








Finance, Performance & Resources Committee

10 September 2019, 09:30 to 11:30
The Boardroom, Staff Club, Victoria Hospital

Agenda



- | | | | |
|------|---|-----------|----------------------------|
| 1. | Apologies for Absence | | Rona Laing |
| 2. | Declaration of Members' Interest | | Rona Laing |
| 3. | Minutes of the Meeting held on 16 July 2019 | | (Enclosed)
(Rona Laing) |
| |  Unconfirmed Minutes FP&R 16 July 2019.pdf | (9 pages) | |
| 4. | Action List | | (Enclosed)
(Rona Laing) |
| |  Rolling Action Plan.pdf | (3 pages) | |
| 5. | Matters Arising | | |
| 5.1. | Psychological Therapies Update | | (Enclosed)
Nicky Connor |
| |  Item 5.1 PT Report August 2019.pdf | (9 pages) | |
| 5.2. | CAMHS Update | | (Enclosed)
Nicky Connor |
| |  Item 5.2 CAMHS Sep2019.pdf | (6 pages) | |
| 6. | Governance | | |
| 6.1. | Board Assurance Framework - Financial Sustainability | | (Enclosed)
Carol Potter |

-  Item 6.1 - SBAR Board Assurance Framework - Financial Sustainability.pdf (3 pages)
-  Item 6.1-1 BAF Risks - Financial Sustainability.pdf (4 pages)
-  Item 6.1-2 BAF Risks - Financial Sustainability - Linked Operational Risks.pdf (5 pages)

6.2. Board Assurance Framework - Strategic Planning

(Enclosed)




Chris McKenna

-  Item 6.2-1 SBAR BAF SP.pdf (3 pages)
-  Item 6.2-2 BAF Strategic Planning.pdf (1 pages)

6.3. Board Assurance Framework - Environmental Sustainability

(Enclosed)



Andrew Fairgrieve

-  Item 6.3 SBAR (BAF) Environmental Sustainability FP&R 10-9-2019.pdf (3 pages)
-  Item 6.3-1 NHS Fife Board Assurance Framework (BAF) V16.0 010819 - Environmental Sustainability.pdf (1 pages)
-  Item 6.3-2 BAF Risks - Environmental Sustainability - Linked Operational Risks as at 010819.pdf (6 pages)

6.4. Annual Accounts - Progress Update on Audit Recommendations

(Enclosed)


Carol Potter

-  Item 6.4 - Annual Audit Report Recommendations.pdf (9 pages)
-  Item 6.4-1 - SBAR Annual Audit Report Recommendations.pdf (3 pages)

6.5. Corporate Calendar - Dates for Future Committee Meetings

(Enclosed)



Carol Potter

-  Item 6.5 FP&R Schedule of Future Meeting Dates to 2021.pdf (1 pages)

6.6. Brexit

(Enclosed)

Carol Potter




	Item 6.6 - SBAR Brexit Update.pdf	(2 pages)
	Item 6.6-1 - FPR Update to Brexit Assurance Group.pdf	(2 pages)

7. Planning

7.1. Orthopaedic Elective Project

(Enclosed)




Carol Potter

	Item 7.1 SBAR FPR Project Update September 19 - updated.pdf	(2 pages)
	Item 7.1-1 FPR SBAR Appendix 1.pdf	(3 pages)
	Item 7.1-2 FPR SBAR Appendix 2.pdf	(12 pages)

7.2. Scottish Capital Investment Manual (SCIM)

(Presentation)




Carol Potter

	Item 7.2-1 SCIM Introductory paper.pdf	(10 pages)
	Item 7.2-2 SCIM process and outcomes diagram 2017_02_21.pdf	(1 pages)
	Item 7.2 - FP&R - SCIM presentation 100919.pdf	(11 pages)

7.3. Kincardine & Lochgelly Health & Wellbeing Centres Initial Agreements

(Enclosed)



