of SAB in PWIDs <i>By Mar-21</i>	The Infection Prevention Control Team continue to support the Addiction Services with the SAB improvement project. This has been on hold by the Addictions management team until they have prioritised their ongoing working projects, however future meetings are currently being organised. A SOP for accessing antibiotics for patients identified with SSTI by Addiction Services is out for consultation with GPs.
20.2 Ongoing surveillance of all VAD-related infections <i>By Mar-21</i>	Monthly charts distributed to clinical teams to inform of incidence of VAD SABs - these demonstrate progress and promote quality improvement. This has continued throughout the pandemic.
20.3 Ongoing surveillance of all CAUTI <i>By Mar-21</i>	Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) are taking place, to identify key issues and take appropriate corrective actions The group last met on 25 th February. The meeting on 24 th April was postponed due to the pandemic but is to meet again on 19 th June.
20.4 Optimise comms with all clinical teams in ASD & the HSCP <i>By Mar-21</i>	Monthly anonymised reporting with Microbiology comments to gain better understanding of disease process and those most at risk. This allows local resources to be focused on high risk groups/areas and improve patient outcomes. Ward Dashboard continuously updated, for clinical staff to access at ward level and also to be displayed for public assurance. This has all continued throughout the pandemic.

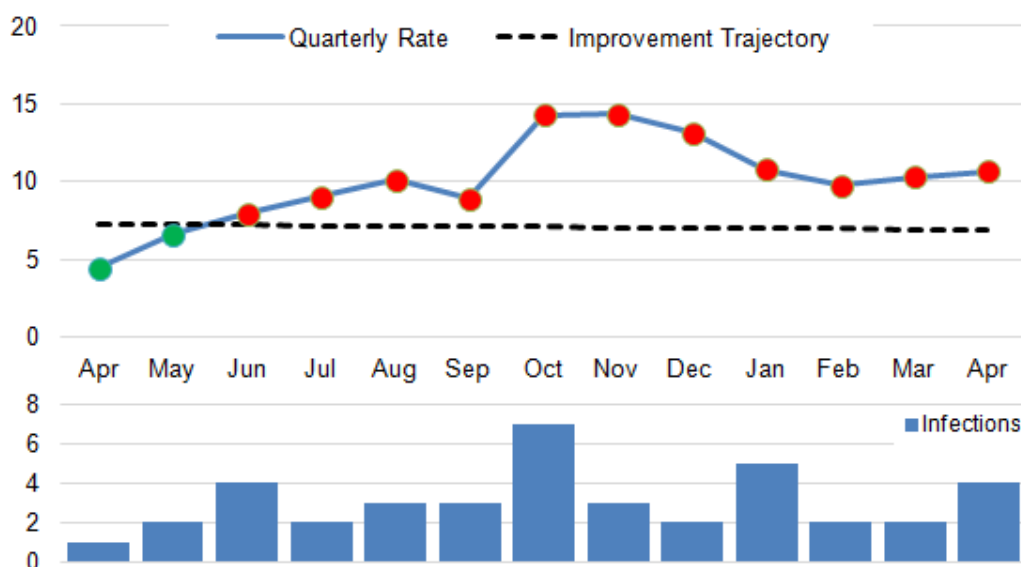
Clinical Governance

C Diff (HAI/HCAI)

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

Note: This equates to reducing the NHS Fife rate from 7.2 to 6.5 (per 100,000 TOBD) over 3 years, or to 6.9 by March 2020, 6.7 by March 2021 and 6.5 by March 2022

Local Performance



National Benchmarking | Year Ending

Year Ending		2018/19				2019/20		
		Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	7.8	7.3	7.2	8.2	8.6	8.8	
Scotland		15.0	15.2	14.7	13.9	13.1	13.3	

Key Challenges in 2020/21

Reducing healthcare-associated CDI (including recurrent CDI) to achieve the 10% reduction target by March 2022

Improvement Actions	Update
20.1 Reducing recurrence of CDI By Oct-20	NHS Fife has been approved to use commercial FMT (Faecal microbiota transplantation) in the prevention of recurrence of infection, but this is currently unavailable (possibly due to the COVID-19 pandemic). Instead, Bezlotoxumab is being used, and this is also used for patients who cannot have or decline FMT. It is obtained on a named patient basis on micro/GI request and needs approval by the clinical & medical director.
20.2 Reduce overall prescribing of antibiotics By Oct-20	National antimicrobial prescribing targets are being utilised by NHS Fife's microbiologists, working continuously alongside Pharmacists and GPs to improve antibiotic usage. New empirical antibiotic guidance has been circulated to all GP practices and the Microguide app has been revised.
20.3 Optimise communications with all clinical teams in ASD & the HSCP By Oct-20	Monthly CDI reports are being distributed, to enable staff to gain a clearer understanding of the disease process. ICN ward visits reinforce SICPs and contact precautions, provide education to promote optimum CDI management and daily Medical management form completion. Ward Dashboard continuously updated, for clinical staff to access CDI incidence by ward and also to be displayed for public assurance.

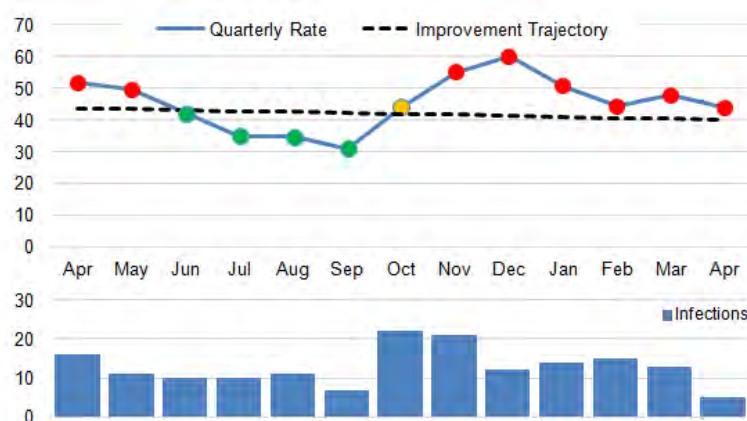
Clinical Governance

ECB (HAI/HCAI)

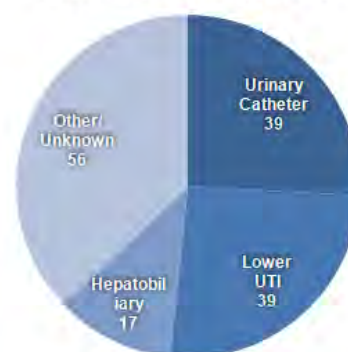
Reduce Hospital Infection Rate by 25% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Note: This equates to reducing the NHS Fife rate from 44.0 to 33.0 (per 100,000 TOBD) over 3 years, or to 40.3 by March 2020, 36.6 by March 2021 and 33.0 by March 2022

Local Performance



Infection Sources: YE Apr-20



National Benchmarking | Year Ending

Year Ending		2018/19			2019/20			
		Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	HCAI Infection Rate (per 100,000 TOBD)	39.7	44.5	44.0	42.3	40.4	43.1	
Scotland		36.2	37.4	38.4	38.6	38.7	39.3	

Key Challenges in 2020/21

Reducing CAUTI and UTI ECB in order to achieve overall 25% reduction in healthcare-associated ECB by March 2022

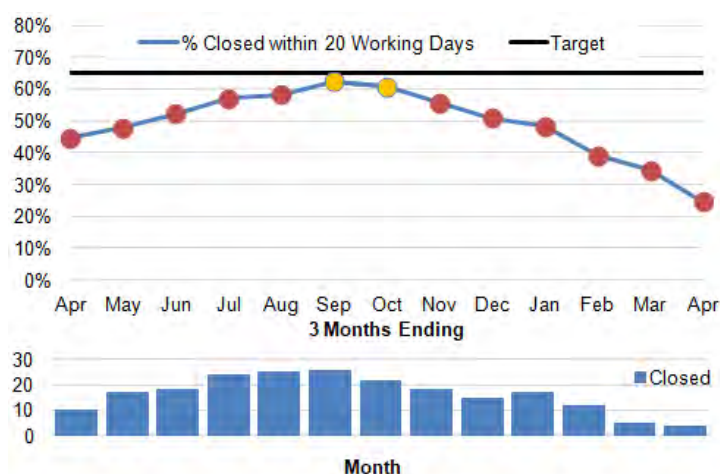
Improvement Actions	Update
20.1 Optimise communications with all clinical teams in ASD & the HSCP <i>By Mar-22</i>	Mandatory national ECB surveillance has continued throughout the pandemic, although additional voluntary enhanced surveillance (started in January) has been paused. Monthly reporting and graphs of ECB data to key clinical staff across NHS Fife (HSCP & Acute services) has continued throughout the pandemic.
20.2 Formation of ECB Strategy Group <i>By Mar-21</i>	The first meeting of the ECB Strategy Group took place on 13 th January, to address ECBs caused predominately by urinary source other than CAUTIs. The next meeting was due in April, with a wider involvement from public health but this was postponed and is yet to be re-scheduled.
20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG) <i>By Mar-21</i>	The UCIG met on 25th February. Significant decisions: <ul style="list-style-type: none"> E-documentation bundles for catheter insertion and maintenance to be added onto Patientrak for Acute services (follows the successful introduction into MORSE for District nurses in 2019) Urinary Catheter Care passports have been added to PECOS for all patients to promote catheter care and adequate hydration Continence/hydration folders have been distributed to all care & residential homes across Fife by the Continence advisory service, to be followed up by visits to support staff. These packs include information & tools on continence assessment, sheaths, catheters, bowel health, Hydration/healthy bladder & incontinence care to assist reducing urinary infections/CAUTIs The next UCIG meeting is scheduled for 19 th June.

Clinical Governance

Complaints | Stage 2

At least 75% of Stage 2 complaints are completed within 20 working days
Improvement Target for 2020/21 = **65%**

Local Performance



Closure Breaches: QE Apr-20



Local Performance by Directorate/Division

3-Month Ending	2019/20												20/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	44.7%	48.0%	52.3%	57.3%	58.3%	62.5%	60.8%	55.9%	50.9%	48.5%	39.3%	34.7%	24.7%
Ack <= 3 Days (Monthly)	85.7%	100.0%	89.2%	97.4%	95.0%	92.9%	97.4%	89.5%	93.8%	93.9%	95.7%	94.4%	95.0%
ASD	52.6%	59.6%	67.7%	71.4%	66.7%	63.8%	60.5%	60.6%	57.7%	57.1%	50.0%	57.1%	55.5%
HSCP	16.7%	11.1%	8.7%	22.6%	33.3%	54.3%	57.6%	45.2%	33.3%	23.3%	9.7%	28.8%	28.5%

Key Challenges in 2020/21

Clearing the backlog of existing complaints
Increase in complaints due to treatment delays (including diagnostics)
General increase in complaints as we start to remobilise

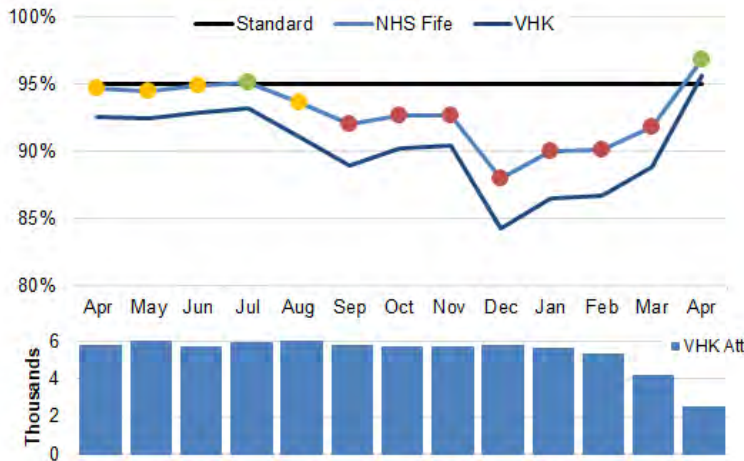
Improvement Actions	Update
20.1 Patient Relations Officers to undertake peer review	Patient Relations Officers carry out peer review and we have a buddy system in place to provide additional support in workload / case review. Action complete.
20.2 Deliver education to service to improve quality of investigation statements	Historically, Patient Relations has delivered training to support and improve the quality of investigation statements, and also delivers training on complaints at Staff Induction. We have been proactive in contacting the Learning & Development Team regarding Staff Induction to see how this will be delivered in a 'virtual word' and support any new delivery process. This is considered to be part of normal work and the action can be closed.
20.3 Agree process for managing medical statements, and a consistent style for responses	Action now covered by new Action 21.1, below.
21.1 Agree process for managing complaint performance and quality of complaint responses <i>By March-21</i>	The PRT is changing the way we work in order to adapt to the 'new normal'. This includes changing meetings, reports and forms, with an aim of improving and sustaining consistency and quality. Part of this will be achieved via the development of the Complaints section of the new NHS Fife website.

Finance, Performance & Resources – Operational Performance

4-Hour Emergency Access

At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment
*Improvement Target for 2020/21 = **TBC**%*

Local Performance



Breach Reason Apr-20



National Benchmarking

Month	2019/20												2020/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	94.7%	94.5%	94.9%	95.1%	93.6%	92.0%	92.7%	92.7%	88.0%	90.0%	90.1%	91.8%	96.8%
Scotland	89.9%	90.7%	90.3%	91.2%	90.6%	88.7%	88.0%	85.5%	83.8%	86.1%	86.4%	89.2%	94.9%

Key Challenges in 2020/21

Maintaining the reduction in numbers and the public using alternatives to emergency care
 Managing a department with red/green split during the return to normality, when injuries related to outdoor activity are likely to increase

Improvement Actions	Update
20.1 Formation of Performed group to analyse performance trends <i>By TBC</i>	Capacity challenges impact on delivery of the targets and recovery from the weekend can take a number of days. Perform ED group continuing reviews and have shifted focus to staffing within the unit and variations which could allow for further departmental improvements.
20.4 Development of services for ECAS	OPAT expanded during the COVID-19 response, with delivery of increased slots to facilitate non-inpatient services. The service relocated to Ward 4, allowing for social distancing for increasing numbers. Action complete.
20.5 Medical Assessment and AU1 Rapid Improvement Group <i>By Aug-20</i>	Remobilisation of core members of the group to review opportunities for change of AU1 assessment footprint. New design of flow will incorporate a short stay element and focus on frailty models and how these can be developed to prevent inpatient admission.
21.1 Remodelling of Outpatient services <i>By Dec-20</i>	Use of electronic services has allowed us to maintain patient contact, but a return to face to face clinics will involve significant service redesign including blending technology with hands on, social distancing within public areas and expanded working days and increased sessions.

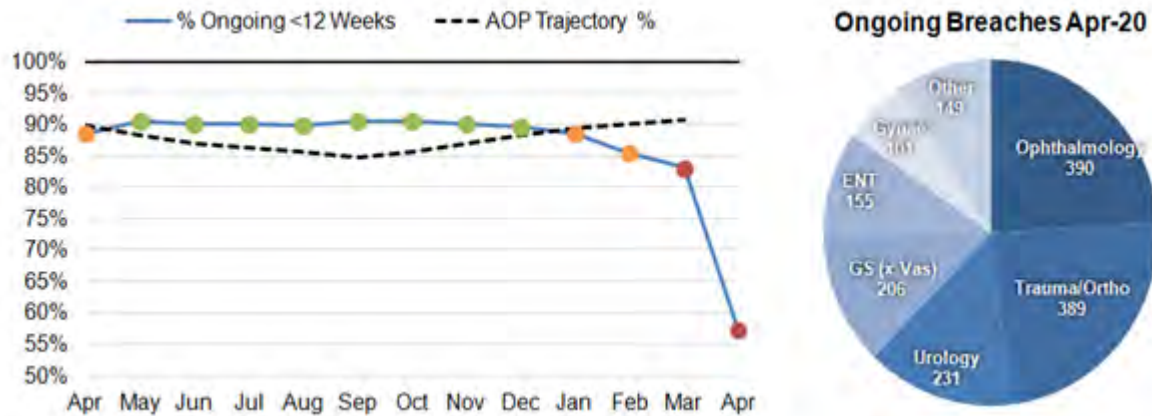
Finance, Performance & Resources – Operational Performance

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 2020/21 = **TBC%** (Patients Waiting <= 12 Weeks at month end)

Local Performance



National Benchmarking

	2019/20												2020/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	88.5%	90.4%	90.1%	90.1%	89.9%	90.6%	90.5%	90.1%	89.7%	88.4%	85.4%	83.1%	57.3%
Scotland	68.9%	68.4%	67.8%	67.8%	66.8%	67.5%	69.7%	69.5%	67.0%	66.7%	66.3%	64.4%	

Key Challenges in 2020/21

Recovery from COVID-19
Reduced theatre capacity due to increased infection control procedures and response to COVID-19

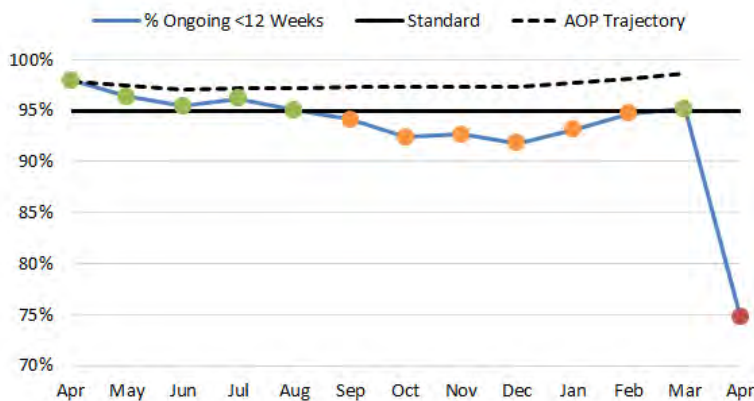
Improvement Actions	Update
20.2 Develop Clinical Space Redesign Improvement plan	COVID-19 has effectively transformed working plans, and new actions will be identified as the year progresses. Action closed
20.3 Theatre Action Group develop and deliver plan	COVID-19 has effectively transformed working plans, and new actions will be identified as the year progresses. Action closed.
20.4 Review DCAQ and develop waiting times improvement plan for 20/21	COVID-19 has effectively transformed working plans, and new actions will be identified as the year progresses. Action closed.
21.1 Develop and deliver transformation plan By Mar-21	This action is related to 20.2 and 20.3, above, but seeks to sustain delivery of improvements introduced during the pandemic
21.2 Review DCAQ in relation to WT improvement plan By Aug-20	Aim of action is to develop a remobilisation plan in order to reinstate the level of capacity funded in the waiting times improvement plan for 20/21

Finance, Performance & Resources – Operational Performance

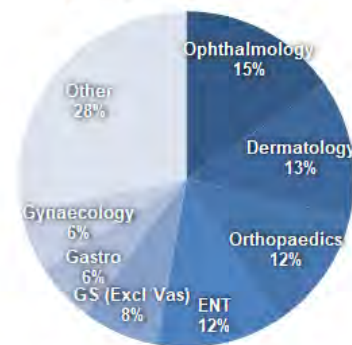
New Outpatients

95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment
Improvement Target for 2020/21 = **TBC%**

Local Performance



Ongoing Breaches Apr-20



National Benchmarking

	2019/20												2020/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	98.0%	96.4%	95.4%	96.2%	95.0%	94.1%	92.4%	92.7%	91.8%	93.2%	94.7%	95.2%	74.8%
Scotland	74.5%	74.4%	73.5%	73.5%	72.2%	72.9%	73.3%	73.7%	73.2%	75.5%	75.1%	74.9%	

Key Challenges in 2020/21

Recovery from COVID 19
Reduced clinic capacity due to physical distancing
Difficulty in recruiting to specialist consultant posts

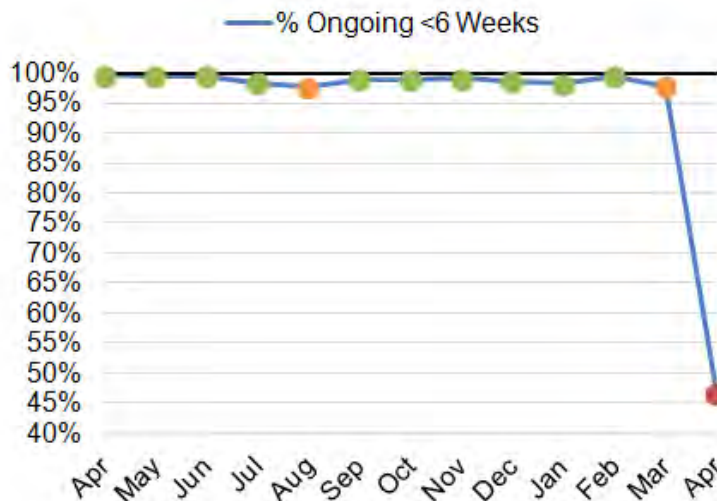
Improvement Actions	Update
20.1 Review DCAQ and secure activity to deliver funded activity in WT improvement plan	COVID-19 has effectively transformed working plans, and new actions will be identified as the year progresses. Action closed.
20.2 Develop OP Transformation programme	COVID-19 has effectively transformed working plans, and new actions will be identified as the year progresses. Action closed.
20.3 Improve recruitment to vacant posts <i>By Mar-21</i>	Action continues – includes consideration of service redesign to increase capacity
21.1 Review DCAQ in relation to WT improvement plan <i>By Aug-20</i>	Aim of action is to develop a remobilisation plan in order to reinstate the level of capacity funded in the waiting times improvement plan for 20/21
21.2 Refresh OP Transformation programme actions <i>By Mar-21</i>	This action is related to 20.2, above, but seeks to sustain delivery of improvements introduced during the pandemic
21.3 Develop clinic capacity modelling tool <i>By Jul -20</i>	Aim of action is to maximise the utilisation of clinic capacity under the new social distancing rules

Finance, Performance & Resources – Operational Performance

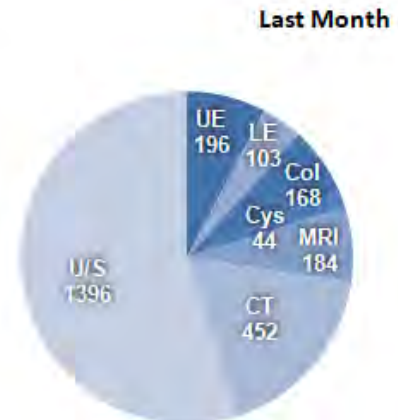
Diagnostics Waiting Times

No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests appointment
Improvement Target for 2020/21 = **TBC%**

Local Performance



Breaches By Category



National Benchmarking

	2019/20												2019/20
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	99.7%	99.5%	99.5%	98.3%	97.6%	98.9%	99.0%	99.1%	98.6%	98.2%	99.5%	97.8%	46.3%
Scotland	82.2%	81.1%	81.6%	79.5%	80.4%	82.3%	80.8%	82.8%	79.5%	79.2%	84.7%	75.8%	

Key Challenges in 2020/21

Recovery from COVID-19
Reduced capacity due to physical distancing and infection control procedures
Difficulty in recruiting to consultant and specialist AHP/Nursing posts
Endoscopy surveillance backlog

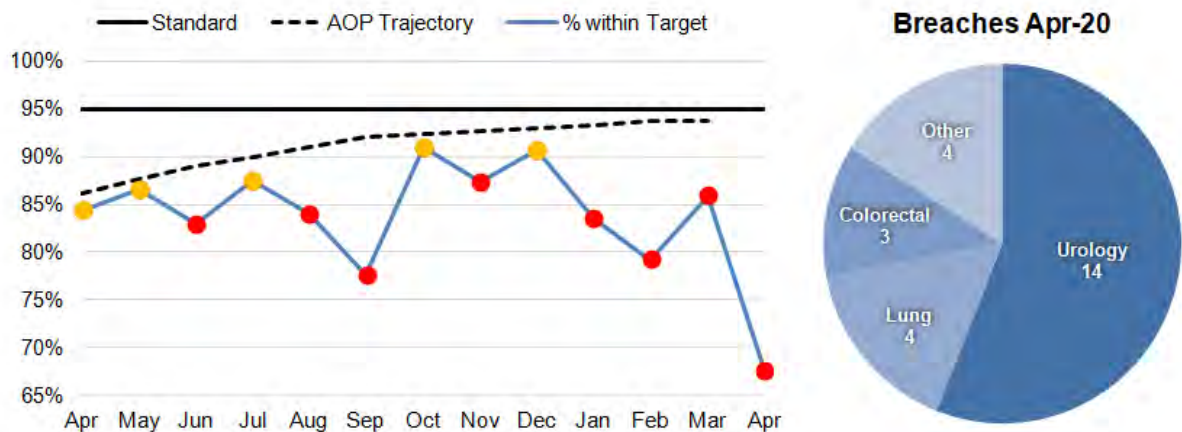
Improvement Actions	Update
21.1 Review DCAQ and develop remobilisation plans for Radiology and Endoscopy By Aug-20	Aim of action is to develop a remobilisation plan in order to reinstate the level of capacity funded in the waiting times improvement plan for 20/21. Phase 3 expansion plan for Endoscopy is being discussed, with a view to a start date in July. Full capacity is dependent on SG guidance regarding social distancing.
21.2 Undertake new and planned waiting list validation against agreed criteria By Aug-20	When the action is complete, this will be an ongoing activity
21.3 Improve recruitment to vacant posts By Mar-21	Action includes consideration of service redesign to increase capacity

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 2020/21 = **TBC%**

Local Performance



National Benchmarking

Month	2019/20												2020/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	84.4%	86.6%	82.9%	87.5%	84.0%	77.7%	91.0%	87.3%	90.7%	83.6%	79.2%	85.9%	67.5%
Scotland	80.4%	81.1%	82.6%	81.8%	82.1%	83.7%	82.7%	81.9%	84.6%	83.6%	82.7%	86.1%	82.6%

Key Challenges in 2020/21

Recovery from COVID-19, by assessing affected components of the cancer 'journey' and reviewing capacity against expected demand.
Identification of key improvement areas in view of the pandemic response and as screening programmes restart

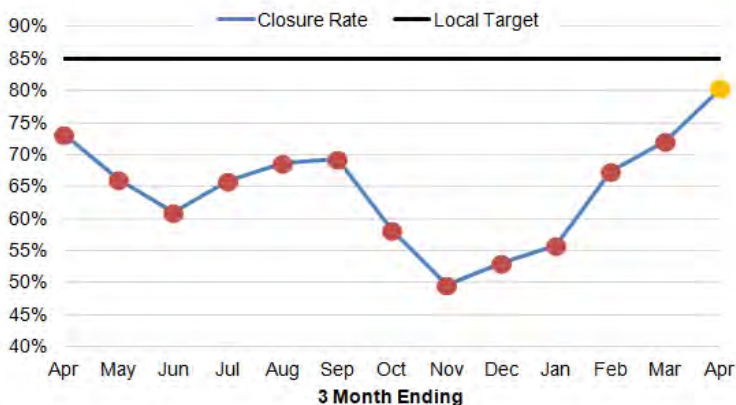
Improvement Actions	Update
20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points <i>By Sep-20</i>	Progress affected by staffing pressures in cancer audit team. Detailed work is also being carried out by the Lead Cancer Nurse. This will be addressed as part of the overall recovery work described above.
20.4 Prostate Improvement Group to continue to review prostate pathway <i>By Sep-20</i>	This is ongoing work related to Action 1, with the specific aim being to minimise waits post MDT
21.1 Establishment of Cancer Structure to develop and deliver a Cancer Strategy <i>By Sep-20</i>	Work started in 2019 and now has full support from NHS Fife's Medical Director. Work is underway to ensure required leadership structures and governance structures are in place.

Finance, Performance & Resources – Operational Performance

Freedom of Information Requests

In 2020/21, we will respond to a minimum of 85% of FOI Requests within 20 working days

Local Performance



Closure Period, QE Apr 20



Service Performance

Monthly	2019/20												2020/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Health Board	52.2%	56.8%	55.6%	68.9%	73.7%	48.3%	36.1%	49.3%	75.0%	52.4%	72.9%	76.9%	95.7%
IJB	100.0%	86.7%	71.4%	86.7%	100.0%	85.7%	77.8%	66.7%	14.3%	60.0%	83.3%	100.0%	100.0%

Key Challenges in 2020/21

Adequate resourcing to fully manage FOI
Lack of FOI expertise and awareness within the organisation

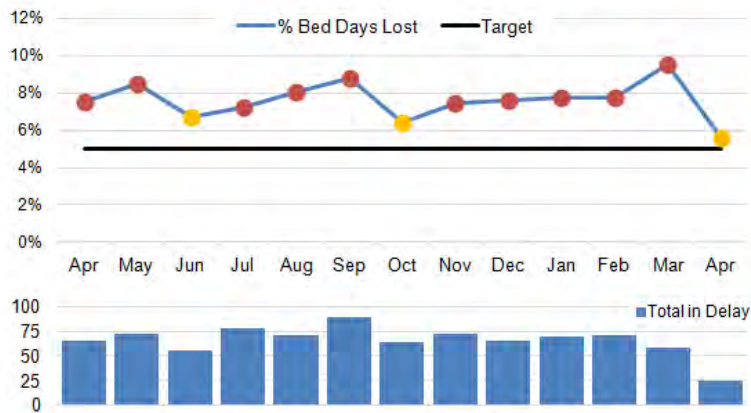
Improvement Actions	Update
20.5 Refresh process with H&SC partnership for requests received that relate to their services <i>By Sep-20</i>	The management of FOI requests which require responses from the H&SCP has improved significantly since the start of 2020. A new system (Axlr8), which is currently used by Fife Council, will be implemented in NHS Fife shortly, its introduction having been delayed by COVID-19. This will help the compilation of new / refreshed processes.
20.7 Formalise long-term resource requirements for FOI administration <i>By Sep-20</i>	The DPO is looking to implement resource to manage FOI requests and implement the new management system

Finance, Performance & Resources – Operational Performance

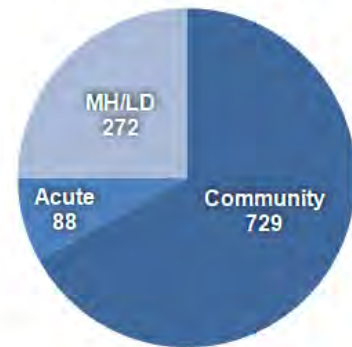
Delayed Discharges (Bed Days Lost)

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

Local Performance



Bed Days Lost | Apr-20



National Benchmarking

Quarter Ending		2018/19				2019/20			
		Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	TOBD	87,527	92,599	91,463	91,885	87,857	90,276	91,709	
	Bed Days Lost	3,638	4,200	6,744	8,141	6,685	7,232	6,570	
	% Bed Days Lost	4.2%	4.5%	7.4%	8.9%	7.6%	8.0%	7.2%	
Scotland	TOBD	1,552,301	1,541,821	1,551,451	1,567,162	1,532,782	1,542,731	1,566,361	
	Bed Days Lost	101,712	107,120	109,366	101,959	103,422	110,861	110,547	
	% Bed Days Lost	6.6%	6.9%	7.0%	6.5%	6.7%	7.2%	7.1%	

Key Challenges in 2020/21

Sustaining current performance as we return to 'normal' working
Applying lessons learned during the pandemic, going forward .

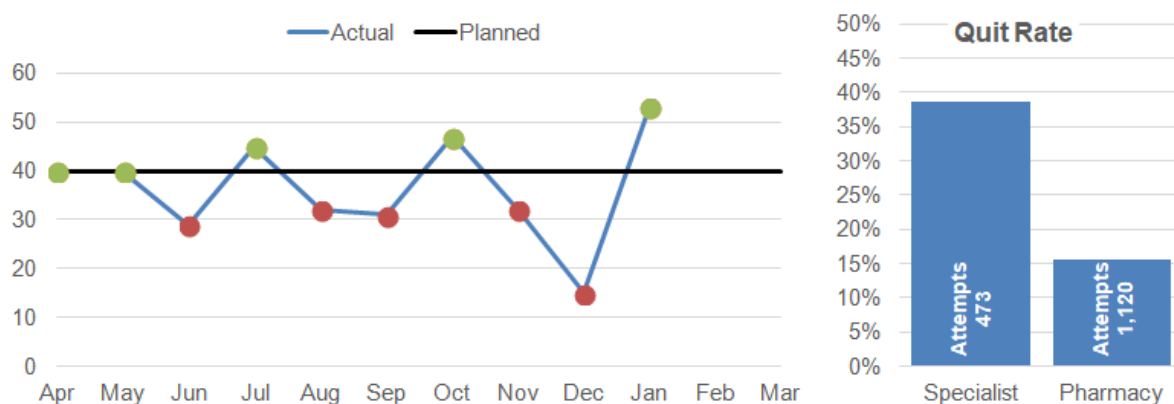
Improvement Actions	Update
20.1 Test a trusted assessors model for patients transferring to STAR/assessment beds <i>By Jul-20</i>	Framework completed during the COVID-19 pandemic. Implementation now to be finalised.
20.3 Moving On Policy to be implemented <i>By Jul-20</i>	Principles were implemented to help support capacity and flow were implemented before and during the pandemic. No issues with the principles of the policy were noted during this time, and the policy is to be signed off.
20.4 Improve flow of comms between wards and Discharge HUB	Various tests of change completed, action complete
20.5 Increase capacity within care at home	Action effectively addressed by actions taken during pandemic, and need to be continued in order to sustain improved performance Action complete
21.1 Implementation of Daily Care Home Huddle <i>By Jul-20</i>	Admissions from care home residents are flagged daily on Trak and progress discussed with capacity team and Hub. This ensures LOS will be reduced and residents able to transfer back to their home more quickly.

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

% Achieved Against Target		2019/20											
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	Actual	40	40	29	45	32	31	47	32	15	53		
	Actual Cumul	40	80	109	154	186	217	264	296	311	364	364	364
	Planned Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	100.0%	101.3%	92.4%	97.5%	94.4%	91.9%	95.7%	94.0%	87.9%	92.4%		
Scotland	Achieved			92.4%			91.1%						

Key Challenges in 2020/21

- Service Provision within GP practices, hospitals and community venues (paused due to COVID19)
- Staffing levels due to redeployment and maternity leave - recruiting and training new staff members will take 6 to 9 months
- Unavailability of mobile unit (re-deployed during pandemic)
- Building trust and confidence with client group to enable them to seek stop smoking support now and beyond COVID-19
- Inability to validate quits as part of an evidence based service due to COVID-19

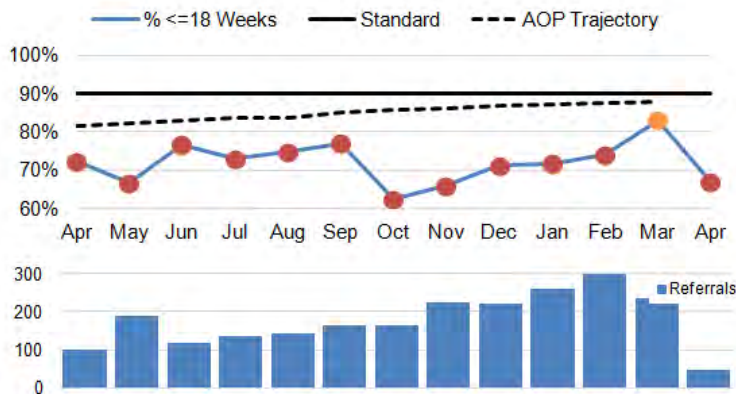
Improvement Actions	Update
20.2 Test effectiveness and efficiency of Champix prescribing at point of contact within hospital respiratory clinic <i>By TBC</i>	This initiative had commenced and was in the early stages of delivery but has been paused due to COVID-19
20.3 'Better Beginnings' class for pregnant women on Saturday mornings <i>By TBC</i>	Limited progress due to COVID-19 but a couple of pregnant mums have requested support at this time
20.4 Enable staff access to medication whilst at work <i>By TBC</i>	No progress has been made due to COVID-19

Finance, Performance & Resources – Operational Performance

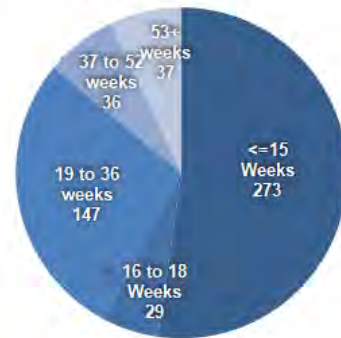
CAMHS 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment
Improvement Target for 2020/21 = **TBC%**

Local Performance



Waiting List (462) Apr-20



National Benchmarking

Month	2019/20												2020/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	72.3%	66.7%	76.7%	73.2%	74.8%	77.1%	62.5%	66.0%	71.3%	71.8%	74.1%	83.1%	67.0%
Scotland	69.2%	69.1%	70.9%	62.7%	63.8%	66.9%	64.6%	64.2%	71.5%	67.5%	63.8%	63.8%	

Key Challenges in 2020/21

Available resource to meet demand
Impact of COVID-19 relaxation on referrals
Change to appointment 'models' to reflect social distancing

Improvement Actions	Update
20.1 Re-Introduction of PMHW First Contact Appointments System <i>By Dec-20</i>	The pandemic has allowed a large number of referrals to be assessed and waiting time is at 2-3 weeks Current action is to maintain this level of activity and response time to ensure that children are supported by the wide range of services available, thus reducing the impact on specialist Tier 3 CAMHS.
20.2 Waiting List Additional Staffing Resource	Action closed – no longer relevant
20.3 Introduction of Team Leader Role	Action complete
21.1 Re-design of Group Therapy Programme <i>By Dec-20</i>	Fife CAMHS and Primary Care Psychology had combined resources to develop a comprehensive group therapy programme targeting the most common presenting issues for children and young peoples mental health. Due to COVID-19 restrictions, group-based face to face work is no longer viable and we are working to develop alternative formats and models of delivery that can deliver multiple contacts with minimal staffing.
21.2 Use Centralised Allocation Process <i>By Dec-20</i>	We are developing administrative and clinical systems to maintain the centralised allocation process that can manage increased referrals rates once normal service resumes. This will ensure that available appointments are identified and allocated quickly across clinical teams.
21.3 Build CAMHS Urgent Response Team <i>By Mar-21</i>	This team will replace the existing self-harm service, ensuring that urgent referrals from A&E and GPs receive timely, evidence based, short term intervention.

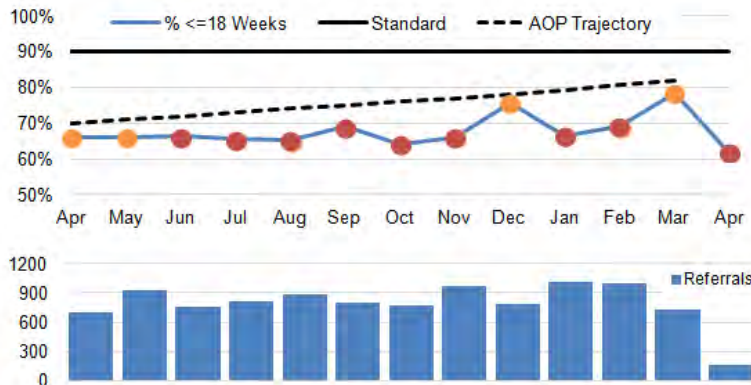
Finance, Performance & Resources – Operational Performance

Psychological Therapies 18 weeks RTT

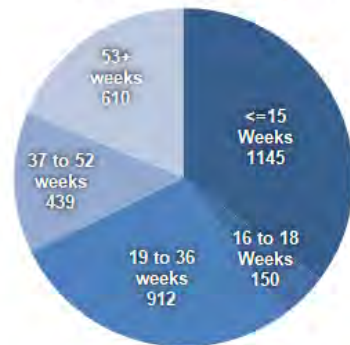
At least 90% of clients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies

Improvement Target for 2020/21 = **TBC%**

Local Performance



Waiting List (3256) Apr-20



National Benchmarking

Month	2019/20												2020/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	66.1%	66.2%	66.3%	65.5%	65.2%	69.0%	64.2%	66.0%	75.8%	66.6%	69.0%	78.4%	62.0%
Scotland	76.7%	79.3%	80.0%	78.8%	79.2%	80.1%	78.5%	77.8%	81.5%	75.8%	78.5%	78.8%	

Key Challenges in 2020/21

Predicted large increase in referrals post pandemic
Identifying replacement for group therapies (no longer viable)

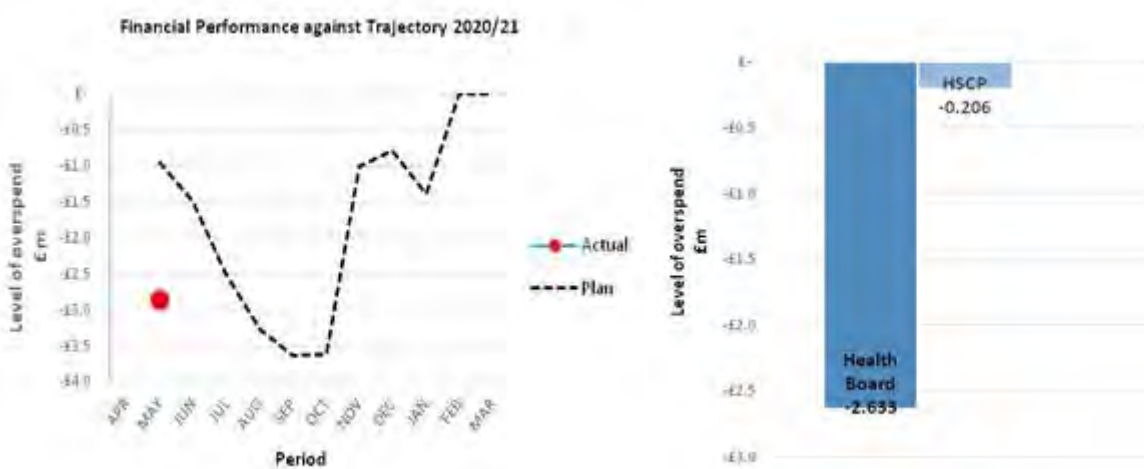
Improvement Actions	Update
20.2 Introduction of extended group programme in Prm Car	Action closed – no longer viable
20.3 Redesign of Day Hospital provision <i>By Sep-20 (review)</i>	Implementation of full re-design delayed due to revised timetable for staff engagement work. Further progress required to impact on capacity for delivery of PTs.
20.4 Implement triage nurse pilot programme in Primary Care <i>By Dec-20</i>	Staff in post in selected GP Cluster areas; service being well-utilised; positive findings from interim evaluation in September 2019; final evaluation due this September
20.5 Trial of new group-based PT options <i>By Sep-20 (review)</i>	Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. Specific requirements identified from audit of Psychology AMH WL. Viability of this dependent upon suitable digital platform being agreed.
21.1 Introduction of additional on-line therapy options <i>By Sep-20</i>	This action incorporates the digital delivery of stress management groups via Access Therapies Fife website
21.2 Development of alternative training and PT delivery methods <i>By Dec-20</i>	This action is to support care pathways for people with complex psychological problems within AMH Psychology and Clinical Health Psychology and for people with learning disabilities

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



Expenditure Analysis

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	420,140	427,884	68,573	71,206	-2,633	-3.84%	-725	-1,908
Integration Joint Board (Health)	356,496	361,890	60,958	61,164	-206	-0.34%	11	-217
Risk Share	0	0	0	0	0	0.00%	0	0
Total	776,636	789,774	129,531	132,370	-2,839	-2.19%	-714	-2,125

Key Challenges in 2020/21

Availability of COVID-19 funding to match our net additional costs
 Informing a reliable and robust forecast position to the year end given the complexities of establishing the respective: core; COVID-19; remobilisation; and Test & Protect positions
 Ongoing discussions on potential risk share options with SG and respective partners - at this point there has been no IJB risk share factored into the position
 Our ability as a Board to regain traction in our savings and transformation plans set against the backdrop of the COVID-19 pandemic journey

Improvement Actions	Update
21.1 Local Mobilisation Plan Ongoing throughout FY	Partnering with the services to: <ul style="list-style-type: none"> Identify additional spend relating to COVID-19 Identify offsets against core positions Understand and quantify the financial implications of remobilisation of core services across NHSF Inform forecast outturn positions to the year end; in support of our statutory requirement to deliver a balanced RRL position
21.2 Savings By Jul-20	The total NHS Fife efficiency requirement for 2020/21 including legacy unmet savings was £20m. As part of the LMP, Boards were asked to provide an estimate of the impact of planned measures re COVID-19 on the delivery of planned Health Board savings. Following due process it was agreed that some £6m may be met across NHS Fife; with c£14m recorded in the LMP as expected underachievement of savings. The revised AOP financial plan required by the end of July will make a reassessment of the savings position.

Commentary

Key principles:

Whilst COVID-19 funding has been made available for the 2019/20 financial year; funding for the current financial year 2020/21 will not be made available until a full review of Boards' quarter one financial reporting results has been concluded to allow SG to make an informed funding decision across Scotland. Nationally COVID-19 plans far exceed the funding available; and Boards are required to ensure financial reporting reflects appropriate core positions; and only those COVID-19 costs which demonstrate additionality of cost over and above core. Funding allocations may be met from SG funding received from HM Treasury.

The following key principles have been adopted in establishing our M2 position:

The initial core position did not include the benefit of reductions in core health budgets which are required to be used as offsetting cost reductions against COVID-19 spend. In parallel the COVID-19 additional costs appeared higher than the reductions in core activity would indicate. A desktop exercise was conducted therefore to: firstly, capture savings; and secondly, identify offsetting cost reductions.

The COVID-19 impact on costs is unprecedented and represents a major financial challenge for all Health Boards. Continuing with robust scrutiny arrangements is therefore vital to ensure compliance with Scottish Government guidance and practice in other Boards.

Signage change:

NHS Fife, in preparation for the implementation of the new national Finance Intelligence Reporting Tool, which will replace the current reports; and provide self service analytics to stakeholders in line with the Boards across NHS Scotland, has rolled out a change in variance signage.

Reporting from 1 April 2020 adopts the new signage: our presentation of positive figures now represents an underspend position; and a negative figure (or a figure in brackets) represents an overspend position ("brackets are bad").

1. Annual Operational Plan

- 1.1 Given the timing of the COVID-19 pandemic, the AOP process for the 2020/21 financial year was paused. We are required to submit a revised AOP financial plan which will reflect both the mobilisation and the remobilisation plan impact on the financial position by the end of July.

2. Financial Allocations

Revenue Resource Limit (RRL)

- 2.1 NHS Fife received confirmation of the April core revenue amount on 12 May. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £703.643m; and anticipated allocations total £76.398m. The anticipated allocations include a sum of £1.300m for COVID-19 which relates to payments to GPs. In recognition of the financial cost of COVID-19, reprioritisation work is taking place across SG to reprioritise and reprofile budget announcements and portfolios for 2020/21, which may have an impact on Boards' allocations.

Non Core Revenue Resource Limit

- 2.2 In addition NHS Fife receives 'non core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes, for example,

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depreciation or impairment of assets. The anticipated non-core RRL funding totals £9.733m.

Total RRL

- 2.3 The total current year budget at 31 May is therefore £789.774m as detailed in Appendix 1.

3. Summary Position

- 3.1 The revenue position for the 2 months to 31 May reflects an overspend of £2.839m; which comprises a core underspend of £1.489m; and a net additional spend on COVID-19 of £4.328m.
- 3.2 Table 1 below provides a summary of the position across the constituent parts of the system for the year to date and includes both the core and the COVID-19 financial positions. An overspend of £2.633m is attributable to Health Board retained budgets; and an overspend of £0.206m is attributable to the health budgets delegated to the IJB.

Table 1: Summary Combined Financial Position for the period ended May 2020

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	420,140	427,884	68,573	71,206	-2,633	-3.84%	-725	-1,908
Integration Joint Board (Health)	356,496	361,890	60,958	61,164	-206	-0.34%	11	-217
Risk Share	0	0	0	0	0	0.00%	0	0
Total	776,636	789,774	129,531	132,370	-2,839	-2.19%	-714	-2,125

Combined Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	202,903	207,762	34,808	36,079	-1,271	-3.65%	506	-1,777
IJB Non-Delegated	8,563	8,564	1,396	1,364	32	2.29%	41	-9
Estates & Facilities	74,870	74,882	12,299	12,660	-361	-2.94%	-265	-96
Board Admin & Other Services	53,754	58,326	10,579	11,628	-1,049	-9.92%	-1,023	-26
Non-Fife & Other Healthcare Providers	88,131	88,131	14,678	15,386	-708	-4.82%	-708	0
Financial Flexibility & Allocations	17,329	19,484	676	0	676	100.00%	676	0
Health Board	445,550	457,149	74,436	77,117	-2,681	-3.60%	-773	-1,908
Integration Joint Board - Core	381,249	399,760	68,508	68,685	-177	-0.26%	40	-217
Integration Fund & Other Allocations	13,915	7,339	0	0	0	0.00%	0	0
Sub-total Integration Joint Board Core	395,164	407,099	68,508	68,685	-177	-0.26%	40	-217
IJB Risk Share Arrangement	0	0	0	0	0		0	0
Total Integration Joint Board - Health	395,164	407,099	68,508	68,685	-177	-0.26%	40	-217
Total Expenditure	840,714	864,248	142,944	145,802	-2,858	-2.00%	-733	-2,125
IJB - Health	-38,668	-45,209	-7,550	-7,521	-29	0.38%	-29	0
Health Board	-25,410	-29,265	-5,863	-5,911	48	-0.82%	48	0
Miscellaneous Income	-64,078	-74,474	-13,413	-13,432	19	-0.14%	19	0
Net Position Including Income	776,636	789,774	129,531	132,370	-2,839	-2.19%	-714	-2,125

- 3.3 The combined position is further analysed by core; and COVID-19 as per tables 2 and 3 below.