Nicky Connor

	Item 7.3 - SBAR for Fin and Res Cttee Kincardine -Lochgelly IADs- Sept 2019.pdf	(5 pages)
	Item 7.3-1 - Kincardine IAD-refresh - draft as at 30-08-23 for Finance Committee.pdf	(45 pages)
	Item 7.3-2 - Lochgelly IAD revised Aug2019 as at 2019-08-30 - for Finance Committtee.pdf	(57 pages)

7.4. Procurement Strategy

(Enclosed)



Carol Potter

	Item 7.4-1 SBAR NHS Fife Procurement Strategy.pdf	(2 pages)
	Item 7.4-2 NHS Fife Procurement Strategy 2019 to 2024.pdf	(25 pages)

7.5. Winter Plan 2019/20

(Enclosed)

Ellen Ryabov & Nicky Connor



-  Item 7.5-1 SBAR Winter Plan 2019-20.pdf (3 pages)
-  Item 7.5-2 NHS Fife Winter Plan 2019-20 v1.2.pdf (15 pages)

8. Performance

8.1. Integrated Performance Report

(Enclosed)

Carol Potter

-  Item 8.1-1 IPQR SBAR Intro.pdf (3 pages)
-  Item 8.1-2 Aug 2019 IPQR v1.pdf (40 pages)

8.2. Acute Services Division Efficiency Programme

(Presentation)

Ellen Ryabov

9. Items for Noting

9.1. Internal Audit Report B26-20 - Property Transaction Monitoring

(enclosed)

-  Item 9.1 B26-20 Property Transaction Monitoring.pdf (7 pages)

9.2. Minute of IJB Finance & Performance Committee, 17 July 2019

(enclosed)

-  Item 9.2 F&PC Unconfirmed Minutes 170719 v0.1.pdf (10 pages)

10. Issues to be escalated:

11. Any Other Business

(verbal)

Rona Laing

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

13. Private Session - Agenda & Papers in separate folder on Board Admin

13.1. Minutes of the last Meeting held on 16 July 2019

Minutes are in the Private Session Folder on Board Admin

Rona Laing

13.2. Any Other Business

MINUTES OF THE FINANCE, PERFORMANCE AND RESOURCES COMMITTEE MEETING HELD ON TUESDAY 16 JULY 2019 AT 10.00AM IN THE BOARDROOM, STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY.

Present:

Ms R Laing, Non-Executive Director (**Chair**)
 Dr L Bisset, Non-Executive Director
 Mrs W Brown, Employee Director

Mr E Clarke, Non-Executive Director
 Mr P Hawkins, Chief Executive
 Ms J Owens, Non-Executive Director
 Mrs C Potter, Director of Finance

In Attendance:

Mr A Fairgrieve, Director of Estates, Facilities & Capital Services
 Ms E Ryabov, Chief Operating Officer
 Mr S Garden, Interim Director of Pharmacy
 Ms Claire Dobson, Divisional General Manager (West)
 Mrs K Sinclair, PA to the Director of Finance (minutes)

	ACTION
<p>89/19 APOLOGIES FOR ABSENCE</p> <p>Apologies were received from Michael Kellet, Director of Health & Social Care, Dona Milne, Director of Public Health, Helen Buchanan, Director of Nursing, Chris McKenna, Medical Director, Sinead Braiden</p>	
<p>90/19 DECLARATION OF MEMBERS' INTERESTS</p> <p>None.</p>	
<p>91/19 MINUTE OF MEETING HELD ON 14 MAY 2019</p> <p>The minute of the last meeting was agreed as an accurate record.</p>	
<p>92/19 ACTION LIST</p> <p>The Chair reviewed the Action List, and asked Carol Potter to comment on the Scoring Risk Action from the previous meeting. Carol Potter advised that the Scoring Risk should remain at "high likelihood". The Chair noted that the other outstanding actions would be discussed under the relevant agenda items for this meeting.</p> <p>MATTERS ARISING</p>	
<p>93/19 Stratheden Intensive Psychiatric Care Unit – Smoking Area</p>	

The Chair gave a short recap of the issue and explained that there was an action from the previous meeting for a further assessment to be provided for this meeting. Andy Fairgrieve gave the following verbal update - the budget figure for costs to create a smoking area would be £14,000, however from Estates prospective, the building was designed as a non smoking building, therefore Estates would prefer not to create a smoking area within the Psychiatric Care Unit. Michael Kellett emailed Andy Fairgrieve to confirm that an internal review is being carried out and requested that a decision is deferred until the review has been completed.