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Table 2: Summary Core Financial Position for the period ended May 2020

Core Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	202,903	207,762	34,808	34,407	401	1.15%	629	-228
IJB Non-Delegated	8,563	8,564	1,396	1,358	38	2.72%	41	-3
Estates & Facilities	74,870	74,882	12,299	12,060	239	1.94%	268	-29
Board Admin & Other Services	53,754	58,326	10,579	10,558	21	0.20%	-6	27
Non-Fife & Other Healthcare Providers	88,131	88,131	14,678	15,386	-708	-4.82%	-708	0
Financial Flexibility & Allocations	17,329	19,484	676	0	676	100.00%	676	0
Health Board	445,550	457,149	74,436	73,769	667	0.90%	900	-233
Integration Joint Board - Core	381,249	398,460	67,208	66,405	803	1.19%	419	384
Integration Fund & Other Allocations	13,915	7,339	0	0	0	0.00%	0	0
Sub-total Integration Joint Board Core	395,164	405,799	67,208	66,405	803	1.19%	419	384
IJB Risk Share Arrangement	0	0	0	0	0		0	0
Total Integration Joint Board - Health	395,164	405,799	67,208	66,405	803	1.19%	419	384
Total Expenditure	840,714	862,948	141,644	140,174	1,470	1.04%	1,319	151
IJB - Health	-38,668	-45,209	-7,550	-7,521	-29	0.38%	-29	0
Health Board	-25,410	-29,265	-5,863	-5,911	48	-0.82%	48	0
Miscellaneous Income	-64,078	-74,474	-13,413	-13,432	19	-0.14%	19	0
Net Position Including Income	776,636	788,474	128,231	126,742	1,489	1.16%	1,338	151

Table 3: Summary COVID-19 Financial Position for the period ended May 2020

COVID position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	0	0	0	1,672	-1,672		-123	-1,549
IJB Non-Delegated	0	0	0	6	-6		0	-6
Estates & Facilities	0	0	0	600	-600		-533	-67
Board Admin & Other Services	0	0	0	1,070	-1,070		-1,017	-53
Non-Fife & Other Healthcare Providers	0	0	0	0	0		0	0
Financial Flexibility & Allocations	0	0	0	0	0		0	0
Health Board	0	0	0	3,348	-3,348		-1,673	-1,675
Integration Joint Board - Core	0	1,300	1,300	2,280	-980		-379	-601
Integration Fund & Other Allocations	0	0	0	0	0		0	0
Sub-total Integration Joint Board Core	0	1,300	1,300	2,280	-980		-379	-601
IJB Risk Share Arrangement	0	0	0	0	0		0	0
Total Integration Joint Board - Health	0	1,300	1,300	2,280	-980		-379	-601
Total Expenditure	0	1,300	1,300	5,628	-4,328		-2,052	-2,276

3.4 The core position at M2 is a net underspend of £1.489m; and takes in to account offsetting cost reductions. It is recognised that due to reduced activity levels, a proportion of the underspend reported within the combined position should be utilised to support the COVID-19 costs incurred. Year to date a total of £2.170m was identified as offset towards COVID-19 expenditure, with £1.102m coming from Health Board retained and £1.041m from the Integrated Joint Board. The main contributing factors were: increased vacancies which did not require backfilling; a reduction in radiology requirements and GP referrals for laboratory testing; reduced reliance on private sector support; and a reduction in theatres activity. The assessment of offsetting cost reductions was informed by Finance Business Partners and was further supported by an exercise to compare the 2 month position for 2020/21 with the same period in 2019/20; and a further review of ward level budgets.

3.5 The net COVID-19 additional costs after taking in to account offsets (and assuming funding for additional GP costs of £1.3m) is £4.328m.

4. Operational Financial Performance for the year (section 4 narrative is based on core position – Table 2 above)

Acute Services

4.1 The Acute Services Division reports a **net underspend of £0.401m for the year to date**. This reflects an underspend in operational run rate performance of £0.629m, and unmet savings of £0.228m per Table 2 below. The overall position has been driven by a combination of vacancies, and not requiring to backfill posts due to current levels of activity. This has also led to a reduction in use of consumables, particularly within

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Planned Care. Whilst some of this has been taken into consideration and used as offset for COVID-19 expenditure this is the residual benefit remaining within Acute. It is anticipated that some of this funding will be required in later months in order to cover the cost impact of the additional capacity required to catch up on postponed services.

Table 4: Acute Division Financial Position for the period ended May 2020

Core Position	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	70,541	73,480	12,107	10,763	1,344	11.10%	1,466	-122
Emergency Care & Medicine	74,625	75,577	13,007	14,000	-993	-7.63%	-788	-205
Women, Children & Clinical Services	55,140	56,088	9,286	9,380	-94	-1.01%	-195	101
Acute Nursing	607	627	104	105	-1	-0.96%	0	-1
Other	1,990	1,990	304	160	144	47.37%	146	-2
Total	202,903	207,762	34,808	34,407	401	1.15%	629	-228

Estates & Facilities

- 4.2 The Estates and Facilities budgets report an **underspend of £0.239m** which is generally attributable to vacancies, catering, PPP and rates. These underspends are offset by an overspend in clinical waste costs.

Corporate Services

- 4.3 Within the Board's corporate services there is an **underspend of £0.021m**. Further analysis of Corporate Directorates is detailed per Appendix 2.

Non Fife and Other Healthcare Providers

- 4.4 The budget for healthcare services provided out with NHS Fife is **overspent by £0.708m** per Appendix 3. This remains an area of increasing challenge particularly given the relative higher costs of some other Boards, coupled with the unpredictability of activity levels.

Financial Plan Reserves & Allocations

- 4.5 As part of the financial planning process, expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year as part of the respective devolved budgets. A number of residual uplifts and cost pressure/developments and new in-year allocations are held in a central budget. At this early part of the year the process for allocating to budgets is still being worked through. The financial flexibility of £0.676m released to the M2 position is detailed in Appendix 4.

Integration Services

- 4.6 The health budgets delegated to the Integration Joint Board report an **underspend of £0.803m for the year to date**. 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.

Income

- 4.7 A small over recovery in income of £0.019m is shown for the year.

5. Pan Fife Analysis

- 5.1 Analysis of the pan NHS Fife financial position by subjective heading is summarised in Table 5 below (combined position).

Table 5: Subjective Analysis for the Period ended May 2020

Combined Position	Annual Budget	Budget	Actual	Net (Over)/Under Spend
	£'000	£'000	£'000	£'000
Pan-Fife Analysis				
Pay	387,535	64,375	65,412	-1,037
GP Prescribing	75,030	12,631	12,631	0
Drugs	29,971	5,431	5,328	103
Other Non-Pay	363,268	61,956	62,431	-475
Efficiency Savings	-18,380	-2,125	0	-2,125
Commitments	26,823	676	0	676
Income	-74,474	-13,413	-13,432	19
Net overspend	789,774	129,531	132,370	-2,839

Pay

5.2 The overall pay budget reflects an overspend of £1.037m. The vast majority of the over spend is within medical & dental staff with small offsetting under spends across other pay heads with the exception of nursing & midwifery. Within Acute there are a number of unfunded posts including Clinical Fellows within Emergency Care.

5.3 Against a total funded establishment of 7,883 wte across all staff groups, there was an average 7,952 wte core staff in post in May. The additional staff in post is a consequence of COVID-19.

Drugs & Prescribing

5.4 Across the system there is a net underspend of £0.103m on medicines. The GP prescribing position is based on 2019/20 trend analysis and February 2020 and March 2020 actual information (2 months in arrears). Across Scotland we are currently working through the COVID-19 implications on Prescribing and will update when more information becomes available.

Other Non Pay

5.5 Other non pay budgets across NHS Fife are collectively overspent by £0.475m. The overspends are in purchase of healthcare from other Health Boards and independent providers, equipment, property & and other supplies. These are offset by underspends across a number of areas including surgical sundries and other therapeutic supplies.

6 Financial Sustainability

6.1 The Financial Plan presented to Finance, Performance and Resources Committee in March highlighted the requirement for £20.015m cash efficiency savings to support financial balance in 2020/21. We have indicated an expected underachievement of savings of £14.2m via the Local Mobilisation Financial Template process. The £5.8m remains a live efficiency savings target for NHS Fife. Notwithstanding, the revised AOP financial plan required by the end of July will make a reassessment of the savings position.

Table 6: Savings 20/21

Core Position	Target	Identified & Achieved Recurring	Identified & Achieved Non-Recurring	Total Identified & Achieved To Date	Outstanding
	£'000	£'000	£'000	£'000	£'000
Health Board	4,200	0	485	485	3,715
Integration Joint Board	1,647	0	641	641	1,006
Total Savings	5,847	0	1,126	1,126	4,721

Finance, Performance & Resources – Finance

COVID Position	Target £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Total Identified & Achieved To Date £'000	Outstanding £'000
Health Board	10,668	509	0	509	10,159
Integration Joint Board	3,500	0	0	0	3,500
Total Savings	14,168	509	0	509	13,659

7 Key Messages / Risks

- 7.1 Whilst COVID-19 funding has been made available for the 2019/20 financial year; funding for the current financial year 2020/21 will not be made available until a full review of Boards' quarter one financial reporting results has been concluded to allow SG to make an informed funding decision across Scotland. Nationally COVID-19 plans far exceed the funding available; and Boards are required to ensure financial reporting reflects appropriate core positions; and only those COVID-19 costs which demonstrate additionality of cost over and above core.
- 7.2 Given there is a commitment to fund additional GP costs, £1.3m COVID-19 funding has been assumed in the M2 position. There is a risk that the remaining £4.328m additional COVID-19 costs may not be fully funded.
- 7.3 At this point the potential implications of the IJB risk share have not been factored in to the position.

8 Recommendation

- 8.1 Members are invited to approach the Director of Finance for any points of clarity on the position reported and are asked to:
- **Note** the reported core underspend of £1.489m for the 2 months to date
 - **Note** the reported COVID-19 additional spend of £5.628m for the 2 months to date; of which we have assumed funding of £1.3m will be forthcoming to meet additional GP costs.
 - **Note** the combined position of the core and COVID-19 positions inform an overall overspend of £2.839m prior to agreement of additional funding.

Finance, Performance & Resources – Finance

Appendix 1: Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non- Recurring	Total	Narrative
		£'000	£'000	£'000	£'000	
Apr-20	Initial Baseline Allocation	701,537			701,537	Includes 20-21 uplift
	Recurring Adjustments	-1,307			-1,307	
	Covid 19 Integration Authority Fundng			3,413	3,413	To be transferred to Council
	Total Core RRL Allocations	700,230	0	3,413	703,643	
Anticipated	Primary Medical Serives		55,281		55,281	
Anticipated	Outcomes Framework		3,585		3,585	
Anticipated	Mental Health Bundle		1,363		1,363	
Anticipated	Salaried Dental		2,091		2,091	
Anticipated	Distinction Awards		193		193	
Anticipated	Research & Development		822		822	
Anticipated	Community Pharmacy Champion		20		20	
Anticipated	NSS Discovery		-39		-39	
Anticipated	Pharmacy Global Sum Adjustments		-2,726		-2,726	
Anticipated	NDC Contribution		-842		-842	
Anticipated	Community Pharmacy Pre-Reg Training		-157		-157	
Anticipated	Patient Advice & Support Service		-39		-39	
Anticipated	Family Nurse Partnership		1,276		1,276	
Anticipated	New Medicine Fund		5,386		5,386	
Anticipated	Golden Jubilee SLA		-25		-25	
Anticipated	Men C Vaccine Adjustment		-16		-16	
Anticipated	Primary Care Improvement Fund		3,768		3,768	
Anticipated	Action 15 Mental Health Strategy		884		884	
Anticipated	ADP Seek & Treat		1,157		1,157	
Anticipated	Veterans First		116		116	
Anticipated	GP pension		85		85	
Anticipated	Waiting List		6,700		6,700	
Anticipated	COVID 19		1,300		1,300	
Anticipated	eHealth Strategy Fund		1,241		1,241	
Anticipated	Top Slice NSS		-5,026		-5,026	
	Total Anticipated Core RRL Allocations	0	76,398	0	76,398	
Anticipated	IFRS			8,617	8,617	
Anticipated	Donated Asset Depreciation			116	116	
Anticipated	Impairment			500	500	
Anticipated	AME Provisions			500	500	
	Total Anticipated Non-Core RRL Allocations	0	0	9,733	9,733	
	Grand Total	700,230	76,398	13,146	789,774	

Finance, Performance & Resources – Finance

Appendix 2: Corporate Directories – Combined Position

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E Health Directorate	12,006	2,021	2,723	-702
Nhs Fife Chief Executive	206	34	56	-22
Nhs Fife Finance Director	6,325	1,052	1,154	-102
Nhs Fife Hr Director	3,160	526	603	-77
Nhs Fife Medical Director	6,923	1,019	996	23
Nhs Fife Nurse Director	3,650	600	603	-3
Legal Liabilities	5,166	1,761	1,819	-58
Early Retirements & Injury Benefits	814	136	123	13
Regional Funding	197	48	36	12
Depreciation	17,763	3,043	3,043	0
Nhs Fife Public Health	2,116	339	351	-12
HB retained COVID			121	-121
Total	58,326	10,579	11,628	-1,049

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	98	16	10	6
Borders	45	7	8	-1
Dumfries & Galloway	25	4	11	-7
Forth Valley	3,179	530	592	-62
Grampian	359	60	51	9
Greater Glasgow & Clyde	1,655	275	271	4
Highland	135	23	32	-9
Lanarkshire	114	19	41	-22
Lothian	31,518	5,255	5,231	24
Scottish Ambulance Service	101	17	17	0
Tayside	40,576	6,762	6,788	-26
	77,805	12,968	13,052	-84
UNPACS				
Health Boards	8,305	1,384	1,928	-544
Private Sector	1,245	208	262	-54
	9,550	1,592	2,190	-598
OATS				
	711	118	144	-26
Grants				
	65			0
Total	88,131	14,678	15,386	-708

Appendix 4 - Financial Flexibility & Allocations

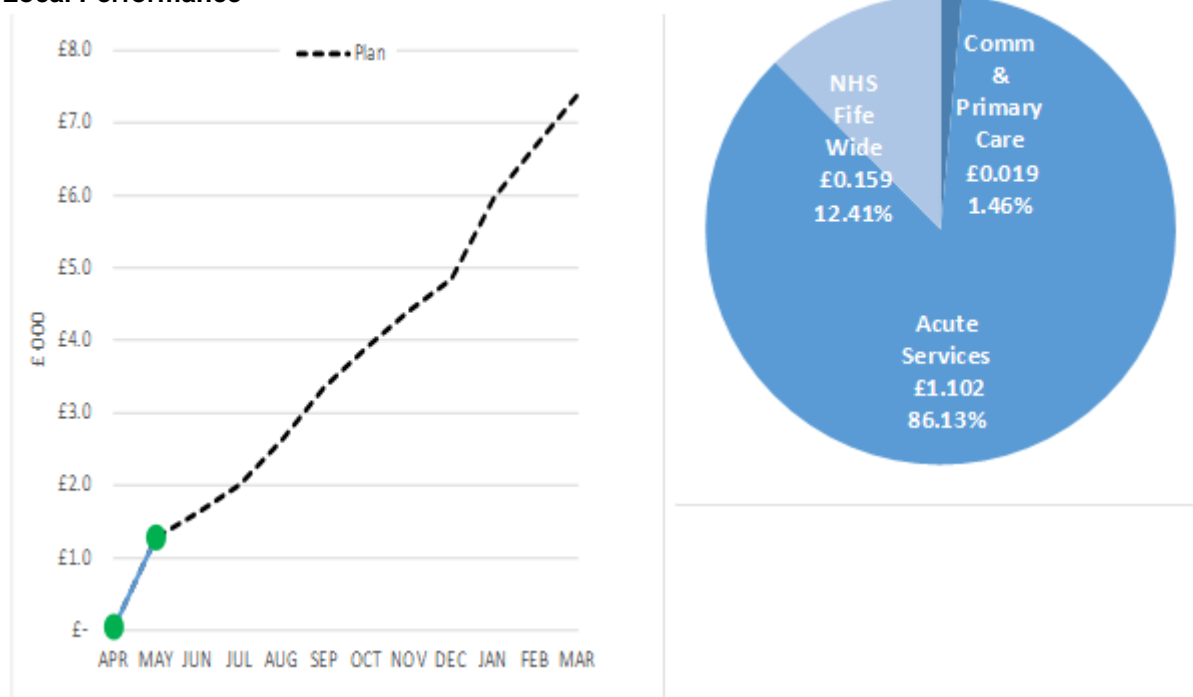
	CY Budget £'000	Flexibility Released to May 20 £'000
Financial Plan		
Drugs	4,678	
CHAS	408	
Unitary Charge	100	
Junior Doctor Travel	45	
Consultant Increments	201	
Discretionary Points	205	
Cost Pressures	3,972	345
Developments	6,328	331
Pay Awards	39	
Sub Total Financial Plan	15,976	676
Allocations		
Waiting List	2,406	0
AME: Impairment	500	0
AME: Provisions	602	0
Sub Total Allocations	3,508	0
Total	19,484	676

Finance, Performance & Resources – Finance

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



Commentary

The total anticipated Capital Resource Limit for 2020/21 is £7.394m. The capital position for the 2 months to May shows investment of £1.280m, equivalent to 17.32% of the total allocation.

Key Challenges in 2020/21

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	Update
21.1 Managing expenditure programme within resources available <i>By Mar-21</i>	Risk management approach adopted across all categories of spend

1. Annual Operational Plan

- 1.1 The Capital Plan for 2020/21 will be presented for approval to the NHS Board at the end of quarter 1. For information, changes to the plan pending approval are reflected in Appendix 1. NHS Fife has assumed a programme of £7.394m being the normal routine capital allocation. NHS Fife is also anticipating allocations of £0.160m for COVID-19 capital equipment, £10.0m for the Elective Orthopaedic Centre, HEPMA £0.5m, Mental Health Review £2.0m, Lochgelly Health Centre £1.0m and Kincardine Health Centre £1.0m.

2. Capital Receipts

- 2.1 Work continues on asset sales with a disposal planned :

- Lynebank Hospital Land (Plot 1) (North) – Under offer

Discussions with SGHSCD will be undertaken to highlight the potential risk of non delivery of the sale of land.

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 £1.280m or 17.32% 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	£0.587m
Equipment	£0.167m
E-health	£0.159m
Elective Orthopaedic Centre	£0.364m

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 for any points of clarity on the position reported and are asked to:

note the capital expenditure position to 31 May 2020 of £1.280m and the forecast year end spend of the capital resource allocation of £7.394m

Appendix 1: Capital Expenditure Breakdown

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2020/21 £'000
COMMUNITY & PRIMARY CARE			
Capital Minor Works	199		199
Statutory Compliance	150	11	150
Capital Equipment	36	7	36
Condemned Equipment			
Total Community & Primary Care	385	19	385
ACUTE SERVICES DIVISION			
Elective Orthopaedic Centre	364	364	364
Statutory Compliance	2,736	576	2,736
Capital Equipment	549		549
Covid Acute Equipment	160	160	160
Minor Works	114	2	114
Condemned Equipment	39		39
Total Acute Services Division	3,961	1,102	3,961
NHS FIFE WIDE SCHEMES			
Equipment Balance	1,291		1,291
Information Technology	1,041	159	1,041
Minor Works	156		156
Statutory Compliance	114		114
Contingency	100		100
Asbestos Management	85		85
Fire Safety	60		60
Scheme Development	60		60
Vehicles	60		60
Condemned Equipment	51		51
Screen & Speech Units	30		30
Total NHS Fife Wide Schemes	3,048	159	3,048
TOTAL ALLOCATION FOR 2020/21	7,394	1,280	7,394

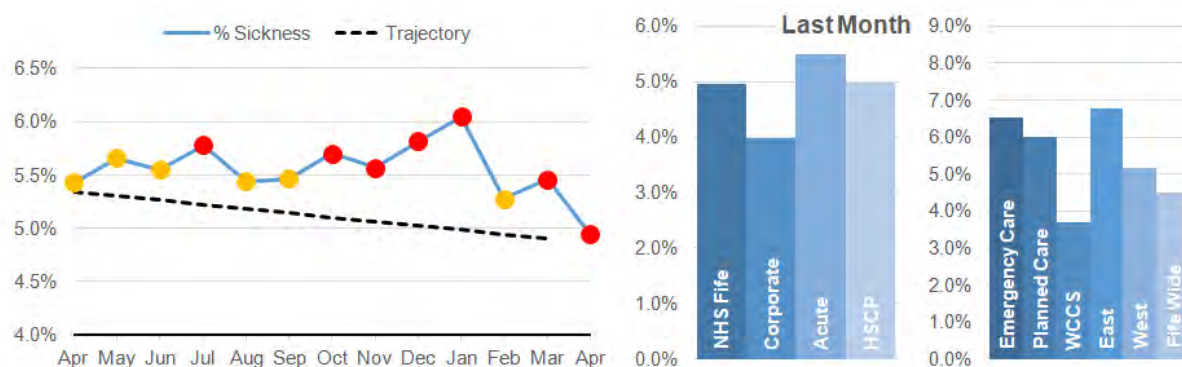
Appendix 2: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2020/21	Pending Board Approval Qtr 1 £'000	Cumulative Adjustment to April £'000	May Adjustment £'000	Total May £'000
Routine Expenditure				
Community & Primary Care				
Capital Equipment		6	30	36
Condemned Equipment				
Minor Capital		199		199
Statutory Compliance			150	150
Total Community & Primary Care	0	205	180	385
Acute Services Division				
Elective Orthopaedic Centre			364	364
Capital Equipment			549	549
Condemned Equipment		7	32	38
Covid 19 Acute Equip			160	160
Minor Capital		114		114
Statutory Compliance			2,736	2,736
	0	120	3,841	3,961
Fife Wide				
Backlog Maintenance / Statutory Compliance	3,569		-3,455	114
Fife Wide Equipment	2,036	-13	-732	1,291
Information Technology	1,041			1,041
Minor Work	498	-313	-30	156
Fife Wide Contingency Balance	100			100
Condemned Equipment	90		-39	51
Scheme Development	60			60
Fife Wide Asbestos Management			85	85
Fife Wide Fire Safety			60	60
Fife Wide Screen & Speech Units			30	30
Fife Wide Vehicles			60	60
Total Fife Wide	7,394	-326	-4,021	3,048
Total	7,394	0	0	7,394

Sickness Absence

To achieve a sickness absence rate of 4% or less
Improvement Target for 2020/21 = **TBC%**

Local Performance (Source: Tableau, from January 2020)



National Benchmarking

Month	2019/20												2020/21
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	5.42%	5.66%	5.55%	5.78%	5.44%	5.46%	5.70%	5.57%	5.82%	6.05%	5.28%	5.46%	4.95%
Scotland	5.04%	5.23%	4.98%	5.22%	5.18%	5.24%	5.69%	5.58%	5.83%	5.99%	5.27%	5.20%	

Key Challenges in 2020/21

Recovery from COVID-19 and repurposing Promoting Attendance activities to support business as usual

Improvement Actions	Update
20.1 Targeted Managerial, HR, OH and Well@Work input to support management of sickness absence By Sep-20 (TBC)	<p>The Regional Workforce Dashboard (Tableau) is being rolled out. The Dashboard provides managers with timely workforce information which they can interrogate in order to identify trends and priority areas.</p> <p>Tableau will be utilised in future by Managers, HR, OH and the Well@Work group to target future interventions to the appropriate areas.</p> <p>OH drop-in sessions were undertaken in September and October 2019, and local processes have been refreshed in conjunction with Promoting Attendance Leads to standardise approach and reflect the Once for Scotland policy implementation. To refresh this once services resume to the new normal</p> <p>Business units are utilising trajectory reporting and RAG status reports.</p> <p>Further OH Drop-in Sessions will take place when COVID-19 activity allows.</p>
20.2 Early OH intervention for staff absent from work due to a Mental Health related reason By Sep-20 (TBC)	<p>This has been in place since March 2019 and is now in the process of being reviewed by OH, HR, service and staff side colleagues to check on the appropriateness and impact of this approach.</p> <p>Initial consideration of factors including how we promote general awareness of mentally healthy workplaces, support for managers to create mentally healthy and resilient workplaces and further awareness raising of support for staff to be concluded by April 2020. This has been supplemented and superseded by the additional support and inputs via Psychology and other services during the pandemic and may be included in a much broader evaluation of staff support requirements being taken forward by the Staff Support and Wellbeing Sub Group of the Silver Command Workforce Group.</p>
21.1 Once for Scotland Promoting Attendance Policy	<p>The purpose of this action is to provide training and support, in partnership, for managers and supervisors on the new policy and the standardised approaches within the new policy, which was just being implemented at the start of the pandemic. We need to ensure that staff are aware of the new</p>

<i>By Sep-20 (TBC)</i>	policy and the changes which affect them.
21.2 Review Promoting Attendance Group <i>By Sep-20 (TBC)</i>	To review the function of the NHS Fife Promoting Attendance Group and associated supporting groups, to improve the governance arrangements around the purpose of each group and how they interrelate, with the aim of providing a Promoting Attendance framework with clear lines of reporting and escalation.
21.3 Restart Promoting Attendance Panels <i>By Sep-20 (TBC)</i>	To recommence Promoting Attendance Review and Improvement Panels and supporting activities such as myth busting and training, using MS Teams to ensure that promoting attendance measures are as effective as possible.

CAROL POTTER

Chief Executive
26th June 2020

Prepared by:

SUSAN FRASER

Associate Director of Planning & Performance

Appendix 1: NHS Fife Remobilisation – Projected Activity

		Week Ending									
		31-May	07-Jun	14-Jun	21-Jun	28-Jun	05-Jul	12-Jul	19-Jul	26-Jul	02-Aug
TTG Inpatient/Daycase Activity	Projected	28	31	31	51	45	54	54	104	104	104
	Actual	49	54	55	60	60					
TTG Inpatient/Daycase Activity (Spire and Kings Park)	Projected	18	18	18	18	18	0	0	0	0	0
	Actual	14	16	11	14						
Elective Scope activity	Projected	86	86	91	91	91	91	96	96	96	96
	Actual	43	61	46	57	73					
OP Referrals Received	Projected	830	950	1050	1100	1150	1215	1280	1345	1410	1475
	Actual	879	912	946	988	1045					
OP Activity	Projected	2020	2120	2220	2320	2420	2460	2500	2550	2600	2650
	Actual	2001	2274	2273	2571	2523					
A&E Attendance	Projected	1022	941	997	1057	1121	1188	1262	1280	1300	1300
	Actual	1022	941	981	1055	1102					
Emergency Admissions	Projected	547	563	551	544	540	572	564	560	566	565
	Actual	551	571	581	611	607					
Urgent Suspicion of Cancer - Referrals Received	Projected	196	270	372	250	208	208	208	208	208	208
	Actual	137	145	135	156	132					
PC OOH - Home Visits	Projected	240	221	206	232	213	217	200	222	216	203
	Actual	159	154	149	157	160					
PC OOH - Centre attendances & telephone advice calls	Projected	1058	1066	1099	1099	1073	1060	1099	1057	1078	1076
	Actual	827	867	802	802	897					

FTF Internal Audit Service

NHS Scotland Waiting Times Methodology Report No. B32/20

Issued To: C Potter, Chief Executive
M McGurk, Director of Finance

M Olsen, Interim Chief Operating Officer (Acute Services Division)
A Wilson, General Manager – Waiting Times
T Thorbjornsen, Information Services Manager
G Watt, Divisional Head of Health Records
B Cooke, Secretarial Services & Waiting Times Team Manager

G MacIntosh, Head of Corporate Governance and Board Secretry
Follow-Up Co-ordinator

Audit and Risk Committee
Finance, Performance and Resources Committee
External Audit

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Section 3	Definitions Recommendation Priorities	14

Draft Report Issued	18 th December 2019
Management Responses Received	14 th February 2020
Target Audit & Risk Committee Date	09 January 2020
Final Report Issued	9 March 2020

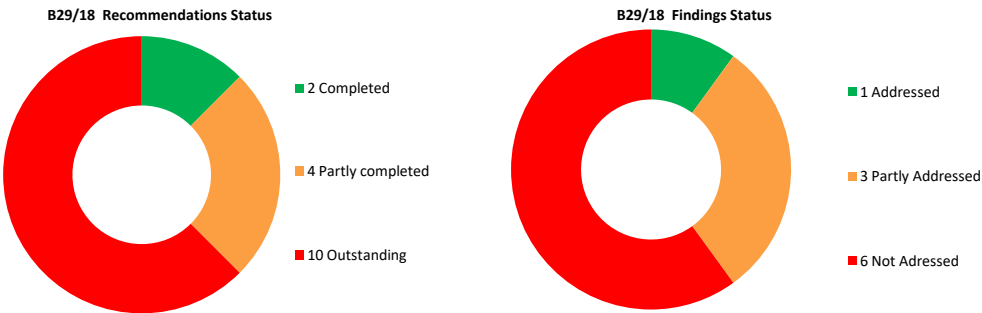
CONTEXT AND SCOPE

- 1. Following the recommendations arising from The Scottish Parliament Public Audit Committee’s 3rd report on the management of NHS Waiting Lists published by the Scottish Parliament on 9 May 2013 the NHS Scotland Waiting Times Working Group published a Monthly Audit methodology to assist Boards to comply with these recommendations on a consistent and comprehensive basis and recommended that Boards seek independent assurance (from internal or external audit or peer review from another Board) over the monthly audit process to ensure the process is operating in line with guidance.
- 2. Internal Audit Report B29/18 – NHS Scotland Waiting Times Methodology was published on 28 June 2018 and included 10 findings with an associated 16 recommendations.
- 3. Our audit has evaluated the design and operation of the controls and has specifically considered whether:
 - Recommendations made in our previous report (B29/18) have been implemented
 - Processes currently in operation comply with the methodology.

AUDIT OPINION

Follow Up of B29/18

- 4. Due to the limited nature of the scope of this audit, no audit opinion is provided. Our review was mainly a follow up to ensure appropriate implementation of the recommendations in audit report B29/18 NHS Scotland Waiting Times Methodology.
- 5. Our B29/18 – NHS Scotland Waiting Times Methodology report included 10 findings with an associated 16 recommendations. This included 4 priority 2 recommendations and 12 priority 3 recommendations with management actions agreed to address these. The graphs below illustrate the status of the recommendations and the findings they related to:



Monthly Audit Re-performance

- 6. There was a backlog of monthly audit checks to be undertaken when the current member of staff took over this responsibility in January 2019. The monthly audits are not yet up to date, with the August 2019 sample being reviewed in October 2019, however we note that performance is improving with the aim of completing the audit monthly in arrears.
- 7. We re-performed the monthly check for August 2019. We found that the audit was being undertaken in line with the NHS Scotland Waiting Times Monthly Audit

Methodology other than the issue of not replacing non-TTG pathway items in the selected sample.

Other Findings

8. A review of the NHS Fife Patient Access Policy GP/P8 found that an out of date version of the policy is available on the intranet (last reviewed 10/11/17). The current updated policy (last reviewed 29/06/18) is not available to staff on the intranet.


ACTION


9. The action plan at Section 2 of this report has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.
10. The actions in this report entirely supersede the actions in B29/18 NHS Scotland Waiting Times Methodology.

ACKNOWLEDGEMENT

11. We would like to thank all members of staff for the help and co-operation received during the course of the audit.

Barry Hudson BAcc CA
Regional Audit Manager

Action Point Reference 1		
Finding:		
An out of date version of the Patient Access Policy [GP/P8] is available to staff on the intranet. Staff are unable to access the latest version of this policy.		
Audit Recommendation:		
The updated Patient Access Policy should be made available on the intranet and the out of date version should be removed.		
Assessment of Risk:		
Significant		Weaknesses in control or design in some areas of established controls. Requires action to avoid exposure to significant risks in achieving the objectives for area under review.
Management Response/Action:		
The Policy Committee have been asked to arrange for correct version of Access Policy to be uploaded.		
Action by:	Date of expected completion:	
Divisional Head of Health Records	Completed.	

Action Point Reference 2	
Finding:	
<p>Finding 1 from Internal Audit Report B29/18 – NHS Scotland Waiting Times Methodology has not been fully addressed. This related to complying with the requirement of the NHS Scotland Waiting Times Monthly Audit Methodology to provide a regular monthly report to a directors meeting and a regular report to a standing committee of the Board or to the Board itself.</p> <p>The management responses to the recommendations made included establishing reporting to each meeting of the Acute Services Division Clinical Governance Committee (ASD CGC) and also an annual summary report to the ASD CGC and also indicated that this reporting line be recorded in the Patient Access Policy.</p> <p>Reporting to the ASD CGC did not take place until recently (November 2019) and it is not evident that an annual report is to be presented to the ASD CGC. Section 3.3.6 of the Patient Access Policy does now indicate that there is expected to be reporting to the ASD CGC but does not state the frequency of reporting and this information is not included in Appendix 1 of the Policy – Waiting Times Audit Guidance for Staff.</p>	
Audit Recommendation:	
<ul style="list-style-type: none"> a Reporting on the outcomes of the monthly waiting times audits should be reported to each meeting of the ASD CGC b An annual summary of the audits should be reported to the ASD CGC following the end of each financial year. c Appendix 1 of the Patient Access Policy should be updated to include the frequency of reporting to the ASD CGC. 	
Assessment of Risk:	
Significant	 <p>Weaknesses in control or design in some areas of established controls.</p> <p>Requires action to avoid exposure to significant risks in achieving the objectives for area under review.</p>
Management Response/Action:	
<p>A revised reporting structure has been put in place since the last report. Reporting on the outcomes of the monthly audit process is detailed within the Terms Of Reference for the Data Quality Group. The outcomes are reported to each meeting of the Data Quality Group and an Annual summary of the audits will be reported to the ASD CGC following the end of each financial year. Appendix 1 of the Patient Access Policy will be updated to include the frequency of reporting to the Data Quality Group and the ASD CGC.</p>	
Action by:	Date of expected completion:
General Manager, Waiting Times	30 June 2020.

Action Point Reference 3**Finding:**


Finding 2 from Internal Audit Report B29/18 – NHS Scotland Waiting Times Methodology has not been fully addressed. This related to The NHS Scotland Waiting Times Monthly Audit Methodology requirement for Boards to ensure that the outcomes of the monthly audit are reflected in their Waiting Times Controls Assurance matrix.

Although the controls included in the SOP for the monthly waiting times audit have been updated to reflect the change in patient administration system from Oasis to TrakCare the Waiting Times Controls Assurance matrix has not been maintained by NHS Fife and the responsibilities for maintaining it are not included in the Patient Access Policy.

Audit Recommendation:

- a The Waiting Times Controls Assurance matrix should be updated to reflect the current arrangements then be maintained on a monthly basis to reflect the results of the monthly audit checks.
- b The responsibilities for maintaining the matrix should be recorded in appendix 1 of the Patient Access Policy.

Assessment of Risk:

Significant		Weaknesses in control or design in some areas of established controls. Requires action to avoid exposure to significant risks in achieving the objectives for area under review.
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Management Response/Action:

It was agreed in Audit report B29/18 that the format and content of the Matrix spreadsheet made this an unnecessarily complex task. The process controls have been agreed by the Data Quality Group and the data are reviewed at each Data Quality Group meeting. Any identified actions are recorded and monitored through the action notes for this group.


It was agreed in Audit report B29/18 that the process controls will be subject to review within the same review cycle as the Patient Access Policy (3 years).




This will be recorded in appendix 1 of the Patient Access Policy


Action by:**Date of expected completion:**


General Manager Waiting Times


30 April 2020


Action Point Reference 4	
Finding:	
Finding 2 from Internal Audit Report B29/18 – NHS Scotland Waiting Times Methodology has not been fully addressed. This related to there being no method employed to stratify the sample of episodes selected across the specialties in proportion to the episodes undertaken in each specialty over the period which is a requirement of the NHS Scotland Waiting Times Monthly Audit Methodology.	
Audit Recommendation:	
<p>a A method of stratifying the sample selection should be introduced. For example the sample could be weighted in line with waiting lists for specialties, and could also consider areas where issues have been found to be reviewed more frequently until issues have been resolved.</p> <p>b The method used should be outlined in appendix 1 of the Patient Access Policy.</p>	
Assessment of Risk:	
Merits attention	 <p>There are generally areas of good practice.</p> <p>Action may be advised to enhance control or improve operational efficiency.</p>
Management Response/Action:	
A method of stratifying the sample selection will be introduced. The method used will be outlined in appendix 1 of the Patient Access Policy.	
Action by:	Date of expected completion:
Information Services Manager	30 April 2020


Action Point Reference 5				
Finding:				
Finding 5 from Internal Audit Report B29/18 – NHS Scotland Waiting Times Methodology has not been addressed. This related to the impact of exceptions on the patient journey (in terms of extra time waiting) not being calculated and recorded. The NHS Scotland Waiting Times Monthly Audit Methodology requires that the impact on the patient journey should be calculated for any exceptions identified.				
Audit Recommendation:				
The impact on the patient journey in terms of extra time waiting should be calculated for exceptions identified and be recorded on the spreadsheet used to collate the results so that this can be included in reporting.				
Assessment of Risk:				
<table border="1"> <tr> <td>Merits attention</td> <td>  </td> <td> <p>There are generally areas of good practice.</p> <p>Action may be advised to enhance control or improve operational efficiency.</p> </td> </tr> </table>	Merits attention		<p>There are generally areas of good practice.</p> <p>Action may be advised to enhance control or improve operational efficiency.</p>	
Merits attention		<p>There are generally areas of good practice.</p> <p>Action may be advised to enhance control or improve operational efficiency.</p>		
Management Response/Action:				
The impact on the patient journey in terms of extra time waiting will be calculated for exceptions identified and be recorded on the spreadsheet used to collate the results so that this can be included in reporting.				
Action by:	Date of expected completion:			
Secretarial Services & Waiting Times Team Manager	30 April 2020			

Action Point Reference 6		
Finding:		
<p>Finding 6 from Internal Audit Report B29/18 – NHS Scotland Waiting Times Methodology has not been addressed. This related to efforts having been made to exclude non-TTG pathway episodes from the sample selected for auditing but this has not been 100% successful due to issues with field definitions in the new patient administration system (TrakCare).</p> <p>We also noted that where suspected non-TTG pathway episodes are included in the sample provision is not made to replace these episodes so that a sample of 20 TTG pathway episodes is selected.</p>		
Audit Recommendation:		
<ul style="list-style-type: none"> a The issue resulting in diagnostic episodes being included in the sample report should be addressed and in the meantime when diagnostic episodes are selected these should be replaced with TTG pathway episodes (i.e. the sample of 20 should be 100% TTG pathway episodes). b Appendix 1 of the Patient Access Policy should be updated to record the requirement for all of the 20 episodes sampled, checked and reported on to be TTG pathway episodes. 		
Assessment of Risk:		
Significant		<p>Weaknesses in control or design in some areas of established controls.</p> <p>Requires action to avoid exposure to significant risks in achieving the objectives for area under review.</p>
Management Response/Action:		
<p>The issue resulting in diagnostic episodes being included in the sample report has been addressed as far as is reasonably practicable. However if in future there are any data errors which result in a diagnostic episode being selected these will be replaced with TTG pathway episodes so that the sample of 20 will be 100% TTG pathway episodes.</p> <p>Appendix 1 of the Patient Access Policy will be updated to record the requirement for all of the 20 episodes sampled, checked and reported on to be TTG pathway episodes</p>		
Action by:		Date of expected completion:
Information Services Manager		30 April 2020

Action Point Reference 7		
Finding:		
Finding 7 from Internal Audit Report B29/18 – NHS Scotland Waiting Times Methodology has not been addressed. This related to Appendix 1 of Patient Access Policy which does not specifically refer to the NHS Scotland Waiting Times Monthly Audit Methodology.		
Audit Recommendation:		
Appendix 1 of Patient Access Policy should be updated to specifically refer to the NHS Scotland Waiting Times Monthly Audit Methodology and to include this as a further appendix.		
Assessment of Risk:		
Merits attention		<p>There are generally areas of good practice.</p> <p>Action may be advised to enhance control or improve operational efficiency.</p>
Management Response/Action:		
Appendix 1 of Patient Access Policy will be updated to specifically refer to the NHS Scotland Waiting Times Monthly Audit Methodology and this will be included as a further appendix.		
Action by:		Date of expected completion:
Information Services Manager		30 April 2020




Action Point Reference 8		
Finding:		
Finding 8 from Internal Audit Report B29/18 – NHS Scotland Waiting Times Methodology has not been addressed. This related to referring to the main contact(s) for resolving issues identified from the monthly audit in the Patient Access Policy.		
Audit Recommendation:		
Appendix 1 of the Patient Access Policy should be updated to include details of the main contact(s) for resolving issues identified from the monthly audit.		
Assessment of Risk:		
Merits attention		There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.
Management Response/Action:		
Appendix 1 of the Patient Access Policy will be updated to include details of the main contact for resolving issues identified from the monthly audit.		
Action by:	Date of expected completion:	
Secretarial Services & Waiting Times Team Manager	30 April 2020	

Action Point Reference 9		
Finding:		
Finding 9 from Internal Audit Report B29/18 – NHS Scotland Waiting Times Methodology has not been addressed. This related to the frequency of independent assurance not being outlined in the policy at appendix 1 of the Patient Access Policy. The methodology recommends that this takes place annually.		
Audit Recommendation:		
The frequency of audit independent assurance should be agreed and included in appendix 1 of the Patient Access Policy.		
Assessment of Risk:		
Merits attention		<p>There are generally areas of good practice.</p> <p>Action may be advised to enhance control or improve operational efficiency.</p>
Management Response/Action:		
It was agreed in Audit report B29/18 that the frequency of independent assurance will be in line with the review cycle of the Patient Access Policy (every 3 years) and this will be recorded in the Policy.		
Action by:	Date of expected completion:	
General Manager Waiting Times	30 April 2020	

Action Point Reference 10		
Finding:		
Finding 10 from Internal Audit Report B29/18 – NHS Scotland Waiting Times Methodology has not been addressed. This related to the note prepared by Information Services regarding the process for selecting the sample for the monthly waiting times audit not having been updated to reflect the change in patient administration system and not being reflected in the Patient Access Policy or related SOP.		
Audit Recommendation:		
The sample selection process note should be updated and should be incorporated into Appendix 1 of the Patient Access Policy and the SOP.		
Assessment of Risk:		
Merits attention		There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.
Management Response/Action:		
The sample selection process note will be updated and will be incorporated into Appendix 1 of the Patient Access Policy and the SOP.		
Action by:	Date of expected completion:	
Information Services Manager	30 April 2020	

Assessment of Risk

To assist management in assessing each audit finding and recommendation, we have assessed the risk of each of the weaknesses identified and categorised each finding according to the following criteria:

Risk Assessment		Definition	Total
Fundamental		Non Compliance with key controls or evidence of material loss or error. Action is imperative to ensure that the objectives for the area under review are met.	None
Significant		Weaknesses in control or design in some areas of established controls. Requires action to avoid exposure to significant risks in achieving the objectives for area under review.	4 (Points 1,2,3 & 6)
Merits attention		There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.	6 (Points 4,5,7,8,9 & 10)

FTF Internal Audit Service

Financial Management Report No.B25/19

Issued To: C Potter, Chief Executive
M McGurk, Director of Finance

R Robertson, Deputy Director of Finance
J Chambers, Head of Finance – Business Partnering

M Olsen, Interim Chief Operating Officer – Acute Services Division
N Connor, Director of Health and Social Care
G MacIntosh, Head of Corporate Governance & Board Secretary

Follow-Up Co-ordinator

Finance Performance and Resources Committee
Audit and Risk Committee
External Audit

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Section 2	Issues and Actions	8-9
Section 3	Definitions of Assurance & Recommendation Priorities	10-11


Draft Report Issued	29 August 2019
Management Responses Received	6 February 2020
Target Audit & Risk Committee Date	13 March 2020
Final Report Issued	09 March 2020

CONTEXT AND SCOPE

1. The NHS Fife Strategic Framework includes a key aspiration of providing services that are sustainable and states a component objective to *'ensure that our activities are cost effective and within budget'*.
2. The NHS Fife Board Assurance Framework includes a section on Financial Sustainability which is linked to the aspiration above and includes the following overarching risk:
'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.'
3. The current mitigations recorded in the BAF to mitigate this risk include:
'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.'
4. The delegation of budgets to accountable managers and the monitoring of their stewardship are outlined in NHS Fife's Standing Financial Instruction (SFI) 4 – *'Financial Management'* and in its Financial Operating Procedure (FOP) 5 – *'Accountability, Budgets and Budgetary Control'*.
5. This review evaluated the design and operation of the controls outlined in SFI 4 and FOP 5 relating to budgetary control.
6. Specifically our review considered whether:
 - ✧ Responsibility for revenue budgets/allocations has been effectively delegated to budget holders to ensure ownership;
 - ✧ Budget monitoring reports provided to budget holders are relevant, reliable, complete, accurate, timely, clear and aligned with best practice;
 - ✧ Budgetary variations are adequately investigated on a timely basis, explained and remedial action taken where necessary;
 - ✧ Monitoring information related to the financial position of the Board is complete, relevant, sufficient and reliable.
7. The processes associated with financial planning and the management of the efficiency savings programme are covered under a separate audit (B23&24/19 – Savings Programme and Financial Planning).

AUDIT OPINION

8. The Audit Opinion of the level of assurance is as follows:

Level of Assurance		System Adequacy	Controls
Moderate Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

A description of all definitions of assurance and assessment of risks are given in Section 3 of this report.

The main issues identified from our review were:

- On our review of three virements, we concluded that they were authorised by the relevant budget holders and recorded appropriately. We identified that the designations within Appendix A of the FOP required an update. In addition, we noted on one of the virements tested, that the budget holder was delegated to authorise the virement, but reporting to the Chief Executive, Chief Operating Officer or Director of Health and Social Care in line with the FOP could not be evidenced. Further detail is provided at paragraph 11.
- Our testing of a sample of monthly budget reports, we noted that two of the divisions current Whole Time Equivalent (WTE) exceeds the funded WTE. Further detail is provided at paragraphs 17-19.

Delegation of Budgets to Budget Holders

9. Responsibility for revenue budgets/allocations are effectively delegated to all budget holders by a formal letter at the beginning of the financial year. The letter includes the Financial Plan, budget setting 2019/20 and the Grip and Control checklist. In addition, the budget holder formally signs off their budget.
10. We confirmed that budget holders with NHS Fife have been formally identified within budget holders listing held by management accounts. Budget holders are aware of their responsibility for their individual budgets and formally agree this responsibility when signing off annual budget agreements. A formal timetable is produced for budgetary meetings held between the Budget Holder and the Management Accountant.
11. We reviewed a random sample of three virements, and concluded that they were authorised by the relevant budget holders and recorded appropriately. Of the three virements, two were authorised by the Associate Director of Nursing, this designation is not included within Appendix A of the FOP and Head of Finance advised Internal Audit that this designation is regarded as equal to the authorisation levels of Corporate Directors/ Divisional General Managers on the FOP, and as such this would be fully delegated, one virement was authorised by a Service Manager and there was no evidence provided that this was reported to the Chief Executive, Chief Operating Officer or Director of Health and Social Care. As the virement was greater than £20K, the virement authorisation is delegated to the budget holder but should be reported to the Chief Executive, Chief Operating Officer or Director of Health and Social Care in line with FOP, section 5, Appendix A. The Head of Finance advised that they will review the FOPs in relation to the financial limits, designations and process of reporting virements to the Chief Executive, Chief Operating Officer and Director of Health and Social Care and update these areas within the next reiteration of the FOP.

Budget Monitoring Reports

12. We reviewed a sample of two Directorates and a division of the Fife IJB and confirmed that budget reports are produced on a monthly basis via BOXI and sent out to all levels of the department. Variations between the budgeted figure and actual are provided on the Year to Date and current month within the budgetary report. The Head of Finance advised that the standard format of the budgetary reports was formally agreed and is reviewed annually.

13. Budgetary variations are shown on budget statements (standard format) received by budget holders on a monthly basis. These variations and movements, which are against the trend, are discussed between the budget holder and the Management Accountant at regular budget meetings. Budget holders can request and obtain additional information if required.

Budget Variations

14. We confirmed that regular meetings are held between the budget holders and the Management Accountants with formal timetabled meetings scheduled. Variances are included on the budget report.
15. We confirmed that reconciliations to the general ledger are undertaken monthly, and these are shown within the Finance section of the Fife Integrated Performance & Quality Report (FIPQR), 'Table 1: Summary Financial Position for the period ended (date, month) 2019'.
16. The Head of Finance advised that tolerances for budgeting variances are not used due to the fact that this may highlight items of low material value, a heat map is used to identify variations and compare against the expected trajectory. If any item has deviated unexpectedly further analysis is undertaken and reasons for the movement are recorded.
17. We reviewed a sample of monthly budget reports and we noted that both Health & Social Care (HSC) West Division and Planned Care current Whole Time Equivalent (WTE) exceeds the funded WTE. The Finance Business Partner advised that the reason for the difference within the Health and Social Care (West Division) is partially due to the use of historical figures for the funded establishment for the services, which are not representative of numbers that the workforce tools would indicate. A comprehensive workforce review has taken place across all H&SC Partnership Inpatient Wards. The review was completed in line with CEL 32 (2011) using the national Nursing and Midwifery Workload Workforce Planning (NMWWP) tools. A virement has been approved for a partial realignment of the budget, which has the effect of increasing the current WTE and there is a time lag in obtaining approval for the remainder of the virements required to re-align the budgets to correspond to the review.
18. The difference between the current WTE and the funded WTE within the Planned Care Directorate was due to the application of the NMWWP planning tools across the adult inpatient wards in the Acute Services Division, where a change was recommended in skill mix in Ward 10, which increased the overall establishment but the budget remained within the financial envelope and is managed through vacancy and cost zero exercise. It was identified that Admission Unit 2 and Wards 31, 52, 53 and 54 were identified as requiring slight uplifts in establishments.
19. Section 5, paragraph 9.1 of the FOP states that *'on no account should this maximum (funded establishment WTE) be exceeded for any period of time without the prior approval of either of the relevant executive director or the Deputy Director of Finance.'* We recommend that approval is obtained from the relevant Executive Director or the Deputy Director of Finance and in line with Section 5 of the FOP 9.2 and 9.3 the process of approval must be actioned by use of the Vacancy Management Form giving due consideration to any extant control processes in place.

20. The Head of Finance advised that any vacancy for a post that is an 8A or above must obtain approval from the Executive Director Group and any vacancy within the Health and Social Care Partnership are approved at the Senior Leadership Team where the Divisional General Manager, Director of Social Care and Chief Financial Officer are in attendance. We recommend that where new measures/controls are added to the process, that the FOP's are updated to incorporate any amendments required.