Paul Hawkins explained that an independent review has been carried out, and that a wrap around recommendation/action plan for all the issues of concern, within the unit (including the smoking area) will be available from the middle to the end of August, the overall strategy is still to be finalised.

It was agreed to add this issue to the action plan for November's meeting.

**Addition to
Action Plan**

GOVERNANCE

94/19 6.1 Board Assurance Framework – Financial Sustainability

Carol Potter advised that this is the first review of the financial component of the BAF in this financial year. The score is being held as last year, at high. Quarter one results are in process and they would also confirm that the score remains at high. This recognises the challenges in the Acute Division in particular and also some queries that have arisen over the last few weeks in relation to the financial position of the IJB and a letter that Paul Hawkins and Tricia Marwick have been copied into from the Cabinet Secretary, around how we deal with the budget shortfall for the IJB. There are risks associated with this and we are currently seeking clarity from the Civil Service on what the content of the letter is actually saying. This would certainly support the score remaining at high.

Carol continued to advise that under the Current Controls section, bullet point two - reflects that we are taking a refreshed approach to transformation, there is a joint transformation workshop taking place on 23 July 2019, this is a positive move forward, Ellen Ryabov is putting in place a team within the Acute Division to look at transformation at an operational level.

The third bullet point, which will be discussed in the private session of this meeting, confirms that we have appointed some external support to help the Acute Division in terms of accelerating the cost improvement.

The current performance column describes where we are, at this point in time – we've got a £17 million gap for this current year with over £10 million of the gap linked to Acute Service. The Health & Social Partnership through the IJB have got a savings plan and

while there is a £6.5 million gap on the savings plan, the health budgets are in balance within that, which is positive.

The year-end target - we are working towards a break even position, as this is the requirement, however until clarity is received from the Government on the content of the letter, referred to earlier, it is unclear if we would be able to formally state that a break even position would be achievable. Therefore, with so many uncertainties at the moment, the risk remains at high.

Paul Hawkins read out a draft reply to the Cabinet Secretary's letter to the meeting. The position and the letter were then discussed at length.

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

6.2 Board Assurance Framework – Strategic Planning

The Chair confirmed that the BAF for Strategic Planning comes to the FP&R meeting for information only, having been through Clinical Governance and is therefore for noting only.

The Committee **noted** the current position.

6.3 Board Assurance Framework – Environmental Sustainability

Andy Fairgrieve confirmed that there has been no change from the last BAF and there were no highlights. The high risk issues were still being worked through, and he was reluctant to remove them from the BAF until the works have been fully completed, which will take a significant length of time.

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

95/19 6.4 Brexit

Nothing to update from Carol Potter. Les Bissett advised that the suspension of the Brexit Assurance Group had been lifted and they are meeting next week.

PLANNING

96/19 7.1 Property & Asset Management Strategy

The Chair asked Andy Fairgrieve if the FP&R committee were being asked for approval or does the PAMS document go back to the Board for approval?

Andy Fairgrieve confirmed the standard operating procedure is that the Board approve the PAMS document and the FP&R committee are only recommending approval to the Board.

Andy Fairgrieve explained that there was a Board Development session held and from that some comments had arisen, these were:

- 1) Eugene Clarke asked if there was a strategy for developments in IT for the current buildings within the Estates? Eugene Clarke stated that he would be keen for a separate strategy which would encompass changes in technology and felt that a common vision was missing from the PAMS document. Scott Garden advised that there is a line in the PAMS document that does reflect the eHealth work stream and this does cover future changes, the information is contained in the PAMS documents but it maybe it wasn't explicit enough.