Reporting

21. 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.
22. The NHS Fife Board Assurance Framework includes a section on Financial Sustainability which is linked to the aspiration above and includes the following overarching risk: *'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.'* We note that an update of the Financial Sustainability Risk is provided to all FP&RC Committee meetings which provides an assessment of the risk and a current risk assessment given the mitigating actions already taken as well as further detail on the linked operational risks on the corporate risk register. The latest position reported by an SBAR to the FP&RC January 2020 meeting stated that the BAF current score has been held at 'High' in line with the score reported the previous year, with the target score remaining 'Moderate', which recognises the ongoing financial challenges facing Acute Services in particular, as well as the pressures notable within Health and Social Care Partnership.
23. We noted the enhancement of the Financial Reporting, with the Integrated Performance Report (IPR) presented to the November 2018 Board meeting, which highlighted a change in reporting for the Financial Year 2018/19. The changes included a more comprehensive narrative summary, an updated savings table and additional appendices providing a breakdown of financial flexibility and efficiency savings, budget variances across corporate directorates and details of the payments to the other healthcare providers. The purpose of the change was to enhance the openness and transparency of financial information and to allow a single format of report to be used to meet the requirements of both the NHS Board and the Scottish Government Health and Social Care Directorates. The members of the FP&RC were invited to comment on any areas of the format and content of the report and/or clarification on specific issues. In our opinion this will provide an enhanced streamlined approach.
24. The IPR presented to the May 2019 FP&RC stated the revenue position for the 12 months to 31 March reflects an under spend of £0.219m. This comprises an under spend of £6.869m attributable to Health Board; and an over spend of £6.650m aligned to the Integration Joint Board (health budgets delegated to the IJB), (£0.325m 'health' under spend and the impact of the risk share agreement (£6.975m). There is a small capital surplus of £2k against a Capital Resource Limit of £8.481m.

25. The Fife Integrated Performance & Quality Report presented to the January 2020 FP&RC stated a revenue position for the 8 months to 30 November 2019 reflected an overspend of £7.633m. Based on the in year position and a number of high level planning assumptions, the year end forecast ranges from a potential optimistic forecast of £6.4m overspend to a potential worst case scenario of £13.8m overspend. This position assumes a risk share cost to NHS Fife is capped to £7.05m which is the original agreed budget gap of the IJB of £6.5m plus £0.55m additional social care packages agreed by the respective officers.
26. The Head of Finance advised that NHS Fife submits copies of the IPR to the Scottish Government (SG) are in line with the requirement and show the information required by the SG, including narrative and expenditure against the Board resource limits.
27. A Finance and Performance Workshop was held on 19 December 2018 as part of a Board Development Session which focused on setting out the financial context for the next few years.
28. We reviewed the minutes of the FP&RC and evidenced the members providing queries and adequate scrutiny over the financial reports.
29. A finance report covering NHS Fife is presented to each meeting of the Board and FP&RC. A review of these reports confirmed that financial performance is adequately monitored throughout the financial year and they highlight the Board's financial position at that point in time and forecasts the position for the year end to ensure that financial targets are appropriately monitored and controlled in line with requirements.
30. The Audit Scotland NHS Fife Management Report 2018/19 included two relevant recommendations applicable to Financial Management. We note that these recommendations are followed in an update paper presented to the FP&RC to the November and September 2019 meetings. The first recommendation related to the development of specific and achievable savings plans should be developed to ensure that the Board can deliver the required savings. The second recommendation related to the reliance on non recurrent savings, where it was noted that 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 the acute services. The governance of the Transformation could be the primary vehicle for delivering the savings and the Integrated Performance and Quality Report presented to the September 2019 FP&RC meeting stated that 'further work is required as a matter of priority to ensure that savings are identified and deliverable for the Acute Services Division,' The paper advised that Deloitte LLP is providing external expertise to support and challenge the team to design and implement an effective savings programme, with a strong focus on specific savings proposals. A Transformation Stocktake Workshop was held on the 23 July 2019 which provided an overview of the key work being undertaken within the NHS Fife and Fife Health and Social Care Partnership, a presentation by Deloitte LLP to the 10 September meeting of the FP&RC provided the output from the diagnostic work and recommended next steps.


ACTION

31. The action plan at Section 2 of this report has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.

ACKNOWLEDGEMENT

32. We would like to thank all members of staff for the help and co-operation received during the course of the audit.

Barry Hudson BAcc CA
Regional Audit Manager

Action Point Reference 1		
Finding:		
<p>We reviewed a random sample of three virements, and concluded that they were authorised by the relevant budget holders and recorded appropriately. Of the three virements, two were authorised by the Associate Director of Nursing, this designation is not included within Appendix A of the FOP and the Head of Finance advised Internal Audit that this would equate to the authorisation levels of Corporate Directors/ Divisional General Managers on the FOP and as such this would be fully delegated. One virement was authorised by a Service Manager and there was no evidence provided that this was reported to the Chief Executive, Chief Operating Officer or Director of Health and Social Care in line with section 5 of the FOP, Appendix A. As this virement was greater than £20K, the virement authorisation is delegated to the budget holder but should be reported to the Chief Executive, Chief Operating Officer or Director of Health and Social Care in line with FOP, Appendix A.</p>		
Audit Recommendation:		
<p>We recommend that virements between £20-50K are reported to the Chief Executive, Chief Operating Officer or Director of Health and Social Care in line with the FOP Appendix A delegated authority. We recommend that section 5 of the FOP Appendix A is reviewed and revised to include appropriate designations within the FOP for virements to ensure it clearly sets out the procedures to be followed e.g. the reporting method to be used for virements which are not fully delegated and includes the appropriate designations and authorisation levels.</p>		
Assessment of Risk:		
Significant		<p>Weaknesses in control or design in some areas of established controls.</p> <p>Requires action to avoid exposure to significant risks in achieving the objectives for area under review.</p>
Management Response/Action:		
<p>The Head of Finance advised that they will report the virements appropriately and review the FOP's in relation to the financial limits, designations and process of reporting virements to the Chief Executive, Chief Operating Officer and Director of Health and Social Care and update these areas within the next reiteration of the FOP.</p>		
Action by:		Date of expected completion:
Deputy Director of Finance.		31 July 2020

Action Point Reference 2**Finding:**

We reviewed a sample of monthly budget reports and we noted that Planned Care and Health & Social Care West Division current Whole Time Equivalent (WTE) exceeds the funded WTE. The Finance Business Partner advised that this is due to the outcome of the comprehensive workforce review that has taken place across all H&SCP Inpatient Wards. The review was completed in line with CEL 32 (2011) using the national Nursing and Midwifery Workload Workforce Planning (NMWWP) tools. This has the effect of increasing the current WTE and there has been a time delay in obtaining approval for the virements required to align these budgets.

Audit Recommendation:

We recommend that approval is obtained for these virements from the relevant Executive Director or the Deputy Director of Finance. In line with Section 5 of the FOP 9.2 and 9.3, the process of approval must be actioned by use of the Vacancy Management Form. Due consideration should be given to any extant control processes in place with immediate effect to realign these budgets.

Assessment of Risk:

Insert relevant icon and description of assessment here **by deleting those not applicable:**

Merits
attention



There are generally areas of good practice.

Action may be advised to enhance control or improve operational efficiency.

Management Response/Action:

Evidence of approval will be sought in line with Section 5 of the FOP 9.2 and 9.3 and we will take steps to highlight and explain the budget position.


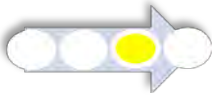
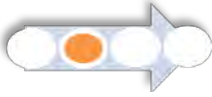
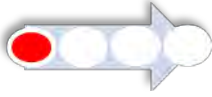
Action by:**Date of expected completion:**

**Head of Finance – Business Partnering/
Deputy Director of Finance**

31 March 2020




Definition of Assurance

To assist management in assessing the overall opinion of the area under review, we have assessed the system adequacy and control application, and categorised the opinion based on the following criteria:

Level of Assurance		System Adequacy	Controls
Comprehensive Assurance		Robust framework of key controls ensure objectives are likely to be achieved.	Controls are applied continuously or with only minor lapses.
Moderate Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance		Satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives.	Controls are applied but with some significant lapses.
No Assurance		High risk of objectives not being achieved due to the absence of key internal controls.	Significant breakdown in the application of controls.

Assessment of Risk

To assist management in assessing each audit finding and recommendation, we have assessed the risk of each of the weaknesses identified and categorised each finding according to the following criteria:

Risk Assessment		Definition	Total
Fundamental		Non Compliance with key controls or evidence of material loss or error. Action is imperative to ensure that the objectives for the area under review are met.	
Significant		Weaknesses in control or design in some areas of established controls. Requires action to avoid exposure to significant risks in achieving the objectives for area under review.	
Merits attention		There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.	

REPORT OF THE PHARMACY PRACTICES COMMITTEE HEARING HELD ON TUESDAY 25TH FEBRUARY, 2020 AT 10.00 AM WITHIN MEETING ROOM 1, CAMERON HOUSE, WINDYGATES, KY8 5RG

PRESENT:

Mr Andrew Baillie - Lay Member
Mr Martin Black - Chair
Mr Paul Gillon - Lay Member
Mrs Joanna Hornal - Non Contractor Representative
Mr Raymond Kelly - Contractor Representative

IN ATTENDANCE:

Mr Tom Arnott - Representing Lloyds Pharmacy Ltd
Mrs Karen Brewster - Note Taker
Mr Robin Brownlie - Assisting Mr Tom Arnott of Lloyds Pharmacy Ltd
Mr Lee Drennan – Assisting Mr Nick Johnston of Well
Mr Fraser Frame - Representing Wm Morrison Supermarkets PLC
Miss Kaye Greig - Representing Lindsay & Gilmour
Mr Nick Johnston - Representing Well
Mrs Joyce Kelly – Primary Care Manager, Medical Directorate, Corporate Services NHS Fife
Mr Mayhar Nickkho-Amiry - Barrie Dear Ltd - Applicant
Miss Julie Parkinson - Note Taker
Mr Balvinder Sagoo - Representing Boots UK Ltd
Mrs Morag Shepherd - Independent Legal Assessor, Central Legal Office
Dr Forbes Stuart - Representing Kingseat Community Council

BACKGROUND

APPLICATION FOR INCLUSION IN NHS FIFE'S PHARMACEUTICAL LIST

The hearing was called to consider an application submitted by Barrie Dear Ltd, to provide general pharmaceutical services from premises situated within Plot 17, 35 Main Street, Kingseat, Fife, KY12 0TJ.

Under Regulation 5(10) of the NHS (Pharmaceutical Services) (Scotland) Regulations 2009 ("The Regulations") the Pharmacy Practices Committee (PPC) were required to determine whether the granting of the application was necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood in which the applicant's proposed premises were located.

The Regulations require that the Board shall have regard to:-

- i) the pharmaceutical services already provided in the neighbourhood of the premises named in the application by persons whose names are included in NHS Fife's Pharmaceutical List;

- ii) pharmaceutical services to be provided in the neighbourhood at these premises by any person whose name is included in the provisional pharmaceutical list;
- iii) any representations received by the Board under paragraph 1 of the aforementioned Regulations;
- iv) any information available to the Board which, in its opinion, is relevant to the consideration of the application;
- v) the consultation analysis report submitted in accordance with regulation 5A;
- vi) the pharmaceutical care services report; and
- vii) the likely long term sustainability of the pharmaceutical services to be provided by the applicant.

01.20 CHAIR'S WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the hearing and round the table introductions were made.

The Chair asked those present if they had any objections to the hearing being recorded for the purpose of the minute. All those present agreed they had no objections.

It was confirmed that the meeting would take the form of an oral hearing and that the Applicant and each Interested Party would have an opportunity to verbally present a succinct statement highlighting the salient points of their representation.

It was noted that each committee member had individually undertaken a site visit.

02.20 DECLARATION OF INTEREST

Prior to the commencement of the hearing, the Chair asked the members whether any of them had an interest to declare or are associated with a person who has any personal interest. The Chair then asked the Applicant and Interested Parties whether any person assisting them at the hearing was appearing in the capacity of Counsel, Solicitor or paid advocate.

All those present confirmed there were no declarations of interest.

Mrs Shepherd highlighted that the Applicant had raised concerns beforehand about the constitution of the Committee. The Applicant had questioned the appointment of Mr Kelly as the APC Contractor representative because Mr Kelly owned a Pharmacy in Kinglassie which the Applicant saw as a competitor of his Glenrothes Pharmacy.

Mr Kelly confirmed that he had no direct or indirect personal interest in the Kingseat application, nor would he derive any pecuniary benefit related to this application. He highlighted that he was an APC representative and was capable of acting in a professional manner.

Mrs Shepherd clarified that the Regulations state that oral hearings must be impartial. No Committee member may take any part if they have any interest which includes

pecuniary interest in the outcome of the application. The Applicant confirmed his concerns relates to pharmacies in the Glenrothes neighbourhood and not the Kingseat neighbourhood.

A brief recess followed where the Chair and Lay Members left the room to consider the issues raised. On returning, the Chair confirmed that he and the Lay Members were of the opinion that there is no conflict of interest and the hearing should proceed.

03.20 PRE-APPLICATION STAGE

In accordance with the aforementioned Regulations a pre-application meeting between NHS Fife Primary Care Department and The Applicant, Barrie Dear Ltd took place on 1 August 2017, with the aim of agreeing on the range of consultation activity to be undertaken. An advert template and a list of questions were subsequently decided on, as was the target group to be consulted.

The joint consultation ran for a period of 90 working days from 1 November 2018 until 5.00pm on 13 March 2019. Thereafter NHS Fife and the Applicant agreed on the resultant Consultation Analysis Report (CAR). The Applicant had 90 days from the end of the consultation to submit a formal application.

04.20 FORMAL APPLICATION STAGE

It was noted that on 11 June 2019 NHS Fife received an application from Barrie Dear Ltd, seeking approval for inclusion in the Pharmaceutical List to provide pharmaceutical services from Plot 17, 35 Main Street, Kingseat, Fife, KY12 0JT. The application was processed in accordance with the aforementioned Regulations.

PPC Documentation and Papers

The Chair asked all those in attendance if they had received copies of the undernoted documents:

Submissions from Interested Parties

- i) Application Form A(1), map of the local area, planning development schedule, floor plan of proposed unit, letter from Kingseat Homes confirming terms of lease and a letter from Dr F M Stuart, Chairman of the Kingseat Community Council. (Received 11 June 2020)
- ii) Fife Area Pharmaceutical Committee's response (received 10 July 2019)
- iii) E-mail from Mr Campbell Shimmins, Alderston Pharmacy (received 18 June 2019)
- iv) Letter from Ms Joanne Watson, Boots UK Limited (received 27 June 2019)
- v) Letter from Mr Richard Dunn, Gordons Chemists (received 17 June 2019)
- vi) Letter from Mr Matthew Cox, Lloyds Pharmacy (received 5 July 2019)
- vii) Letter from Ms Emma Griffiths-Mbarek, Well (received 18 June 2019)
- viii) Letter from Mr Fraser Frame, Wm Morrison Supermarkets plc (received 1 July 2019)

2019)

- ix) Letter from Dr Forbes M Stuart, Kingseat Community Council (received 27 June 2019)
- x) E-mail from Mrs Evelyn McPhail, Director of Pharmacy NHS Fife (received 24 June 2019)

Additional Correspondence provided by NHS Fife

- i) Consultation Analysis Report (CAR)
- ii) A map of the local area indicating the location of the proposed pharmacy, existing pharmacies and GP practices
- iii) An extract from the adopted Fife Council Development Plan
- iv) The monthly average number of prescriptions dispensed by Pharmacy Contractors in the areas of Cowdenbeath and Dunfermline
- v) Pharmacy Practices Committee Rules of Procedure
- vi) Pharmaceutical Care Services Report

All those in attendance confirmed that they had received copies of these documents.

The Chair drew everyone's attention to the additional information and papers that had been tabled. This included:

- An updated agenda;
- A revised attendee list;
- Information advising of a proposed pharmacy in Townhill which was under consideration by the National Appeal Panel. It was noted that this could be taken into account but could not be a deciding factor as at the date of the hearing the pharmacy is not open and is not dispensing; and
- Information advising that Lindsay and Gilmour had taken over Alderston Pharmacy since the representations had been submitted. The previous owner of Alderston Pharmacy no longer had an interest in the application and therefore agreed that Lindsay & Gilmour could attend to make a representation.

The Chair advised that the Applicant would be asked to make his submission, followed by questions from the interested parties, then from members of the Committee.

The interested parties would then be asked, in turn, to make their submission, followed by questions from the Applicant, the other interested parties and then the Committee.

The interested parties would then be given the opportunity to sum up, followed by the Applicant.

05.20 APPLICANT'S ORAL SUBMISSION

The Applicant thanked everyone for attending to discuss and consider his application to open a new Pharmacy from premises situated within Plot 17, 35 Main Street, Kingseat, Fife, KY12 0TJ.

The Applicant spoke to his presentation attached as Appendix 1.

06.20 INTERESTED PARTIES QUESTION THE APPLICANT

06.20.1 Questions from Dr Stuart to the Applicant

Dr Stuart stated that the post office and the only shop in Kingseat had closed and went on to ask if the Applicant would be prepared to look at introducing other aspects such as a post office.

The applicant acknowledged that the closure of the post office and the convenience store was quite a loss to the community and confirmed that as part of their offering they would consider having a post office counter.

06.20.2 Questions from Mr Sagoo to the Applicant

Due to his knowledge of Kingseat Mr Sagoo asked the Applicant where the residents currently go for their food shopping, to do their banking and access every day services.

The Applicant advised that residents go to Cowdenbeath where there are banking services and supermarkets, or they may go towards Dunfermline.

Mr Sagoo enquired as to how they got there and the Applicant said via a range of transport.

Mr Sagoo referred to the statement made by the Applicant in his presentation that most residents do not have access to a car, and asked where he obtained that information from?

The Applicant advised it was from the Flyer Scotland Website.

Mr Sagoo referred to the 2011 census that states that 88% of Kingseat residents own a car versus a Scotland national average of just under 70%.

The Applicant reminded Mr Sagoo that in his presentation he also highlighted that 65% of residents use their car to travel to and from work.

Mr Sagoo suggested that there might be a pharmacy closer, the Applicant agreed.

The Applicant was asked if he had secured premises. He confirmed that he had agreement in place.

Mr Sagoo asked if the application was granted, would the pharmacy be up and running within six months considering the Halfway House Hotel was a substantial building which was still standing on the identified site.

The Applicant advised that he hoped to look into putting in a temporary pharmacy on the site and that he had already discussed this with the developer.

He was then asked if anything in this regard had been submitted to the panel. It was confirmed that it had not.

Mr Sagoo referred to the Applicant's concerns about the hilly nature of Kingseat and the safety of the residents, and asked why the Council have agreed to building more houses in the area.

The Applicant said there is essentially a shortage of housing.

Mr Sagoo referred to the point raised in the Applicant's presentation that residents over 65 years of age might not use technology to order their prescriptions and suggested that the Applicant may be ageist. The Applicant denied this and advised that he was just making a comment based on the area, and that some members of the public are very savvy with technology and some are not.

In his presentation the Applicant stated that he hoped to dispense 2000 items a month, Mr Sagoo asked how he had arrived at that figure.

The Applicant advised that he had based this on approximately 18 to 19 items per patient, per month as per the NHS Fife average, and that bearing in mind a third, 31% of the population of Kingseat are elderly, therefore they will obtain a higher number of items, so from his point of view he knew that it would be a combination of the patients who get regular medication and the patients being able to access services such as Pharmacy First, Minor Ailments, which also generates items.

Mr Sagoo disagreed with this figure on the basis that 900 residents with 18 items on average a year, would account to 350 items per month and that would only be if all 900 patients got a prescription, which they would not.

Mr Sagoo's last question related to the CAR. He suggested to the Applicant that he would have had sight of quite a number of CAR's and asked if he was surprised at the lack of dissatisfaction shown by the residents on the existing pharmacies.

The Applicant said that he was but the calculation, not taking into account the Pharmacy First Service, you are looking at historic numbers, and so bearing in mind if more residents were able to access services locally, reaching 2000 items can be realised. In terms of the CAR, the village has engaged with the Community Council, from start to finish.

Mr Sagoo asked the Applicant if he agreed that the CAR highlighted that Kingseat residents are happy with the services provided by the existing pharmacies. The Applicant confirmed that he did agree.

06.20.3 Questions from Miss Greig to the Applicant

Miss Greig asked the Applicant where he obtained the figure of a population of 900. The Applicant advised that the Community Council had provided this information.

Miss Greig referred to the 2011 census which states a figure of 800, and the Community Council information online which states that there are 400 houses with a

population of around 800, which was only updated this month.

The Applicant advised that the information was from the Fife Statistics and the Community Council who would have a better understanding of the situation.

Miss Greig stated that some of the information, which was updated in January says that the population is around 800 and that there were just over 400 houses, which is a 10% difference and would affect the calculation that Mr Sagoo was working on. Miss Greig suggested to the Applicant that the majority of the homes being built are not in the neighbourhood as he has defined it but that they are actually closer to Alderston Pharmacy.

The Applicant was not of the same opinion as Miss Greig who again asked if the new builds are sitting outside the area he defined as the neighbourhood in his application.

The Applicant stated that it is the village of Kingseat in its entirety and that it is an expanding village so that is how we have deemed the neighbourhood.

Miss Greig referred to the Applicant's comment that there was evidence that a Minor Ailment Service was not being provided to this community and asked what his evidence was.

In response the Applicant highlighted that comments had been made in the CAR about the difficulties some residents had accessing this service as they currently have to travel outwith the village to a pharmacy.

Miss Greig asked the Applicant if he agreed with the NAP findings that an adequate provision of service can be provided by a neighbourhood outside of the neighbourhood stated in the application. The Applicant agreed with this.

Miss Greig noted that Kingseat seemed to be effected by bad snow and flooding and asked if there is any evidence that patients have not been able to access pharmacy services because of the weather. The Applicant did not have any evidence but suggested that the Community Council may cover this in their presentation.

It was highlighted by Miss Greig that the Applicant had said that he had discussed the temporary premises with the developer and asked who this was. The Applicant confirmed that he had and that his discussion was with Mr Alan Christie, Kingseat Homes Ltd.

Miss Grieg asked what that temporary premises would look like and was advised by the Applicant that it would be a standard portakabin which were widely available.

The Applicant was asked if anything had changed since receiving the letter of confirmation from Mr Christie in 2019.

He advised that Mr Christie was in the process of selling his property development on because of the time taken by the Health Board to convene this hearing.

The Applicant was asked if he knew who Mr Christie was selling to but advised that he did not and that his agreement was still with the landowner, Mr Christie with whom he was in last in touch with two weeks ago.

He continued to say that Mr Christie was aware that the hearing was being held today and that once the outcome was confirmed he would provide this information.

Miss Greig asked the Applicant if he had heard of Richard Street. The Applicant confirmed that he had not.

Miss Greig informed the Applicant that planning permission had been resubmitted at the end of last year to demolish the single retail unit and to convert it into a residential unit, and asked what this would mean in terms of where the premises would be.

The Applicant agreed that plans had been submitted because of the delay waiting on NHS Fife coming back regarding the hearing and that Mr Christie was just considering options in the event of the pharmacy being refused.

The Applicant confirmed that he had had no contact with the new developer and that Mr Christie's instructions were to carry on as normal and based on the outcome of the hearing, he would then arrange a meeting with ourselves and the new developer.

Miss Greig raised concerns that the premises have not actually been secured.

The Applicant advised that they have been secured, provisionally but was dependent on whether an NHS contract was granted for Kingseat. He confirmed that if it was they would proceed with converting that one unit as part of the development of the Half Way House site.

Miss Greig asked the Applicant if he had any evidence to say that the Kingseat developer had agreed that with the new potential owners.

It was confirmed that Mr Christie had, and that the agreement remained with Mr Christie.

Miss Greig advised that she wanted to make sure because as far as she is concerned if the premises have not been secured it is very difficult for things to move forward.

06.20.4 Questions from Mr Arnott to the Applicant

Mr Arnott asked what services are not provided by current contractors.

The Applicant advised that all pharmacy services are currently being offered.

Mr Arnott then asked the Applicant if he thought the village would support a convenience store, a Chinese take away, a chip shop or petrol station. The Applicant said he thought it would.

Mr Arnott asked where the residents of Kingseat currently access banks, GPs, supermarkets and leisure facilities.

The Applicant advised that it would probably be New Park, which is closer to Lindsay & Gilmour or that they may go to Dunfermline or Cowdenbeath.

Mr Arnott asked how many times the village of Kingseat had been cut off since 2019. None the Applicant advised.

The Applicant was asked how often he thought a reasonably healthy person would need to access a pharmacy. He advised that he did not know but that it would depend on if they wanted to take care of themselves.

Mr Arnott asked if the Applicant thought that everywhere that is small should have a pharmacy. The Applicant advised that he did not.

Mr Arnott stated that out of the 65 villages in Fife, Kingseat is the 62nd smallest. The applicant acknowledged this.

Mr Arnott referred to the Applicant's comment that the nearest pharmacy from Kingseat is 0.8 miles away and asked that if he thought that anyone that does not have a pharmacy within 0.8 miles has an inadequate service.