Andy Fairgrieve replied to Eugene Clarke's by saying he completely agreed with the comment and that there are short and long term issues. The short term issue – Estates and Ehealth do engage very closely on IT/Building issues, the Orthopaedic Project as an example. The longer term issues in Andy Fairgrieve's opinion need to be look at from a national prospective, to find out what the implication of AI and robotics is going forward.

Ellen Ryabov commented that there is a piece in the PAMS document that talks about where NHS Fife are now with regards to IT, NHS Fife also have a Ehealth and Workforce strategy, it's how we go about connecting and directing these strategies to the PAMS document .

The Chair confirmed that the PAMS document is an Audit to the Government and therefore has to be set out in very prescribed way however alongside that it also discusses the strategy going forward in terms of the partnership, transformational change, which means that the PAMS document is doing multiply things, which is why it is so large. The Chair asked if going forward there could be a separate document that highlighted the more strategic issues? Paul Hawkins suggested that a Development Session with committee members would be a good idea and The Chair agreed.

Development Session to be arranged

The Committee were content to recommend approval to the Board.

7.2 Winter Plan & Performance Report

The Chair confirmed that this report was for noting only by the FP&R committee as it has already been through the Clinical Governance Committee.

Ellen Ryabov confirmed that the report reviewed winter 2018 and

highlighted areas of change of this year. Ellen Ryabov referred the meeting to the accompanying SBAR which sets out the changes, and explained the planning was underway for this year. Ellen Ryabov highlighted that a success from the report was the opening of a day surgery unit. A challenge that was identified that didn't work so well was the social/home care packages. Ellen Ryabov commented that the funding provided for last year was around £300,000 and that there was no funding identified for this year and this was a risk. Another risk was having a sufficient workforce to open extra wards and run additional services.

Claire Dobson gave an overview from the Partnership prospective and highlighted that efforts from staff were good, also the weekly sit down planning meetings, where data was shared, were successful. The winter was a challenge especially around care at home and the use of external care providers.

Ellen Ryabov confirmed the timetable for the Winter Plan would be - it goes to Clinical Governance in September and then comes back to FP&R committee on 10 September 2019 and then to the full Board on 25 September 2019 for them to sign off the plan for winter.

Les Bisset commented that the Winter Plan Report had already gone to Clinical Governance and it was a very good report and everyone who compiled it should be congratulated.

Ellen Ryabov and Claire Dobson are to produce a joint piece of work before winter around the challenges of external providers and home care packages.

The Committee **noted** the report.

7.3 Orthopaedic Elective Centre Update

Carol Potter advised that the project was progressing well, the team have had a round of engagement sessions with the architects and there is a preferred design, a Board had been established and had had their first meeting, external advisers have been appointed, our supply chain adviser is Graham Construction, the joint cost adviser service is through Gardner Theobald and the project manager is Thompson Gray. A discussion has been opened up around additional parking.

The Committee **noted** the update.

PERFORMANCE

97/19 8.1 Integrated Performance Report

Ellen Ryabov gave a overview of the IPR to the meeting - the ongoing challenges are the cancer 31 day and 62 day waiting lists

with the main challenge being Neurology, with both an increase in demand and a lack of staff. Two new Neurologists have now been appointed, although there is still work to do. NHS Fife met with the Scottish Government a month ago and are meeting again this week and compared to other main land boards NHS Fife are doing well.

Claire Dobson provided an overview of the report from the Partnership - the Delayed Discharge target is in keeping with the conversation previously discussed in the meeting in the Winter Plan section, in terms of its ongoing challenge in being able to meet the target and also keeping the number of bed days lost is extremely challenging and care at home is one of the major reason for that.

With CAMHS, again ongoing challenges in terms of meeting the targets but significant improvement work around primary mental health workers, funding and signposting to allow people to get to the correct intervention in a timely fashion.

There are also challenges in meeting the performance target for Physiological Therapies, however there is ongoing and significant improvement work around the establishment of Community Mental Health Teams which is about practitioners working more collaboratively as an MDT to ensure we get to people in a more timely way.

Claire Dobson to provide further detail on performance figures and also some background on why Psychological patients with more complex needs are taking longer to enter the system.

The Chair suggested that it would be good if someone could attend a future meeting to explain the process fully.

**Claire
Dobson**

Carol Potter gave the financial position for the end of May which was a £2 million overspend for the period and it is broadly within the health board budgets and particularly within the Acute Division, which is largely a result of non delivery of savings. A component of the Acute Division overspend does related to those services which sit under the banner of set aside for the strategic planning of the IJB and this is being looked at as the year goes on.

The Estates and Corporate Directorate are both under spent and there is a slight overspend in our agreements with other health boards but this isn't so much to do with the SLAs as some of the cost per case areas.

No other areas to highlight from the report.

The position to the end of third quarter moves the position to approximately £3 million, which looks like £1 million per month and that is showing a balanced position within the health budgets delegated to the IJB.

The table in the report gives a slightly different breakdown of the position for the period, so rather than looking at it from a business unit or a particular area, it looks at the different headings of expenditure.

The Committee **noted** the reported overspend position.

Carol Potter gave an overview on Capital – she advised that NHS Fife have an allocation of just over £7 million for our core capital funding for this year and we are anticipating a further £2 million linked to the Orthopaedic Centre to cover some of the initial costs. To date everything is on track with the expenditure programme and there are no concerns at this point of time.

The Committee **noted** the expenditure position at 31 May 2019.

There was a discussion around the mechanism and process for reporting issues to be escalated to the Board. Carol Potter will raise this with Paula King and Gillian Macintosh for them to look at the three different escalating sheets for the Board.

Carol Potter

8.2 Performance & Accountability Reviews – Feedback

Carol Potter gave apologies that there is no written report, it is a work in progress. Carol Potter gave a reminder that the process was put in place to enhance, at an operational level the connectivity between the management teams within each Directorate with the Governance committees for the Board, to enable them to have an oversight of performance. Meetings were held in June with Finance's taking place this week. Each meeting was slightly different and each taking a separate format. Carol Potter has a meeting with Susan Fraser to reflect around consistency for future meetings and how the performance team might be able to support all services in the future, an update will come back from that meeting. A key component that Carol Potter took from the meetings was the qualitative aspect of the meetings and there was richness to the conversations.

ITEMS FOR NOTING

98/19 9.1 Internal Audit Plan 2019/20

The plan goes to the Audit and Risk committee it comes to the FP&R committee for information only.

The Chair explained that in both IJB Finance & Performance committee minutes dated 18 & 21 June 2019 there is reference to an external review report, the Chair asked Claire Dobson if she could provide a copy of the report for the FP&R committee? Claire Dobson confirmed that she would ask the IJB Finance Committee at their meeting on 17 July 2019.

**Claire
Dobson**

99/19 ISSUES TO BE ESCALATED

1. Strategic direction for future use of buildings

The Chair and Carol Potter will have a discussion regarding further highlights and escalations.

100/19 ANY OTHER BUSINESS

The Chair reminded the Committee of the change of start time for September's meeting. The meeting will now start at 9:30am with the pre meeting starting at 9:00am.

Date of the Next Meeting: Tuesday 10 September 2019 at 9:30am, within the Boardroom, Staff Club, Victoria Hospital