In response the Applicant made reference to the Care Report that states that most residents can access a pharmacy within 0.8 miles.

Mr Arnott mentioned that the Applicant had stated that there was no repeat service, but that there is the Chronic Medication Service and that it would be expected that an elderly person who is on four or five different medications to be on CMS now.

The Applicant agreed, however highlighted that it would depend on how well the pharmacy engaged with a certain patient.

Mr Arnott confirmed that the idea of the service is to manage long term conditions and that is generally more true of older people. The Applicant agreed but stated that they would still have to visit the Pharmacist as that is how the service works, on a weekly or bimonthly basis.

Mr Arnott asked how many people in Kingseat smoke. The Applicant did not know.

Mr Arnott made reference to the Applicant's statement that some surgeries in Dunfermline have a 3 week appointment time and asked for clarification of which surgeries.

The Applicant advised that this is typically the average wait time.

Mr Arnott sought clarification on working out of a Portakabin, and that if there has been an issue with the development, would it not be wiser for you to wait until you were sure you had suitable premises.

The Applicant advised that he has secured premises, and that talks with the developer started in 2016 but as the process has taken so long, the developer is covering all angles.

Mr Arnott referred to the recent planning application which was without a retail unit.

The Applicant stated that the change of view was because when the developer submitted the plan originally they were unsure when this hearing would take place.

Mr Arnott suggested that the form of development would depend on whether this pharmacy contract is granted.

The Applicant confirmed that it was and that there is an approved planning application for a pharmacy retail unit and there is also a planning application in at the moment which does not include a retail unit.

06.20.5 Questions from Mr Frame to the Applicant

Mr Frame sought clarity around car ownership, as it was mentioned that in the 2011 census car ownership was 88% for a population of 800 and that 65% use their cars for work, so roughly based on that it still leaves about 250 cars. The Applicant was asked if he would consider the population to be quite mobile.

The Applicant disagreed as not every member of the population is over 16 or 18 and has a car.

Mr Frame referred to the CMS Medical Review and asked what population of Kingseat are currently on serial prescribing. The Applicant advised there were not a lot.

Mr Frame asked what evidence he had. In response the Applicant advised that it was based on conversations with the local residents.

The Applicant was asked about the bus service in Kingseat following his comment that residents would have to take the bus which is an isolated service. He confirmed that the bus ran every half hour.

Mr Frame asked the Applicant how long it takes to get to ASDA on the bus. 10 to 15 minutes was the response. Mr Frame asked if he considered this to be reasonable to which the Applicant responded that it would depend if several journeys are required.

Mr Frame referred to the Applicant's statement that he would be looking to dispense 2000 items per month and asked how he thought there would be no effect on the existing pharmacies given there is a flat prescription growth in Scotland.

In response, the Applicant referred to the numbers of the existing pharmacies and highlighted that this is the average number locally. He referred to ASDA and advised that the pharmacy is not a core part of their business.

If it was, for arguments sake and the majority of those patients were registered with ASDA do you think it would affect their viability, and what evidence would you have for that, given it is an extended opening hours pharmacy.

The Applicant claimed that for supermarkets with a pharmacy this is another avenue to encourage customers to go into that supermarket and that there are actually many supermarket pharmacies who do not make a profit.

Mr Frame disagreed with this statement and said that most supermarkets find that a pharmacy is a valuable way to drive people into the business.

06.20.6 Questions from Mr Johnston to the Applicant

Mr Johnston asked the Applicant what his role in the pharmacy was. The Applicant advised that he is the majority owner and the Managing Director Superintendent Pharmacist.

Mr Johnston referred to the fact that the Applicant stated in his application that he will be the responsible pharmacist, and asked if this was still the case.

The Applicant advised that it was and that he would be there five days a week and that it would not be an issue as he would have an experienced team with him.

It was highlighted to the Applicant that he stated that the pharmacy services provided to the neighbourhood are not adequate, and was asked how many pharmacies he has outside the neighbourhood?

The Applicant confirmed he has 10 pharmacies, seven in Fife and three in Edinburgh.

Mr Johnston asked the Applicant if he was suggesting that the pharmacies outside the proposed neighbourhood do not offer an adequate service to Kingseat.

In response the Applicant said that they all offer an adequate service.

Mr Johnston asked the Applicant to clarify what percentage of the population of Kingseat are elderly. The Applicant advised that based on the Fife data it is 31%.

In response Mr Johnston stated that 31% of a population of 800 would be around 230 and asked the Applicant if he considered this to be high. The Applicant confirmed that he did compared to the rest of Fife, which is at 20%.

The Applicant was asked where the closest GP surgery was and confirmed that it was New Park which is 1.8 miles away.

Mr Johnston stated that New Park is roughly 3 miles away from the Applicant's pharmacy in Kelty and asked what percentage of the customer base are from the population of Kingseat. The Applicant confirmed that it was 1 or 2%, around 1800 items.

The Applicant was then asked if he offered a delivery service to Kingseat and if so how often. He confirmed that a delivery service was available from all his pharmacies five days a week.

Mr Johnston referred back to the Applicant's estimate of 2000 items dispensed, which would be around 200 patients per month, 25 patients per week, and suggested to the Applicant that this would only account to five patients per day based on the proposed eight and half hours daily opening.

The Applicant said that it would depend on the patients and whether they choose to use a local pharmacy.

Mr Johnston asked how many patients attended his pharmacy in Kelty on a daily basis. The Applicant advised that it was around 150 and that Kelty is a very well established pharmacy.

The Applicant was asked if it is still the case that the new pharmacy would be operational in 6 months which he confirmed it would be. He was then asked where the Portakabin would go to which he confirmed around the identified location.

07.20 COMMITTEE MEMBERS QUESTION THE APPLICANT

07.20.1 Questions from Mrs Hornal to the Applicant

Mrs Hornal had no questions for the Applicant.

07.20.2 Questions from Mr Kelly to the Applicant

Mr Kelly referred to the Applicant's statement that he would be the Managing Superintendent Pharmacist. The Applicant confirmed this was correct.

Mr Kelly referred to the date of registration on the application, 1st February 2020 and asked if this has happened yet. The Applicant confirmed that it had not.

The Applicant was asked about the map from the Local Development Plan that he had submitted with his application. He confirmed that the black outline on the map identified the boundaries of the neighbourhood as Kingseat in its entirety.

Mr Kelly referred to the document that accompanies the Local Development Plan on the website which states the capacity for the neighbourhood is 50 houses. Mr Kelly questioned where the other 1350 houses fit in relation to the neighbourhood identified by the Applicant, as he noted that the redevelopment for 1400 houses are outwith the black line so would be outwith the neighbourhood in question.

The Applicant advised that they are part of the expansion of the Kingseat development but are not part of the neighbourhood for the purpose of this application.

Mr Kelly advised that he did a site visit and was a bit unclear from the pictures submitted with the Application what the development was going to look like. He asked the Applicant if it is a redevelopment of the existing premises or are they going to bulldoze the whole area and build a new unit. The Applicant confirmed that a new unit would be built.

The Applicant was asked to confirm if he was confident that this would be flattened, rebuilt and fit for purpose in six months. He confirmed that he was, as advised by the developers.

Mr Kelly raised the issue of the security of the premises and asked about the planning permission for the residential premises and if both applications for planning would be running at the same time or had the other application been approved.

The Applicant advised that it is only at the planning application stage at the moment but is due to be heard any time and confirmed that the pharmacy had received planning approval.

Mr Kelly referred to the Applicant mentioning that the local shop had closed and asked in terms of this Application for a pharmacy if is he comfortable opening a pharmacy if other businesses are closing down. The Applicant confirmed that he was and that they will be there for the long term.

Mr Kelly referred to the Applicant's presentation in which he mentioned a number of times elderly residents walking down the hill to the pharmacy, and asked if that is

realistic and if he was aware of a vast number of the elderly population walking to a pharmacy. The Applicant's response was no.

Mr Kelly queried the CAR response percentages mentioned by the Applicant in his presentation. The Applicant stated that 42% of the population represented the CAR, but Mr Kelly considered it to only be 28% based on a population of 800 and that not all 183 responses were in favour of a new pharmacy.

The Applicant agreed with Mr Kelly's statement.

In his presentation the Applicant stated that 31% of the population are elderly, Mr Kelly assumed they would all be entitled to a free bus pass and asked the Applicant to confirm this, which he did.

Mr Kelly also referred to the Applicant's comment that 24.6% of the population have a long term medical condition and asked the Applicant if this is in addition to the 31% or included in the 31%. The Applicant suggested that some would be included in the 31%.

The Applicant was asked what he would consider to be the average number of prescription items to make a pharmacy viable. His response was 2500 plus, but that it also depended on your own point of view.

Mr Kelly questioned this as earlier the Applicant had suggested 2000 dispensed items. The Applicant responded by saying that this figure could build up over time to 2500 and that it would also depend on what other income you have.

07.20.3 Questions from Mr Baillie to the Applicant

Mr Baillie asked the Applicant where the pharmacist would come from and if he had a pharmacist locally who would be able to provide cover.

The Applicant confirmed that he has several pharmacies in Fife, with 16 employed pharmacists so there would be no issues.

07.20.4 Questions from Mr Gillon to the Applicant

Mr Gillon asked the Applicant if he really believed that the number of responses to the CAR was one of the highest in Fife as he had mentioned in his presentation. The Applicant said that in his opinion it was. Mr Gillon advised that he had seen both a higher and lower response.

Mr Gillon asked how the Applicant concluded that 31% of the population are elderly and that they had some distance to travel to access pharmaceutical services. The Applicant advised that the information was obtained from the Fife Data Set.

Mr Gillon noted that during his site visit he noticed that there was a very good, separate footpath and cycle path, from Kingseat to Bellyeoman and asked the Applicant if this would qualify as a good surface.

The Applicant advised that the information he had was supplied by the Community Council and the local residents consider some paths from Kingseat to be good whilst others are not, but that it is still a long walk.

Mr Gillon referred to the possibility of temporary premises and asked the Applicant if he realised that it is a condition that when you apply to the Health Board you must have premises available. The Applicant confirmed that he was aware of this.

Mr Gillon asked the Applicant to go through the options again and clarify the details around the possibility of temporary premises.

The Applicant advised that the process takes time and that the developer is willing to keep the land clear for him to put in a standard portakabin, which has been widely used by several pharmacies in the past as a temporary measure to house a pharmacy in the short term when they have had issues with refits, fire, flooding etc.

Mr Gillon referred to the large car park at the back of the development site, and questioned whether a temporary portakabin being put there would interfere with demolition work.

The Applicant advised that the developer had confirmed that he would make it a safe area where the patients could have access to a portakabin pharmacy.

07.20. 5 Questions from the Chair to the Applicant

The Chair recalled that the Applicant had said that the number of items would be approximately 2000, then he said that subsequently 2500 would make a pharmacy viable. He asked if this was correct.

The applicant responded that Mr Kelly asked him what would make a new pharmacy viable and he advised that 2000 items can be viable, but in time we hoped to achieve 2500. He advised that he currently owns and operates a pharmacy in Dunfermline Town Centre which was dispensing 800 items last June but is now at 1400. He stated it is not making any money at the moment, but we know it is being built up and would be expected to make money in time.

The Chair highlighted that Mr Sagoo estimated that about 3000 items would be required for a pharmacy to be viable, so the Chair suggested somewhere in between 2000 and 3000 items is the answer.

The Applicant said the assumption that Mr Sagoo had made was based purely on the dispensing of items that a typical patient was prescribed by their GP, and had not actually factored in anything else, for example minor ailments which could also generate income.

The Chair referred to page 5, item 4 of the application which mentions a development of 1400 houses whereas the Local Development Plan states 50 houses, and asked if these were outwith his neighbourhood.

The Applicant confirmed that the 1400 houses are part of the plan to expand the village of Kingseat and on the basis of the boundary that is being considered today they are outside his neighbourhood.

08.20 **INTERESTED PARTIES' ORAL SUBMISSIONS – DR FORBES STUART, KINGSEAT COMMUNITY COUNCIL**

08.20.1 Dr Stuart stated that there are currently 430 houses for a population of 900 and that a

development of 90 more houses between Cowdenbeath and the location of the Halfway House Hotel is currently being considered. He referred to the other 1400 houses which run from the corner of Whitefield Road to Halbeath.

Dr Stuart referred to the map provided by the Applicant and pointed out that the first 350 houses are located nearer to Dunfermline. Dr Stuart felt that technically they are closer to Kingseat than Dunfermline.

Dr Stuart described Kingseat as a village where over 30% of people are over the age of 65. Dr Stuart continued, it is a village to some extent that is isolated, although it is between three other villages, effectively transport, unless you have a car, is an issue. There are bus services, every half hour to Dunfermline but going towards Cowdenbeath, the buses are not nearly as often. He advised that villagers wanting to go to Townhill need to use the school bus so technically they cannot go to Townhill on a bus.

Dr Stuart highlighted that there were no paths leading from Kingseat to the surrounding area but there was a path available for those who wanted to walk to Dunfermline, which was funded by the Community Council. This path leads to Bellyeoman and is quite steep on the return journey.

Dr Stuart asked the panel to note that the Community Council have had several meetings with people in the village where everyone has supported a Pharmacy including the elderly social group.

It was reported that the village Post Office had recently closed which was a great loss for the villagers who considered it to be a community hub. Dr Stuart suggested that a pharmacy would offer the same, and additionally providing a regular opportunity for medication reviews, a minor ailment service and local access to dispensing of prescriptions.

Dr Stuart advised the panel that he previously practised as a GP so was aware of the pressures. He was of the view that a service should be better than adequate and one solution to this is by having pharmacies locally. Dr Stuart concluded by saying that a pharmacy would be welcomed by everyone.

09.20 INTERESTED PARTIES QUESTION DR STUART

09.20.1 Questions from the Applicant to Dr Stuart

The Applicant mentioned the number of pharmacists who were in attendance to object to a new pharmacy and asked Dr Stuart which of these pharmacies had engaged with the Community Council to which he replied none.

Dr Stuart said that he thinks all pharmacists do a great job then referred to the Regulations which state that the provision of a service should be adequate. Dr Stuart was of the view that it should be about making something better than adequate and this is an opportunity to do this.

09.20.2 Questions from Mr Sagoo to Dr Stuart

Mr Sagoo referred to Dr Stuart's comment about the viability of a pharmacy and how important he thought available services to a community are, and following the closure of the post office he asked Dr Stuart what impact it would have on the community should

the new pharmacy open but subsequently close within a year or two.

In response Dr Stuart stated that a loss of any resource in a village the size of Kingseat would be very sad, and advised that the Post Office did not close because it was not viable it closed for other reasons. He continued to say that there was a benefit of having a post office in the village as it was accessible to those using the village as a bypass when travelling to Cowdenbeath, Kelty and Dunfermline.

Dr Stuart was of the view that having a pharmacy in the village would attract the same traffic.

09.20.3 Questions from Miss Greig to Dr Stuart

Miss Greig noted from Dr Stuart's presentation that people did not show any level of descent towards the Application. Miss Greig referred to Kingseat as quite an active community for being such a small village. She referred to the three social media sites which were used to keep the residents informed. It was highlighted by Miss Greig that the proposed pharmacy was only mentioned on three occasions, one of which was whilst advising of the planning permission for another post office which in the end did not go ahead. Miss Greig then referred to the comments that the residents would prefer a Tesco Express rather than a pharmacy which would be more beneficial for everyday goods should the village be cut off by the weather. Miss Greig asked Dr Stuart for his comments on this.

In response Dr Stuart agreed but pointed out that there were other comments made and that having a viable business the size of Tesco Express in our small village would be doubtful. He continued to advise the panel that Kingseat have a "Winter Watch" Scheme for instances when the village is cut off due to the weather, where residents with four wheel drives assist with obtaining everyday items and also with the collection of prescriptions.

09.20.4 Questions from Mr Arnott to Dr Stuart

Mr Arnott asked Dr Stuart if he thought that the population was becoming younger as according to the information he had it states that there are 227 people aged 65 or over.

Dr Stuart referred to the new Taylor Wimpy development of 60 houses and how those residents are certainly younger, but also advised that there is a small group of residents who fall into the 60 plus group, but agreed that the vast majority are younger and have teenage families. He continued and looked at the proposed development of 80 houses sited on the way to Cowdenbeath, which is a development of three to four bedroom houses, and suggested that it would attract young families with children who have their own demands in terms of health needs.

Mr Arnott asked Dr Stuart why he thought The Half Way House Hotel had closed down.

Dr Stuart advised that it had been a very viable business and was well supported but once the running of the business was taken over by another party it began to fail.

Mr Arnott referred to a previous comment that some of the pharmacists sat around this table had not approached the Community Council and asked Dr Stuart if he had approached them. Dr Stuart confirmed that he had not.

Mr Arnott sought clarification from Dr Stuart that he believed that the current service is adequate but that it needs to be more than adequate.

In response Dr Stuart stated that he has no need for a pharmacist but he knows from talking to people that they are not dissatisfied with the fact that they have to go a certain distance but they do find it difficult and therefore having a local pharmacist would certainly make differences towards that.

Dr Stuart continued by saying that the whole aspect of healthcare is an issue when you live in a small village as you have to travel. He highlighted that the nearest GP Surgery is New Park Medical Practice located on Robertson Road. Dr Stuart believed that if services were available locally more people are likely to use them particularly for Public Health issues.

09.20.5 Questions from Mr Frame to Dr Stuart

Mr Frame made reference to the issue of the steep hill leading into Dunfermline and asked Dr Stuart if he sees a large number of residents walking down the hill to access services. Dr Stuart advised that he did not.

Dr Stuart was then asked if he saw any pharmacies delivering prescriptions to Kingseat. He replied that he had not but was sure that these deliveries were being made.

09.20.6 Questions from Mr Johnston to Dr Stuart

Mr Johnston had no questions for Dr Stuart.

10.20 COMMITTEE MEMBERS QUESTION DR STUART

10.20.1 Questions from Mrs Hornal to Dr Stuart

Mrs Hornal had no questions for Dr Stuart.

10.20.2 Questions from Mr Kelly to Dr Stuart

Mr Kelly asked Dr Stuart how long Kingseat had been there and whether or not it was a well established village. Dr Stuart advised that it was and that it had been there since the mid 1800s.

Mr Kelly then asked how far away Townhill was from Kingseat, and sought confirmation from Dr Stuart that there was a bus service.

Dr Stuart confirmed that from Kingseat to the centre of Townhill it is around 2 to 2½ miles, and that his understanding is that it is only the school bus that goes to Townhill which can be used by local residents.

Mr Kelly asked about the development of the 350 houses which are being built outwith the neighbourhood.

Dr Stuart confirmed that he had said that the first 350 houses and indicated where on the map. He advised that he was not sure if the planning permission had been approved as his understanding was that Fife Council had turned down Taylor Wimpy so they had approached the Scottish Government with a proposal for 350 houses instead of the 1400

but that they would look into building the next stage at a later date. Dr Stuart advised that he was not sure what stage this proposal was at or of the timescales.

Mr Kelly asked for confirmation that the original plan was for 1400 houses but now it may be only 350 houses with a view to move towards 1400 houses. Dr Stuart confirmed that the original plan for 1400 houses was refused and included a proposal for a Primary School development but this was turned down by Fife Council.

Dr Stuart advised that his understanding was that Taylor Wimpy was trying to get their bid approved and later build the second stage.

Mr Kelly referred to Dr Stuart's comment that it would be better to have a pharmacy nearby so that people could take their prescription there, and asked where they would their prescriptions from if the application was not granted.

Dr Stuart had an expectation that the GP Practices would have moved on far enough and could forward the prescriptions via the internet.

Mr Kelly noted that Dr Stuart had previously stated that he considered the current service to be adequate and reminded him that the legal test requires the committee to consider adequacy. Dr Stuart understood this.

Mr Kelly asked how deliveries of medication were made to Kingseat when it is cut off due to the weather. Dr Stuart advised that he did not know.

10.20.3 Questions from Mr Gillon to Dr Stuart

Mr Gillon queried the housing development following his site visit. Dr Stuart advised that the planning application was for 80 houses near Cowdenbeath Road and the other 1400 houses near Robertson Road.

10.20.4 Questions from The Chair to Dr Stuart

The Chair referred to the APC report which stated that from Kingseat Lloyds Pharmacy, Bellyeoman Road was 0.4 miles and Lindsay & Gilmour, Alderston Drive was 0.6 miles, and asked Dr Stuart to clarify these distances as he had driven to Robertson Road which was 1.6 miles.

Mr Kelly pointed out that he thought it was a typo which he suspected had been taken from the APC Minutes.

The Chair thanked Mr Kelly for clarifying.

11.20 **INTERESTED PARTIES' ORAL SUBMISSIONS – MR BALVINDER SAGOO, BOOTS UK LIMITED**

11.20.1 Mr Sagoo thanked the group for the invitation to attend the hearing and spoke to his presentation, attached as Appendix 2.

12.20 INTERESTED PARTIES QUESTION MR SAGOO

12.20.1 Questions from the Applicant to Mr Sagoo

The Applicant asked Mr Sagoo how many patients visited his pharmacies. Mr Sagoo advised that 45 attended Dunfermline and 15 attended Cowdenbeath, therefore totalling 60 patients.

The Applicant enquired as to whether Mr Sagoo offered a delivery service and whether or not there was a charge for the service.

Mr Sagoo advised that he did offer a delivery service and that there was a charge of £5 for a one off delivery or a £55 annual charge for unlimited deliveries.

Mr Sagoo was asked if both his pharmacies offer compliance aids and medication packs and if so would he have the capacity to accept new patients. In response he confirmed that the pharmacies were at full capacity but they would not turn anyone away.

The Applicant asked if the patients would be charged for these deliveries. Mr Sagoo confirmed that they would be but at the moment they do not make deliveries to Kingseat.

In relation to viability the Applicant asked Mr Sagoo why Boots are planning to close 200 of their pharmacies.

Mr Sagoo explained that charging for deliveries is part of viability and that is why they charge. He confirmed that out of the 200 pharmacies that are closing none are closing in Fife. Mr Sagoo argued that this was not relevant to the application in question.

12.20.2 Questions from Dr Stuart to Mr Sagoo

Dr Stuart asked Mr Sagoo if his pharmacies are at full capacity for compliance aids. Mr Sagoo confirmed that they were as the service is time consuming.

Mr Sagoo confirmed that he did and as his pharmacies offer a range of services including vaccination clinics and CMS, they take the point of view, in terms of viability, the length of time it takes to make up the packs so they can only do so many. He suggested that if they had a robot it might be a different scenario. He asked the panel to note that no patient has been turned away but that they are not actively encouraging people to come for this service.

Mr Sagoo was asked if he provided a Minor Ailment Service to Kingseat. He confirmed that he did and had many patients registered. He also advised that patients also attend for CMS and smoking cessation.

Dr Stuart asked Mr Sagoo if any of these patients had expressed any difficulty getting to his pharmacy. In response Mr Sagoo confirmed that the comments mainly relate to a delay with the bus.

Dr Stuart commented on the bus timetable provided by Mr Sagoo which states that there is a bus every 10 minutes but this did not take into account the return journey which could result in a round trip of an hour.

12.20.3 Questions from Miss Greig to Mr Sagoo

Miss Greig asked Mr Sagoo what he deemed as viable for a pharmacy today.

Mr Sagoo said that it depends on the cost as there is a community pharmacy shortage as well as a GP shortage so community pharmacies are having to employ locums more than they have done before, so that is more cost to the business. He explained that additional costs to the business require more dispensing of prescription items to make up the difference. He suggested that 3000 to 3500 prescriptions would provide a reasonable salary.

Miss Greig asked Mr Sagoo how he would describe the pharmaceutical service currently being provided in the area.

In response Mr Sagoo said that he believes that his two pharmacies offer a great service and patient loyalty. He advised that he had been involved with NHS Fife's APC and the Fife Forum and therefore knows that there are a number of great community pharmacists who are involved in local forums and who care passionately about what they do and about their patients so I consider the service currently being offered to be a great one.

Miss Greig asked Mr Sagoo if he had any other capacity issues in his pharmacies other than compliance aids. Mr Sagoo confirmed that he did not.

12.20.4 Questions from Mr Arnott to Mr Sagoo

Mr Arnott suggested to Mr Sagoo that if a patient wants a delivery they do not have to use Boots they can go to one of the many pharmacies who offer a free delivery service.

Mr Sagoo confirmed that since introducing the delivery charge they have lost patients to other pharmacies. Mr Sagoo asked the panel to note that they do not charge every patient for a delivery for example end of life patients, and that it was the responsible pharmacist who would make the decision.

12.20.5 Questions from Mr Frame to Mr Sagoo

Mr Frame had no questions for Mr Sagoo.

12.20.6 Questions from Mr Johnston to Mr Sagoo

Mr Johnston asked Mr Sagoo how long the pharmacists had been based in each of his two stores. He was advised that the Cowdenbeath pharmacist had been in post for seven months and the two pharmacists in Dunfermline for nine months.

Mr Sagoo was asked if he found that there was a shortage of pharmacists whilst hiring for these posts. In response he confirmed that part of his role was to look after pharmacists in North East Fife and that discussions that he had had with his counterpart in the west of Scotland had identified four areas in Scotland that experienced difficulties recruiting, these were Highland, Dumfries & Galloway, Borders and Fife.

Mr Johnston asked Mr Sagoo where his locum pharmacists travelled from and he advised mainly Glasgow and Edinburgh.

Mr Johnston suggested that if both the Townhill and Kingseat applications were to be approved this could add to the pressure of filling the stores with pharmacists. Mr Sagoo agreed with this comment.

13.20 COMMITTEE MEMBERS QUESTION MR SAGOO

13.20.1 Questions from Mrs Hornal to Mr Sagoo

Mrs Hornal asked Mr Sagoo if Collection and Delivery was a service they offered. Mr Sagoo confirmed it was.

13.20.2 Questions from Mr Kelly to Mr Sagoo

Mr Kelly referred to Mr Sagoo's comment that Kingseat was not a neighbourhood for all purposes and asked for clarification on this and confirmation that he disagreed with the Applicant's neighbourhood.

In response Mr Sagoo highlighted that patients have to access other services outwith Kingseat.

Again Mr Kelly asked if Mr Sagoo disagreed with the Applicant's neighbourhood. Mr Sagoo advised that he did not in terms of geography.

Mr Sagoo was asked if he knew what the national average of car ownership was following the point he made in his presentation that Kingseat had higher than average.

In response he confirmed that the information was taken from the 2011 census which states that car ownership in Kingseat is 88% and the national average is 69%.

It was noted by Mr Kelly that Mr Sagoo had not engaged with the local Community Council regarding the application and asked why. Mr Sagoo advised that he chose to obtain his information from the Community Council website rather than engaging directly.

Mr Kelly sought confirmation from Mr Sagoo that contacting the Community Council would have fallen under his own remit rather than the organisation's. Mr Sagoo confirmed it was.

In his presentation Mr Sagoo mentioned that he provides an EHC service, Mr Kelly asked if there was a demand for this considering 31% of the Kingseat population are aged over 65. Mr Sagoo confirmed that there was not currently a high demand.

Mr Kelly asked Mr Sagoo if he accepted that what is viable for Boots is different from a sole trader. Mr Sagoo agreed.

Mr Kelly referred to Mr Sagoo's comment in his presentation that the owner of the pharmacy in East Port, Dunfermline was sold following the granting of the Townhill application and asked if he was aware of any pharmacies that had been forced to closure following the granting of a pharmacy contract.

In response Mr Sagoo said that he was not aware of any and that he mentioned that when the Townhill application was submitted, the owner of East Port pharmacy had raised his concerns about the viability of his pharmacy should the new application be

approved.

Mr Kelly asked Mr Sagoo if he had any evidence that a great customer care service is provided from his pharmacies. Mr Sagoo advised that a score of 100% was achieved in Cowdenbeath and 75% in Dunfermline.

Mr Sagoo was asked if there had been any complaints received within the last six months, to which he replied not that he was aware of.

Mr Kelly referred to Mr Sagoo's presentation where he spoke about the new contract and how Pharmacy Scotland are moving towards a different way of delivering a service to patients, and asked if he thought this would have an impact on the potential viability of a small pharmacy.

Mr Kelly asked if in terms of the number of prescription items dispensed do you think the new way of delivering the service would make pharmacies in areas with a smaller population more viable or do you believe the volume of prescriptions would not change.

Mr Sagoo responded by saying that he does not think there would be a big difference.

13.20.3 Questions from Mr Baillie to Mr Sagoo

Mr Baillie asked for clarification around the charges for a delivery service and why some pharmacies charge and others do not. He also asked Mr Sagoo why he charges an annual fee for delivery.

Mr Sagoo confirmed that a delivery service is not part of the core service, so as an organisation they have chosen to charge for a delivery service.

Mr Baillie asked what impact that could have on the services that are provided into the defined neighbourhood.

Mr Sagoo was of the view that he did not think it would make much difference because people have the option to go elsewhere if they are not happy to pay. He advised that currently they do not provide a delivery service to Kingseat as there has been no requests to do so.

13.20.4 Questions from Mr Gillon to Mr Sagoo

Mr Gillon sought confirmation from Mr Sagoo that the Boots pharmacies that are closing are throughout the UK and not just Scotland. Mr Sagoo confirmed that this was the case.

Mr Sagoo was asked if he agreed that those living in Halbeath and who may commute to Edinburgh would possibly get their prescriptions in Edinburgh. Mr Sagoo agreed.

Mr Gillon referred back to the planning application to build 1400 and suggested that if this was to be approved it would be likely, that due to the increase in population a primary school would be required which the developers would be loathed to meet the cost of. Mr Gillon asked Mr Sagoo if he agreed with this, to which he replied that he did not know.

Mr Gillon referred to Dr Stuart's comment about Kingseat being a crossroads from Kelty,

Cowdenbeath and Lochgelly and that the Applicant could potentially benefit from passing trade. Mr Sagoo was asked if he agreed with this and confirmed that he did not.

Mr Gillon stated that he agreed with Mr Sagoo's comment about having to make a profit and that he claimed he would prefer to have 3500 prescriptions with no other pharmacies to subsidise it. On that basis Mr Gillon asked Mr Sagoo if he was of the view that the Applicant had other pharmacies which would be relied upon to subsidise this one, to which he replied yes.

Mr Sagoo was asked if he had lost any patients from Kingseat following the introduction of the delivery charge. He advised that he does not currently deliver to Kingseat and that out of the 60 Cowdenbeath patients he does not deliver as they all attend the pharmacy in person.

13.20.5 Questions from the Chair to Mr Sagoo

The Chair advised those in attendance that he had Chaired the Townhill Hearing, when the Application was awarded and at no time did the owner of East Port Pharmacy suggest what you are putting forward today, I am therefore of the view that we cannot consider this as part of your submission as it is a presumption that East Port Pharmacy was sold following the granting of the Townhill contract.

In response Mr Sagoo read out an extract from the Townhill PPC Minutes as follows:

'He indicated his concerns, on the basis that if the new proposal for a pharmacy is granted, this could mean the erosion of prescriptions for his pharmacy, which would then affect the viability of his business'.

The pharmacy was subsequently sold.

Mrs Shepherd made it clear that the panel had to consider the legal test. Any comments from the owners of East Port Pharmacy made afterwards about selling his business could not be considered as part of that test.

Mr Sagoo went on to say that he was thinking in the context of the fact that Townhill is close to Kingseat. Mrs Shepherd intervened and pointed out that viability is an issue for consideration as part of the legal test but that his comments reporting what the owner allegedly said should not be taken into account as the information provided was hearsay.

Mrs Shepherd pointed out that the question is about viability and that this should not be taken into account.

The Chair highlighted that Mr Sagoo had mentioned that his pharmacies were at maximum capacity for compliance aids. He then referred back to the APC report and the application where they say there are no areas of Fife that do not have a pharmacy that is not within driving or 10 minutes walking distance.

Mr Sagoo clarified that he did not mention the APC in his presentation.

The Chair asked Mr Sagoo if he believed that the services that he provides into Kingseat are adequate. Mr Sagoo confirmed that he did.

At this point the meeting was adjourned for lunch

**14.20 INTERESTED PARTIES' ORAL SUBMISSIONS –
MISS KAYE GREIG, LINDSAY & GILMOUR**

- 14.20.1 Miss Greig thanked the Committee for the opportunity to present today and spoke to her presentation attached as Appendix 3.

15.20 INTERESTED PARTIES QUESTION MISS GREIG

15.20.1 Questions from the Applicant to Miss Greig

The Applicant asked Miss Greig how many Kingseat patients are served by her pharmacy and referred to data he had from September 2019.

Miss Greig advised that that was when they took over the pharmacy and as our business is of a significant size we do supply and deliver medications into the area of Kingseat, so did not feel the need to answer this question. Miss Greig confirmed that she was not questioning her company's viability but was more concerned about the viability of the new contract should it be awarded.

The Applicant noted that Miss Greig referred to viability in her presentation and her reference to NHS Fife recruiting Pharmacists for the GP Contract, creating a recruitment problem for community pharmacy. Miss Greig was asked to confirm if the pharmacy at Alderston Drive was staffed by locums.

In response Miss Greig confirmed that at the moment the pharmacy is being run by a Pharmacy Manager but that someone is coming on board who has signed a contract, so from Monday to Friday there will be double cover, and as of April we will no longer be using locums. It was also confirmed that across the whole of the business it will be Lindsay & Gilmour Pharmacists only. Miss Greig wanted to clarify with the panel that when they took over the pharmacy in Alderston Drive, the pharmacist there was the previous owner who left, so the pharmacy was initially run with locums.

The Applicant asked Miss Greig why Lindsay & Gilmour did not engage with the community council after taking over an existing pharmacy.

In response Miss Greig explained that their first port of call as the new owners was to engage with their patients and to concentrate on making sure the business runs in an efficient manner and in time would expect our pharmacy managers to engage with the local communities.

15.20.2 Questions from Dr Stuart to Miss Greig

Dr Stuart referred to Miss Greig's comment in her presentation that patients within Kingseat could access services outwith the village. He stated that they had no other option as the services are not available within the village. He asked Miss Greig if she believed that the residents would use the pharmacy in Kingseat if it was approved.

Miss Greig agreed that they would use it to a degree, however we need to consider where they would be going to get a prescription and where they would get it dispensed.

Miss Greig highlighted that due to the demographics of the area people would be travelling outwith the village for work and as the hours of the proposed pharmacy are

tight, those who work in Edinburgh for example would not make closing time.

Dr Stuart confirmed that he was referring to the 30% of people who are not leaving for work needed to access services outwith the village as no services are available locally.

Dr Stuart referred to Miss Greig's comment that convenience is not part of the legal test and suggested that to some extent it is.

In response Miss Greig clarified that she had said that convenience would be good but was not part of the legal test,

Dr Stuart asked Miss Greig if she agreed that all means of travel to access services is acceptable as implied in her presentation. Miss Greig stated that this has been discussed at length and as there are 17 pharmacies within three miles of Kingseat this is reasonable.

15.20.3 Questions from Mr Sagoo to Miss Greig

Mr Sagoo asked Miss Greig if she thought that consideration should be given to the temporary premises when this was not highlighted in the application. Miss Greig believed that it should not be as the information had not been previously submitted.

15.20.4 Questions from Mr Arnott to Miss Greig

Mr Arnott asked Miss Greig if she thought a standalone pharmacy dispensing 2000 items would be viable. Miss Greig advised that she would not personally invest in such a business.

Miss Greig was asked if Lindsay & Gilmour would reconsider continuing to invest in their Alderston Road pharmacy if this application was granted.

Miss Greig confirmed that it would not as they have a wide investment programme across all their businesses and referred to the data on dispensing items which showed that their pharmacy processes a significant number of prescriptions. Miss Greig advised that they would want to continue to provide services to the best of their ability.

Mr Arnott asked if a further contract being granted would affect their need to have two pharmacists on duty.

In response Miss Greig was confident that the services they currently provide are required and that the potential of the housing development near their pharmacy could have a beneficial impact.

15.20.5. Questions from Mr Frame to Miss Greig

Mr Frame asked Miss Greig if they charge for delivery and if they deliver to Kingseat. Miss Greig confirmed that they have recently increased their delivery provision and that they do not currently charge and have no intention of doing so.

Mr Frame asked what ways he could access Miss Greig's pharmacy if he was a resident of Kingseat.

Miss Greig advised that the pharmacy is contactable by phone or via their App. She also

advised that as there are two pharmacists in the branch a home visit would be manageable.

15.20.6 Questions from Mr Johnston to Miss Greig

Mr Johnston asked Miss Greig if there were two pharmacists in Alderston Pharmacy when Lindsay & Gilmour took over. Miss Greig confirmed that it was the pharmacy owner and a locum but cover was not all day Monday to Friday.

Mr Johnston asked how long it had taken Lindsay & Gilmour to recruit permanent pharmacists.

In response Miss Greig advised that it had taken around nine months in total, bearing in mind the three months notice period the new pharmacists needed to provide.

Miss Greig was asked if this was a common issue when recruiting to Fife. Miss Greig agreed that it was and that since November she had been working solely in Fife.

Mr Johnston asked Miss Greig if she believed that the granting of two more applications, taking into account Townhill as well as Kingseat, would add further pressure on recruiting pharmacists.

Miss Greig agreed that it would.

16.20 COMMITTEE MEMBERS QUESTION MISS GREIG

16.20.1 Questions from Mrs Hornal to Miss Greig

Mrs Hornal had no questions for Miss Greig.

16.20.2 Questions from Mr Kelly to Miss Greig

Mr Kelly referred to Miss Greig's presentation in which she mentioned that her pharmacy provides MDS, INR and a delivery service, and asked Miss Greig if these are core services in the new contract.

In response Miss Greig advised that they are not core services but she felt it was important to mention them because their pharmacy offer them.

Mr Kelly asked Miss Greig if she accepted that Kingseat residents who were not travelling outwith the village to work would not be able to access pharmacy services. Miss Greig agreed with this.

Miss Greig was asked about the 24/7 access to the pharmacy robot and advised that it was currently being installed in the premises.

Mr Kelly asked how the robot worked.

Miss Greig explained that patients would hand their prescription in to the pharmacy, they would be given a code which they would enter into the panel which then releases their dispensed medication.

Going back to the CAR, in terms of the responses, do you have a view as to whether the

responses are more in connection with convenience or do you think they are more in support of this application.

In response Miss Greig said that she was of the view that the community are not dissatisfied with the existing service, but that they would like to have a pharmacy that they could easily access. She concluded that in her opinion there was no overwhelming evidence that a pharmacy was wanted, and that the comments made on the website and social media gave the impression that the community would prefer other businesses.

Miss Greig suggested that if the village of Kingseat was cut off tomorrow it would be highly likely that we would still be able to deliver medication as proven during the "Beast from the East", however if they cannot purchase daily essentials that would be a different issue.

Mr Kelly referred to Miss Greig's presentation and asked how she obtained the planning information.

Miss Greig advised that it is detailed in the minute of a Community Council meeting, which are displayed on their notice board within the Community Centre. We saw that planning permission had been submitted and noticed that there was a different developer name, therefore we contacted the new developer and asked them some questions which they answered via e-mail.

16.20.3 Questions from Mr Baillie to Miss Greig

Mr Baillie had no questions for Miss Greig.

16.20.4 Questions from Mr Gillon to Miss Greig

Mr Gillon asked Miss Greig if she agreed with Dr Stuart's comment that, although convenience must not be considered, it was important.

Miss Greig agreed with the statement made by Dr Stuart but highlighted that only adequacy was to be considered as part of the legal test. Miss Greig stated that as a pharmacy they would always strive to provide a more than adequate service.

The Chair interjected and said that he did not think Dr Stuart had said that in his presentation. Mr Arnott pointed out that Dr Stuart had mentioned convenience. Mr Gillon apologised.

Mr Gillon asked Miss Greig if the question of viability was a question for the Applicant. In response Miss Greig agreed, but believed that viability as part of a greater area should be considered.

Mr Gillon mentioned that his local Boots Pharmacy closed at lunch time so asked Miss Greig if her pharmacy closed at lunch time to which she advised it did not as the two pharmacists take lunch at different times.

Mr Gillon was pleased to learn that Lindsay & Gilmour offered a free delivery service and asked how many customers they have in Kingseat and how many they could lose.

Miss Greig stated that it was difficult to determine as they are still in the very early stages of building their data system. However it should be noted that they have a lot of

patients and currently deliver to Kingseat.

16.20.5 Questions from the Chair to Miss Greig

The Chair asked Miss Greig how she thought the expansion of her pharmacy would impact on Kingseat.

Miss Greig said that as they had only recently taken over the pharmacy they wanted to show that they were trying to develop the business for patients and that they would all benefit no matter which town they are from. Miss Greig confirmed that she understood that at the moment the community of Kingseat were accessing services outwith the village.

**17.20 INTERESTED PARTIES' ORAL SUBMISSIONS –
MR TOM ARNOTT, LLOYDS PHARMACY**

17.20.1 Mr Arnott thanked the panel for the opportunity to present at the hearing and spoke to his presentation attached as Appendix 4.

18.20 INTERESTED PARTIES QUESTION MR ARNOTT

18.20.1 Questions from the Applicant to Mr Arnott

The Applicant asked Mr Arnott to clarify which application he was referring to as being a waste of time.

Mr Arnott confirmed that he was referring to the Townhill Application where the viability of the pharmacy was partly determined by the fact that the Applicant had stated that he would be the responsible pharmacist. However Mr Arnott was of the view that this was not correct as he had attended a hearing for an application in Pumpherston which had been submitted by the same serial applicant who had advised that he would be the resident pharmacist there and not in Townhill.

The Applicant asked Mr Arnott how many patients in Kingseat does Lloyds Pharmacy serve to.

Mr Arnott's answer was that it was sufficient enough for us to be represented here.

Mr Arnott was asked if Lloyds Pharmacy charge for deliveries. Mr Arnott advised that charges were introduced but the pharmacy managers who set the criteria were not charging.

The Applicant asked Mr Arnott how many of the pharmacies that are potentially at risk should this new contract be granted, are running on locums.

Mr Arnott stated that the viability of these pharmacies are not at risk. He advised that in Fife there are currently four vacancies but they are not all running on locums some are running on relief managers. Mr Arnott was of the view that the difficulties recruiting in Fife are partly because the Health Board are using the pharmacists for other duties, but in addition every new contract that is granted exacerbates the problem.

The Applicant disagreed with this statement and declared that he has 16 pharmacies and only uses five locums.

In response Mr Arnott stated that in order for this to mean anything the Applicant would need to divulge how much he is paying his pharmacists and locums because no one else around this table is having the same success as him in Fife.

18.20.2 Questions from Dr Stuart to Mr Arnott

Dr Stuart asked Mr Arnott what evidence he had that having a pharmacy in Kingseat would affect the viability of Townhill.

Mr Arnott said that there is no hard evidence but he would imagine that when the Applicant submitted his application for Townhill he would have viewed Kingseat as a potential for business.

Dr Stuart questioned if this would be the case as when travelling to Townhill from Kingseat you would pass the pharmacy on Robertson Road which is closer.

Mr Arnott confirmed that his assumption would be, and thought others would to, that it would be possible to pick up some business from Kingseat.

Dr Stuart referred to Mr Arnott's presentation in which he implied that the reason the Post Office closed was because the residents did not support it and asked where Mr Arnott obtained that information.

Mr Arnott said that he had made an assumption as had the Post Office business been successful it would have remained open. Mr Arnott did not know if the decision to close was made by the Post Office or the owner but in his experience successful businesses normally do not close.

Dr Stuart stated that as far as he was aware it did not close because of financial reasons but closed for other reasons that surprised everyone in the village.

Dr Stuart referred to Mr Arnott's presentation in which he had stated that the Community Council had said that the existing services were adequate. In response Mr Arnott highlighted that it was Dr Stuart who had said this.

Dr Stuart confirmed that he had said the measure of adequacy and that it would be difficult for people not to say the services were adequate when they have no other services to compare it with other than going outwith the village.

Mr Arnott reiterated that that was the point he was making, in that they had said that currently the service is adequate.

18.20.3 Questions from Mr Sagoo to Mr Arnott

Mr Sagoo asked Mr Arnott if a delivery service was part of the core services. Mr Arnott advised that it was not.

18.20.4 Questions from Miss Greig to Mr Arnott

Miss Greig had no questions for Mr Arnott.

18.20.5 Questions from Mr Frame to Mr Arnott

Mr Frame had no questions for Mr Arnott.

18.20.6 Questions from Mr Johnston to Mr Arnott

Mr Johnston had no questions for Mr Arnott.

19.20 COMMITTEE MEMBERS QUESTION MR ARNOTT

19.20.1 Questions from Mrs Hornal to Mr Arnott

Mrs Hornal had no questions for Mr Arnott.

19.20.2 Questions from Mr Kelly to Mr Arnott

Mr Kelly asked Mr Arnott if he accepts that new housing will be built in the village of Kingseat in the future.

Mr Arnott confirmed that he does.

Mr Kelly asked Mr Arnott if he accepted that the Townhill Hearing was not relevant to this application.

In response Mr Arnott referred to the additional information tabled at the hearing which noted that it should be considered.

Mr Kelly asked if it was a main consideration and Mr Arnott said no but it should be considered as two pharmacies could possibly be affected.

Mr Kelly referred to Mr Arnott's comment about the Townhill Applicant being a serial applicant and asked him if the Regulations stated that it is not allowed.

Mr Arnott confirmed that they do not but suggested that from experience and that those around the table would probably be aware of two or three characters that apply anywhere in Scotland regardless of whether there is a need or not in order to grow their empire.

Mr Kelly asked if this was relevant to the application that was being discussed.

Mr Arnott said that it would depend on their reasons for applying.

Mr Kelly referred to Mr Arnott's presentation in which he stated that should the development of additional house proceed, at that stage a pharmacy may be required but the application process would need to be completed at that point.

Mr Arnott agreed that any application would need to go through the process.

Mr Kelly noted that Mr Arnott had claimed that the cost of this process for a Health Board was £50,000 and asked where he had obtained that information. Mr Arnott advised that it had been provided by Community Pharmacy Scotland.

Mr Kelly mentioned viability and highlighted that there had been no pharmacies closing following the granting of a new pharmacy contract and asked Mr Arnott if he would consider this to be detrimental to the existing service, rather than just the viability.

Mr Arnott agreed that no pharmacy had closed yet due to the new contract, but referred to the situation in England where up to 3000 pharmacies had closed due to the new 100 hour contract.

Mr Kelly asked Mr Arnott if he accepted that England has a different contract. Mr Arnott confirmed that he did.

Mr Kelly asked Mr Arnott for his views on the responses to the CAR and if he thought that they were more towards adequacy or convenience.

Mr Arnott said that the responses would have been based on the service that they currently have so anything additional would be viewed as convenient. Based on the fact that Kingseat is the 62nd smallest village in Fife I agree that a pharmacy would be more convenient but not necessary.

19.20.3 Questions from Mr Baillie to the Mr Arnott

Mr Baillie had no questions for Mr Arnott.

19.20.4 Questions from Mr Gillon to Mr Arnott

Mr Gillon asked Mr Arnott if it is relevant that the distances are in miles rather than kilometres. Mr Arnott confirmed that it was not.

Mr Gillon advised that he had visited Kingseat and did not see anyone on foot, but that there were quite a few vehicles going through the village. He asked Mr Arnott if he considered the walking distance from Kingseat to Robertson Road to be unacceptable.

In response Mr Arnott referred to the Essential Small Pharmacy Scheme and that although it no longer existed it allowed for a pharmacy contract to be granted if the proposed pharmacy met the criteria. Mr Arnott explained that one of the criteria was that there should be no other pharmacy within two miles of the proposed site. Mr Arnott then referred to Miss Greig's comment that there are currently 17 pharmacies within three miles of Kingseat.

Mr Gillon referred back to Mr Arnott's comments about the situation in England and asked if he thought that our criteria for granting a contract was adequate.

Mr Arnott advised that the criteria set by Scottish Government in the Regulations are what needs to be followed and if they are followed correctly they are fine. Mr Arnott admitted that there have been decisions that he has not agreed with but it does not mean that the criteria was wrong, as long as they were implemented fairly and the questions of viability and access were considered.

Mr Gillon asked Mr Arnott if that was the reason that he had explained in detail the criteria that the Panel are required to consider.

Mr Arnott advised that he always explains the process at Hearings as sometimes there are new lay members involved.

19.20.5 Questions from the Chair to Mr Arnott

The Chair highlighted that Mr Arnott's mention of a 'serial applicant' has no relevance whatsoever to this Application.

Mr Arnott agreed that that was the Chair's decision.

The Chair asked Mr Arnott how many patients his pharmacy supports in Kingseat.

Mr Arnott, as previously advised, enough to require representation here today.

Mr Arnott was asked if his pharmacy delivers to Kingseat. He advised that they did.

The Chair asked how many patients they deliver to.

Mr Arnott said that it is not a fantastic number, but we are not going to go bust in Bellyeoman or Duloch Park because a pharmacy opens in Kingseat, however it would still chip away at the business which would then require us to consider our future investment and staffing levels.

**20.20 INTERESTED PARTIES' ORAL SUBMISSIONS –
MR FRASER FRAME, WM MORRISON SUPERMARKETS PLC**

20.20.1 Mr Frame spoke to his presentation attached as Appendix 5.

21.20 INTERESTED PARTIES QUESTION MR FRAME

21.20.1 Questions from the Applicant to Mr Frame

The Applicant enquired how many Kingseat patients were serviced by Morrisons Pharmacy. Mr Frame advised it was approximately between 10 and 15 patients depending on the month.

The Applicant noted that Morrisons Pharmacy operated within a supermarket and had recently opened two discount outlets. He asked what the potential risk to the viability of Morrisons in Cowdenbeath would be if a pharmacy opens in Kingseat. Mr Frame explained that the supermarket was a different entity to the pharmacy and should the supermarket struggle the pharmacy would still function. However, since the recent opening of the new discount stores, the business predicts what could be lost in terms of a percentage and in cash terms. Mr Frame confirmed that Morrisons have not as yet lost any business, nor had they started the coupon scheme.