9

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

No.	Original Action Date	Item	Action By	Action Required/Current Status	Date Due
111	27.02.18 15.01.19	Stratheden IPCU – PPE	AF AF/MK MK	Reviewed for a third time in May 2019. Reviewed for a second time in January 2019, after initial update in July 2018. A follow-up agenda item requested to provide an update on the creation of a secure external smoking area at the site. A follow-up item of a fuller assessment on the potential ways forward to include clinical and staff views was requested for EDG with an update to FP&R in July 2019.	May 2019 July 2019
127	15.01.19	Committee Self-Assessment Report	AF & CP	Board to attend a development session for PAMS and on the Scottish Capital Investment Manual.	Before September 2019 meeting
129	14.05.19	Current Scoring of Risk	CP	To reflect on comments around the new control processes in place in advance of the next update to the Committee	Before July 2019 meeting
130	14.05.19	Review of General Policies & Procedures	CP/GM/ BAN/CM	To review current list of general policies and consider if each were assigned to a Board Standing Committee the review & updating process could be enhanced & expedited	By November 2019 meeting
131	14.05.19	Winter Plan & Performance	MK	A lessons-learned report to be brought to the Committee in July 2019.	July 2019 meeting

COMPLETED ACTIONS					
100	27.06.17	154/17 Annual Internal Audit Report	CP	<i>An action plan will be developed and will be a standing item on every agenda</i>	10.08.17
101	27.06.17	155/17b Q1 Financial Review Process	CP	<i>A report will be brought back to the August Committee</i>	29.08.17
102	27.06.17	157/17 Revised Annual Workplan	CP	<i>a) Add PAMS to the workplan in August b) Asset Disposals should be listed under Adhoc / Other c) Report on monitoring Internal / External Audit recommendations to come to August Committee</i>	29.08.17
103	27.06.17	157/17 Terms of Reference	CP	<i>References to Performance to be added to Terms of Reference</i>	29.08.17
104	29.08.17	173/17 Integrated Performance Report	MK	CAMHS Performance – Progress report requested “trajectory vs target” Smoking Cessation – obtain more up to date performance data	25.01.18
105	29.08.17	173/17 eHealth Quarterly Report	CP	Quarterly report will be reported predominantly through CGC and any financial issues that arise will be reported to FP&R. Update annual workplan for 6 monthly update.	
106	29.08.17	175/17 Review of Policies	CP	Action to be taken to review outstanding policies <i>An update will be brought to the</i>	25.01.18

				<i>Committee in January 2018.</i>	
107	29.08.17	175/17 Board Assurance Framework	JG	BAF Dev Session – completed. Any risks that may arise with Site Optimisation / Transformation need to be added	
108	31.10.17	Winter Plan & Performance Winter Report	JG	Downstream Bed Waiting List performance to be captured in future iterations of report.	25.01.18
109	31.10.17	Winter Plan & Performance Winter Report	MK	<i>Reassurance sought that all rotas are in place for the festive holidays</i>	19.12.17
110	27.02.18	Service Review Process	MK	Update provided 10 July 2018.	
112	15.05.18	Update on Savings and Service Reviews	CP	Update provided 10 July 2018	
114	15.05.18	Health & Social Care – Adult Social Care	MK	<ul style="list-style-type: none"> Paper to be shared with the Committee on progress of the working group established to look at the processes and procedures in place for future forecasting. Paper shared on 13/09/18 with members Provide update on established working group to scrutinise the forecasting and reconfiguration processes within Adult Social Care. 	September 2018
115	15.05.18	Committee Self Assessment Checklist	GM	CP suggested pick up during August. Meet Committee chairs and also have a Board Development. Timescales for 1 st draft September meeting.	
116	10.07.18	Risk Share Arrangements	MK	Share IJB Budget paper with Committee for information. On September agenda	September 2018
119	10.07.18	Annual Internal Audit Report	CP	Workplan to be created, providing an update on actions and reported to here and SGC. This has been added to the annual workplan and an update will be provided now at every meeting.	
122	11.09.18	Financial Workshop	CP/RL	Financial Workshop to be arranged for the end of the financial year, to include committee chairs of both Fife Health Board and the IJB	
123	11.09.18	Kincardine & Lochgelly Health Centres	MK	Report on progress to come to next meeting	November 2018
124	11.09.18	Freestyle Libre	FME	Updated report to come back to next meeting on next steps	November 2018
113	15.05.18	Site Optimisation	JG	Further piece of work undertaken with regards to Site Optimisation and will update at a future Dev Session. Work will be done in the coming months and will be reported through governance committees. On agenda for September 2018 meeting. Update provided at the September meeting and a further update to come to the November meeting.	Complete
117	10.07.18	Integrated Performance Report	MK	Add CAMHS Waiting Times Trajectory to next iteration of report.	Complete
120	11.09.18	Minutes of Finance & Performance Meetings	CP/MK	FP&R Committee to receive IJB Finance & Performance committee minutes routinely for information and vice versa.	Complete
121	11.09.18	Mental Health Performance	MK	Written report to be provided to enable committee to have a full discussion. Follow up report requested in March 2019.	March 2019
125	15.01.19	Mental Health support in Schools	MK	Circulation of Our Minds Matter publicity material to Committee. Present at a future meeting a written paper outlining the activities being undertaken to support school-age pupils experiencing mental health issues.	March 2019
127	15.01.19	Committee Self-Assessment Report	RL/GM	Discuss the outcome of the exercise and develop any action points into a workplan.	Before May 2019 meeting

126	15.01.19	Kincardine & Lochgelly Health Centres	MK	<p>Circulate to members Pathfinder Consultants' report and transcript of Scottish Parliament discussion on the project.</p> <p>Present revised IAs and timeline for approval.</p>	<p>Completed before May 2019</p> <p>14.05.19</p>
128	15.01.19	ADEL funding	CP	Present a report on ADEL funding to the Committee, explaining the split between the health board and H&SCP.	Completed 14.05.19

NHS Fife Board

DATE OF MEETING:	Finance, Performance & Resources Committee 10 SEPTEMBER 2019
TITLE OF REPORT:	Psychological Therapies Report
EXECUTIVE LEAD:	Nicky Connor, Director of Health and Social Care
REPORTING OFFICER:	Dr Frances Baty, Head of Psychology Service

Purpose of the Report (delete as appropriate)		
		For Information

SBAR REPORT

Situation

The Committee requested a report to inform NHS Fife Board of current performance against the LDP Standard and the recovery plan to achieve the Standard.

The LDP Standard for Psychological Therapies (PT) states: *At least 90% of clients will wait no longer than 18 weeks from referral to treatment for psychological therapies.* Despite significant improvement work undertaken by services, with support from the ISD/HIS Mental Health Access Improvement Support Team (MHAIST), Fife has not yet achieved the Standard.

Fife's Integrated Performance Report for Q1 2019 shows 67.6% of patients starting PTs within 18 weeks. Data for other Boards is shown below. Scotland-wide performance for this quarter was 74.7%.

Unadjusted waiting times for people who started their treatment in January to March 2019 by NHS Board

NHS Board of Treatment	People seen	People seen within 18 weeks (Number)	People seen within 18 weeks (%)	Average (median) wait (weeks)
Scotland	17,951	13,414	74.7%	8
NHS Ayrshire & Arran	1,552	1,072	69.1%	10
NHS Borders	225	176	78.2%	1
NHS Dumfries & Galloway	844	622	73.7%	7
NHS Fife	1,561	1,056	67.6%	11
NHS Forth Valley	587	350	59.6%	16
NHS Grampian	956	651	68.1%	9
NHS Greater Glasgow & Clyde	4,378	3,740	85.4%	4
NHS Highland	741	539	72.7%	10
NHS Lanarkshire	1,974	1,561	79.1%	11
NHS Lothian	3,181	2,342	73.6%	4
NHS Tayside	1,748	1,182	67.6%	9
NHS Island Boards	123	69	56.1%	13
NHS 24	81	54	66.7%	16

(Source – ISD, June 2019)

Scotland-wide there was a fall in % meeting the target during 2018/19. At time of writing National data for Q2 2019 is unavailable (due September 2019). Fife's performance for Q2 2019 is 66.2%.

Background

Scope and Challenges of the PT Standard:

The RTT LDP Standard for PT, previously a HEAT target, underpins the continued emphasis on access to PTs in the Scottish Government's Mental Health Strategy 2017-2027 (Action 24: Fund work to improve provision of psychological therapy services and help meet set treatment targets). The PT Standard has 2 objectives: to reduce waiting times for PTs **and** increase the numbers of children, young people, adults and older adults who have access to PTs.