21.20.2 Questions from Dr Stuart to Mr Frame

Dr Stuart asked Mr Frame if he had any idea of the distribution of the 10 to 15 Kingseat patients. Mr Frame confirmed he did not.

21.20.3 Questions from Mr Sagoo to Mr Frame

Mr Sagoo had no questions for Mr Frame.

21.20.4 Questions from Miss Greig to Mr Frame

Miss Greig had no questions for Mr Frame.

21.20.5 Questions from Mr Arnott to Mr Frame

Mr Arnott had no questions for Mr Frame.

21.20.6 Questions from Mr Johnston to Mr Frame

Mr Johnston had no questions for Mr Frame.

21.20.7 Questions from Miss Greig to Mr Frame

Miss Greig had no questions for Mr Frame.

22.20 COMMITTEE MEMBERS QUESTION MR FRAME

22.20.1 Questions from Mr Kelly to Mr Frame

Mr Kelly asked if the coupon service is provided in partnership with the Health Board. Mr Frame confirmed it was.

Mr Kelly enquired if it was a core service. Mr Frame believed it was and that Well is one of the few pharmacies that provides it.

Mr Kelly highlighted that a few people, including Mr Frame had mentioned the investment into their business but was unsure how that was relevant to the Regulations. He asked Mr Frame to explain. Mr Frame advised that investment was not relevant to the Regulations, however he felt consideration needed to be given to the stability and the sustainability of pharmaceutical services by granting another contract. He stated that in his opinion it was important that consideration be given to those who are investing in their businesses as if contracts continue to be granted the investments will stop.

22.20.2 Questions from Mr Baillie to Mr Frame

Mr Baillie asked Mr Frame's opinion on the neighbourhood. He confirmed that he thought Kingseat was a neighbourhood.

Mr Baillie asked if he would consider any argument for it being greater than that of the physical village. Mr Frame said he could do but it would be difficult to know where the boundary should be, so for this purpose he thought the village of Kingseat was good enough.

22.20.3 Questions from the Chair to Mr Frame

The Chair stated that in his experience, any community would like a chinese takeaway or a pharmacy but if you asked them if they wanted a rehab clinic or a jail you are liable to meet opposition. The Chair referred to the CAR and how quite a few people said they would not like to see anything to do with addiction services in the pharmacy and asked Mr Frame if services to addicts were offered in his pharmacy.

Mr Frame confirmed that his existing pharmacies provided a methadone service.

22.20.4 Questions from Mrs Hornal to Mr Frame

Mrs Hornal had no questions for Mr Frame.

22.20.5 Questions from Mr Gillon to Mr Frame

Mr Gillon had no questions for Mr Frame.

**23.20 INTERESTED PARTIES' ORAL SUBMISSIONS –
MR NICK JOHNSTON, WELL**

23.20.1 Mr Johnston thanked the panel for the opportunity to present at the hearing and spoke to his presentation attached as Appendix 6.

24.20 INTERESTED PARTIES QUESTION MR JOHNSTON

24.20.1 Questions from the Applicant to Mr Johnston

The applicant enquired how many patients Well Pharmacy served in Kingseat. Mr Johnston confirmed it varied week to week but it could be anywhere between 50 and 100 between the seven stores that they have.

24.20.2 Questions from Dr Stuart to Mr Johnston

Dr Stuart had no questions for Mr Johnston.

24.20.3 Questions from Mr Sagoo to Mr Johnston

Mr Sagoo had no questions for Mr Johnston.

24.20.4 Questions from Miss Grieg to Mr Johnston

Miss Greig had no questions for Mr Johnston.

24.20.5 Questions from Mr Arnott to Mr Johnston

Mr Arnott had no questions for Mr Johnston.

24.20.6 Questions from Mr Frame to Mr Johnston

Mr Frame had no questions for Mr Johnston.

25.20 COMMITTEE MEMBERS QUESTION MR JOHNSTON

25.20.1 Questions from Mrs Hornal to Mr Johnston

Mrs Hornal had no questions for Mr Johnston.

25.20.2 Questions from Mr Kelly to Mr Johnston

Mr Kelly had no questions for Mr Johnston.

25.20.3 Questions from Mr Baillie to Mr Johnston

Mr Baillie had no questions for Mr Johnston.

25.20.4 Questions from Mr Gillon to Mr Johnston

Mr Gillon asked Mr Johnston to clarify that he had six drivers. Mr Johnston confirmed there were six s covering the seven stores.

Mr Gillon enquired if there was a charge for collection and delivery. Mr Johnston confirmed that there was not.

25.20.5 Questions from the Chair to Mr Johnston

The Chair had no questions for Mr Johnston.

26.20 INTERESTED PARTIES SUMMING UP

26.20.1 Dr Stuart - Kingseat Community Council

I would just reiterate that as a village, the 62nd smallest in Fife, Kingseat is a much more isolated village and literally has no resources whatsoever. It is interesting that people see that residents in Kingseat think services are adequate. If the residents of Kingseat had been asked a different question they might well have responded in a different way. We have a high percentage of elderly and I am sure that you are right in the sense that young people can find it easy to travel to and from pharmacies. It does not matter where they are, but for the elderly I do not think that is quite so simple and I would hope that this Committee would look upon that and support this application in order to make life much easier for those people in Kingseat.

26.20.2 Mr Sagoo - Boots UK Limited

There are already plenty of pharmacies that provide adequate service to the neighbourhood that are reasonably accessible.

These existing pharmacies offer an extensive range of services as well as extended opening hours.

The applicant has not provided any evidence to suggest that the existing pharmacy provision does not adequately service the neighbourhood defined or any particular service that cannot be met by existing contractors.

Given the limited population, how the population access and use existing pharmacies, we question whether the proposed pharmacy will be viable.

In summary we submit that the existing pharmacy provision is adequate and that the proposed pharmacy is neither necessary nor desirable to secure the provision of pharmaceutical services in the neighbourhood in question.

We respectfully ask that the application should be refused.

26.20.3 Miss Greig - Lindsay & Gilmour

We have heard all the presentations and there has been some interesting facts that have come out of that, one of which the community is not dissatisfied with existing services.

The viability of the proposed pharmacy is part of the deliberations for the Committee later and there was differences in opinion about what that viability would look like even from the Applicant himself.

There is no evidence that there is a lack of pharmaceutical services in the area and it has been accepted that adequate services can be provided by a pharmacy outside of the neighbourhood detailed in the application.

I would like to remind you that no evidence has been presented to confirm that pharmacy premises have been secured, in fact we were not told of the potential of a temporary location until the Applicant was questioned and that the location is possibly not as specified in the application.

I feel the application does not pass the legal test as this contract is neither necessary nor desirable and I respectfully also think it should not be granted.

26.20.4 Mr Arnott - Lloyds Pharmacy Ltd

I certainly think the Panel will have to concentrate on the question of premises, are they secured or are they not secured.

The question of viability, I think there has been enough concerns raised about what level would mean a pharmacy would be viable or not.

Currently, in my opinion the services that are available are adequate. It would be more convenient for the people of Kingseat to have a pharmacy as it is one of the smallest villages in Fife, but the measure is adequacy so I would therefore ask the Panel to refuse this application as it is neither necessary nor desirable in order to secure the provision of pharmaceutical services in the neighbourhood in which the premises are located.

26.20.5 Mr Frame - Wm Morrison Supermarkets PLC

Kingseat is a small village of less than 800 residents who have to travel for all aspects of their daily life. There has been no evidence to suggest that there was inadequacy in accessing pharmaceutical services.

There are huge concerns about the Applicant's agreement on the premises and therefore we believe this application is neither necessary nor desirable and ask that it be refused.

26.20.6 Mr Johnston - Well

I would suggest that there are a number of holes in the application. One around the property and one around the number of houses that are proposed in the neighbourhood itself which appears to have changed, and also the Applicant has provided two different

answers.

Another point is the houses are not likely to be built as part of the neighbourhood and we are here today to discuss a pharmacy in that neighbourhood.

There is no gap in service and no inadequacy in services as they are already provided by existing pharmacies so we respectfully ask that the application be refused.

27.20 APPLICANT SUMMING UP

The residents, by completing the CAR, bearing in mind the challenges of getting anyone to fill in a paper form, showed an overwhelming support for a pharmacy in the village. It is widely acknowledged by the majority in this room that residents of Kingseat are having to travel outwith for pharmacy services but very few of my colleagues have been able to actually clarify exactly how many patients they serve from the village of Kingseat. None of my colleagues have engaged with the Community Council, yet they are all here today to try and stop a pharmacy from being opened.

Consideration should be given as to why so many people completed the questionnaire. The percentage of the population that were represented, depending on how you choose to interpret that, should also be considered. In addition to answering Yes or No, they have also made their comments known. They have all demonstrated that if there was a pharmacy in the village more residents would be able to access the services personally and not have to rely on someone else. It would not be necessary to travel outwith the village, by foot, car or bus thus avoiding travel costs. They would be able to keep healthier by actually being able to access healthcare services on their doorstep.

With the issues in regards to viability, as an independent business which we are, how we choose to look at how we are going to make sure this business becomes viable is something that we have considered. We have looked at all aspects of running a pharmacy and are choosing to open a pharmacy in Kingseat. It is not necessarily about how many items you will dispense, it is about all the services that we provide. We genuinely believe, and we have worked throughout this entire process with Kingseat Community Council to ensure that we can deliver a healthcare service into an area that is currently inadequately served, therefore we respectfully request that you consider and grant this application.

28.20 FAIR HEARING

28.20.1 The Chair asked all those present whether or not they felt they had had a fair hearing. All those in attendance confirmed that they had.

28.20.2 Mr Sagoo asked if the Chair would allow him to respond to Mr Gillon, regarding the comment he made whilst questioning Miss Greig about Boots closing over lunch and not dispensing prescriptions. The Chair asked the Mrs Shepherd's opinion and it was noted that if no one had any objections Mr Sagoo could respond. The other Interested Parties and the Applicant in particular would also be given the opportunity to respond if any related issues arose.

Mr Gillon reiterated that he had asked, when speaking to Miss Grieg, if there would be two pharmacists covering to ensure Lindsay & Gilmour stayed open during lunchtime.

Mr Sagoo said that Mr Gillon referenced that his local Boots closed at lunchtime and

asked if that was part of the contractual hours. Mr Gillon pointed out that this was just part of his experience. Mr Sagoo asked if it had relevance to this application. Mr Gillon confirmed it did not. Mr Sagoo was content with the answer.

The Chair asked the Applicant and the other Interested Parties if they wanted a chance to respond. The Applicant and the Interested Parties confirmed they did not.

The Chair then asked all those present, once again if they felt they had a fair hearing, they all confirmed that they had.

29.20 NEXT STEPS

The Chair confirmed that the Applicant, Interested Parties, Mrs Kelly and Mrs Shepherd would be asked to leave the hearing whilst the Committee undertook their private deliberations regarding the application.

The Chair advised that Mrs Shepherd would remain on the premises and be available should the Committee require any advice on the Regulations and should this happen the hearing would return to open session and therefore the Applicant and Interested Parties may wish to remain on the premises.

It was confirmed that only the lay members are allowed to vote and only they and the Chair would be present at the voting stage of the hearing – the Non-Contractor Member/Contractor Member and note takers would be asked to leave. If there is not a clear outcome the Chair would have the casting vote.

30.20 NOTIFICATION OF OUTCOME

The Chair thanked the Applicant and the Interested Parties for their attendance and before asking them to leave advised them that the decision would be notified to them in accordance with the timescales laid down in Schedule 3 of the Regulations. Those present were given the option to wait to hear the decision.

APPLICANT, INTERESTED PARTIES, CLO REPRESENTATIVE AND PRIMARY CARE MANAGER WITHDREW FROM THE HEARING

31.20 A short break was taken. On returning to the hearing the Chair advised that Mr Baillie had approached him as he had discovered a potential conflict of interest. Mrs Kelly and Mrs Shepherd were requested to return to the hearing to advise the Committee.

Mr Baillie confirmed that he was a lawyer and had read all the papers carefully before the hearing and that it was not until Miss Greig mentioned that Richard Street Ltd had submitted a planning application to build residential properties on the site of the proposed pharmacy. Mr Baillie explained that he acted for The Purvis Group of which Richard Street Ltd is a constituent member but he had no idea they were involved in a potential development on the site. He confirmed that Richard Street Ltd had not consulted with him or told him about this particular development, however if they came to buy the land they would seek his legal advice. He confirmed that Richard Street Ltd were speculators which would identify pieces of land for affordable housing, and then Kingdom Housing would purchase the land in order to build houses. He reassured the Committee that he had no knowledge of potential conflict and he doubted that Richard Street Ltd would be in touch about this project for some time, if at all.

Mrs Shepherd advised that this may be a potential conflict and the difficulty is that there were concerns raised about who owns the land. The Applicant states the land is owned by Kingseat Homes Ltd and a letter offering Plot 17 was included with his application. Richard Street Ltd's involvement has only just been identified at the hearing. Mrs Shepherd advised that in the interest of openness and impartiality this issue should be declared and if anyone has any objections the Committee would need to reconvene with a different lay member. The Committee agreed and the Applicant and interested Parties were invited to rejoin the hearing.

The Chair welcomed everyone back to the hearing and explained that Mr Baillie had just discovered that he may, indirectly, have a potential conflict of interest.

Mr Baillie explained the potential conflict (as above) and reaffirmed that he had no knowledge whatsoever of Richard Street Ltd's involvement in the site and that he does not get involved in the planning stage. He asked attendees to respect his client's confidentiality in this matter. He stated with conviction that he did not consider that this would impact on his ability to make a decision but he felt it was appropriate to take legal advice from Mrs Shepherd and disclose the issue.

Miss Greig confirmed that she had evidence of Richard Street Ltd's planning application but this had not been distributed to the Committee or Applicant. Mrs Shepherd advised that this evidence should not be presented as it had not been provided and parties had not had the opportunity to consider it beforehand.

Mrs Shepherd advised that she felt that there was no basis at the current time for suggesting that Mr Baillie had any interest in the outcome of the application, pecuniary or otherwise, direct or indirect.

Miss Greig stated that the paperwork evidence she had only became available to her the day before. She felt that as a professional person, Mr Baillie is capable of making an unbiased decision which would not be based on any knowledge that he did not necessarily have. She confirmed that her concern was based wholly on whether the premises were secured by the Applicant.

Mr Arnott agreed that the concern was around the issue of two planning applications for the site: one including a retail unit and one without. The other interested parties agreed with this and confirmed that they had no objection to Mr Baillie remaining on the panel.

The Chair asked the Applicant if he had any objections to Mr Baillie being on the Committee. He confirmed he did not.

Everyone agreed the hearing should continue so the Chair asked the Applicant, Interested Parties, Mrs Shepherd and Mrs Kelly to withdraw from the hearing.

APPLICANT, INTERESTED PARTIES, CLO REPRESENTATIVE AND PRIMARY CARE MANAGER WITHDREW FROM THE HEARING

32.20 COMMITTEE DISCUSSION

In accordance with the Legal Test, the Committee considered whether existing provision of Pharmaceutical Services in the neighbourhood was adequate. If it decides that such a provision is adequate, that is the end of the matter and the Application must fail.

In considering the Application the Committee took account of all relevant factors concerning neighbourhood, the CAR, the PCSR, the written and oral evidence and adequacy of existing Pharmaceutical Services in the neighbourhood in which the proposed premises would be located, in terms of regulation 5(10).

It also took account of all information available to it which was relevant to the Application.

32..20.1 The PPC were required and did take into account all relevant factors concerning the issue of:-

- a) Neighbourhood
- b) Adequacy of existing Pharmaceutical Services in the neighbourhood and, in particular, whether the provision of Pharmaceutical Services at the premises named in the Application were necessary or desirable in order to secure adequate provision of Pharmaceutical Services in the neighbourhood in which the premises were located.

Proposed premises

The Committee felt it appropriate to discuss the premises as there was shared concern the Applicant had not been secured or would not complete within six months of granting the application.

It had been highlighted by Miss Greig that a second planning application had been submitted by Richard Street Ltd to build only residential properties on the site. This cast some doubt on whether the applicant had secured the premises/site.

In addition the Regulations require the Committee to consider the provision of services from the proposed address named on the application. During questioning of the Applicant it was revealed that services may need to be provided from a temporary building pending completion of the new Pharmacy. The Applicant had confirmed that the current building would be demolished, the site would be cleared and new units were to be constructed. This placed some doubt on the Applicant's ability to provide a Pharmacy on Plot 17 within 6 months. The Committee found it disappointing that the likelihood of temporary premises was not highlighted in the application or at an earlier stage. Notwithstanding this the Committee were of the view that they had to take the Applicant's word that premises had been secured and could be constructed within the timescales. It would be for the General Pharmaceutical Council (GPC) to decide if the premises were suitable.

On a technical point the Committee noted that the Applicant had stated in his application that the premises would be registered with the GPC by 1 February 2020, but he had confirmed that they were not yet registered. It was however, further noted that the applicant had stated that he would start to provide services within six months of the application being granted.

Taking these points into consideration, the Committee were of the view that the likelihood of completion on the proposed site within six months was low.

32.20.2 Neighbourhood

Having considered the evidence presented to it by the Applicant, the interested parties, the Consultation Analysis Report, NHS Fife's Pharmaceutical Services Report and the PPC's observations from the site visit, the PPC had to decide firstly the question of the neighbourhood in which the premises to which the application related were located.

When seeking to define the neighbourhood the Committee considered a number of factors:-

- The Applicant's description of the neighbourhood as "the neighbourhood of Kingseat in its entirety". When questioned by Miss Greig the Applicant had stated the neighbourhood was an expanding village but he had conceded that the neighbourhood for the purposes of this application did not include the additional 1400 planned houses.
- The map of Kingseat which had been extracted from the Local Development Plan - FIFEPlan – adopted 2017. This showed the village of Kingseat outlined in black including all the residencies apart from the Russell Housing Complex which has been constructed since 2017. During the oral evidence there had been a general consensus that this map represented the neighbourhood of Kingseat.
- From the oral evidence there seemed to be a lack of clarity around the timescale and volume of the additional housing. The Committee agreed these should be excluded from the neighbourhood as they are speculative at this stage
- The neighbourhood was not clearly defined by roads, railways or other natural borders. All existing housing was surrounded on all sides by open farmland. It did not have some of the services normally available in a complete neighbourhood but it has a church, a Community Centre and residential areas so appears to be a clear and distinct population and well defined community, although not a neighbourhood for all purposes. However there was nothing to suggest the neighbourhood extends beyond the confines of the buildings.

Accordingly the Committee agreed that the neighbourhood should be defined as illustrated by the FIFE Plan map but including the Russell Housing Complex marked as KST001 on the map attached as Appendix 7.

32.20.3 Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability

Having reached a conclusion as to the defined neighbourhood, the Committee was then required to consider the adequacy of Pharmaceutical Services within or to that neighbourhood and, if the Committee deemed them inadequate, whether the granting of the Application was necessary or desirable in order to secure adequate provision of Pharmaceutical Services in the defined neighbourhood.

In order to assist the Committee in reaching their decision, they took into account the following:-

Consultation Analysis Report

The Committee considered and noted the content of the CAR. In particular the following points were taken into account:

- The response level of 183 returns from 800 residents was a respectable amount;
- 173 (94%) of respondents supported the application;
- The expanded comments largely fell into the convenience category i.e. no need to travel;
- 90% of respondents felt a pharmacy would have a positive effect on the community; and
- 80% of respondents felt there were gaps within the existing service with many saying there was no easy access to a pharmacy.

Although the CAR showed a positive response the Committee were of the view that a majority of the comments were more suggestive that a new pharmacy would be a convenience rather than a necessity. Miss Grieg had commented that on the local Kingseat social media sites, residents seemed more in favour of a Tesco Express than a Pharmacy.

Having carefully considered and noted the observations and outcomes of the CAR the Committee unanimously came to the conclusion that the results did not give any demonstrable evidence of an inadequate pharmaceutical service in accordance with the legal test.

NHS Fife's Pharmaceutical Services Report 2019-20

It was noted that the FPSR did not identify any gaps in service in the Kingseat area. The report had stated that services were well distributed across the [Fife] region and met the access needs of the vast majority of the population. Therefore the report concluded there was no unmet need for new community pharmacies across Fife.

Pharmaceutical Services already provided in the neighbourhood of the premises named in the application by persons whose names are included in a pharmaceutical list

The Committee agreed with the Applicant that no pharmaceutical services were provided from within the neighbourhood, but this did not mean that there are no services provided to the residents. From the presentations it was stated that there are 17 pharmacies within an approximate 3 mile radius which provided the full range of core pharmaceutical contractual services and some additional services, including Warfarin checks which is not provided anywhere else in Fife. Nearly all of the existing pharmacies provide a collection and delivery service, which was free apart from Boots. From the oral evidence provided the collection and delivery service seemed to be well covered. For a population of 800 this was considered to be reasonable. It was noted that most local pharmacies worked extended hours including weekends. ASDA in particular was open extended hours 7 days a week. Lindsay & Gilmour planned to install a robot which would allow patients to collect prescriptions at any time of day.

The Committee also noted that Dr Stuart acknowledged existing services were adequate but he was of the opinion they should be more than that. Whilst the Committee agreed with this, it is adequacy that forms part of the legal test not excellence.

Information available to the Board which, in its opinion, is relevant to consideration of the application

The Applicant and Community Council had placed a large emphasis on 30% of the population being over 65 and that the walk to the local pharmacies was difficult. During the individual site visits no members observed any patients walking to or from Kingseat. They had observed people jogging or cycling. Mr Sagoo had highlighted the 2011 census stated car ownership in Kingseat was higher than the Scottish average 88%:69%. In addition it was noted that the vast majority of the population already travel outwith the neighbourhood for work, groceries, GP practice. The Committee placed a lot of weight on this and agreed the population appeared to be quite mobile and therefore did not attach significant weight to the issues around accessibility as raised by the Applicant.

The Applicant and Dr Forbes suggested public transport was inconvenient and expensive but in questioning the Applicant stated that there was a bus to ASDA every half an hour and a bus to Cowdenbeath every hour. Questioning also revealed that if most of the patients travelling by bus were over 65, they would have a free bus pass.

The Committee considered the impact of the additional 1400 proposed houses on existing services. They were satisfied that no evidence had been made available to demonstrate the houses would be completed in the short term, if at all. It was therefore agreed this development should be excluded from the analysis of adequacy.

The Committee were of the opinion that services provided to the neighbourhood were adequate.

The likely long term sustainability of the pharmaceutical services to be provided by the Applicant

The Committee then discussed sustainability. From Mr Arnott's presentation they noted that Kingseat had been identified as the 62nd smallest pharmacy in Fife out of 65. It was thought that a population of around 800 could not sustain a pharmacy.

It was acknowledged that the neighbourhood was Kingseat but the catchment area would include Townhill. If the proposed Townhill pharmacy was approved it could affect the long term sustainability of the Kingseat Pharmacy and vice versa.

It was noted that there used to be a post office and pub/hotel in the neighbourhood but these had closed. This may suggest a failing economy in the area as residents travel outwith the neighbourhood for work, groceries, health services.

The Applicant expected to dispense 2000 prescriptions per month, hopefully increasing to 2500 over time. He was of the opinion that the pharmacy would be sustainable, even if it had to be subsidised by Dears' more profitable pharmacies. However the Committee noted that in oral evidence it was suggested that around 3500 prescriptions per month would be more realistic to sustain a pharmacy.

Summary

- The neighbourhood was agreed as per Appendix 7;
- There was a lack of clarification around the proposed 1,400 house, and the timescales, therefore the Committee agreed these should not be taken into consideration at this time;
- The CAR reported a positive response to the proposed pharmacy, however the Committee agreed that the general theme suggested the pharmacy would be convenient rather than essential;
- The Pharmaceutical Care Services Report did not identify any gaps;
- There was a full range of services provided by the 17 existing pharmacies within an approximate three miles range which appeared to be easily accessible;
- The Committee were not convinced the Pharmacy would be sustainable but acknowledged the Applicant's point that smaller pharmacies can be subsidised by more profitable branches;
- The Committee shared the Interested Parties concerns that the premises may not be completed within six months. This coupled with the lack of clarity around the 1,400 additional houses suggested the application for a new pharmacy was premature; and
- Having regard to the overall services provided by the existing pharmacies within in surrounding areas of the proposed pharmacy, and the services provided to the neighbourhood, the Committee agreed the neighbourhood was adequately served.

For the reasons set out above it was the view of the Committee that the provision of pharmaceutical services to the neighbourhood was adequate therefore it was not necessary or indeed appropriate to consider the further tests of necessity or desirability.

IN ACCORDANCE WITH THE STATUTORY PROCEDURE THE PHARMACIST CONTRACTOR MEMBERS OF THE COMMITTEE AND THE NOTETAKERS WITHDREW FROM THE MEETING DURING THE DECISION MAKING PROCESS

32.20.4 COMMITTEE VOTE AND DECISION

Those remaining were asked by the Chair to cast their votes, and voted unanimously to reject this application as it was neither necessary nor desirable as there was already an adequate pharmaceutical service provided from outwith the neighbourhood. As the vote was unanimous the Chair was not required to vote.

33.20.1 ATTENDEES RETURN TO HEARING FOR DECISION

Attendees returned to the hearing and were notified of the Committees decision.

Hearing Closed