Performance reported against the PT Standard in Fife currently includes data from CAMHS; other child psychology services e.g. primary care/learning disabilities/paediatrics; adult psychology services; and the day hospitals. It is explicit within the objectives of the Standard that the increase in capacity required to deliver the RTT should be system wide: that is, a multi-disciplinary, multi-agency approach including both statutory and third sector services. This expectation is in line with the ethos and legislation underpinning the development of health and social care partnerships. As capacity increases across the system performance reports will include additional services.

Ministers, supported by professionals and the general public, have consistently stated that waiting times must not be reduced by limiting access to services through manipulation of entry thresholds. (The risk of this unintended consequence is currently being monitored across Scotland by MHAIST through scrutiny of rejected referrals). There has also been a consistent message from ministers and MHAIST that increased volume must not jeopardise the quality of services offered. These caveats are to be welcomed in ensuring that vulnerable people are treated safely and effectively.

The PT Standard, while welcome, offers unique challenges:

- Accurate calculation of performance trajectories in relation to PTs is difficult. Leaving aside the uncertainties of predicting timetables for achieving whole system redesign there are a number of reasons why it is difficult to convert numbers on waiting lists into reliable estimates of clinical time needed for PTs. Therapies measurable against the Standard range from brief (3-8) to intermediate (9-16) to longer term (16+) appointments. There is not a straight forward correlation between clinical complexity and optimal length of PT. While people with mild difficulties will be offered brief interventions with an evidence base to support their efficacy for that population, the optimal PT for people with moderate to severe problems (the majority) may range from brief to long term and is likely to be delivered in phases. Individuals' readiness to engage in PT fluctuates in relation to their mental health and life events, resulting in the relatively high numbers of missed appointments across mental health services relative to other areas in the NHS and requiring, in some cases, repeated adjustments of treatment plans. These issues make demand-capacity calculations and performance projections challenging.
- The demand for PTs continues to grow with increased awareness of mental health issues and progress in tackling the associated stigma. 'Waiting list initiatives', in isolation, are of limited use in tackling waiting list queues. Reduction in waiting times for PTs through this mechanism typically result in increased referrals, so apparent gains are short-lived. Where waiting lists appear intractable, whole-system redesign is required to increase the range of evidence-based PTs measurable against the Standard, within a

psychologically informed matched care approach. This approach requires development of increased capacity across both statutory and third sector services through additional recruitment and upskilling existing staff, supported by robust governance to ensure safety and efficacy.

- The scope of clinical activity reportable against the Standard is defined by a list of therapies in the Scottish Government/NES publication The Matrix :A Guide to Delivering Evidence-Based Psychological Therapies in Scotland (2015). Many essential psychological interventions and diagnostic assessments fall outwith the parameters of the Standard ie. the Standard captures only a proportion of the core activity carried out by mental health/psychological services. It is important to ensure that development of services measurable against the Standard does not undermine other essential work.

Assessment

Current Performance Against the Standard:

As noted above, the IPR for Q1 2019 shows 67.6% of patients in Fife starting PTs within 18 weeks. This compares with a Scotland-wide performance of 74.7%. The small decline in % within Fife during 2018/19 reflects that seen in the National data (Table 2).

Table 2 Waiting times for people who started their treatment in January 2019 – March 2019, NHS Scotland (unadjusted data)

Month	Total People seen	Seen within 18 weeks (number)	Seen within 18 weeks (%)	Average (median) wait (weeks)
Jan to Mar 2018	15,677	11,875	75.7%	8
Apr to Jun 2018	17,273	12,776	74.0%	8
Jul to Sep 2018	16,631	12,559	75.5%	7
Oct to Dec 2018	16,742	12,673	75.7%	7
Jan to Mar 2019	17,951	13,414	74.7%	8

(Source ISD, June 2019)

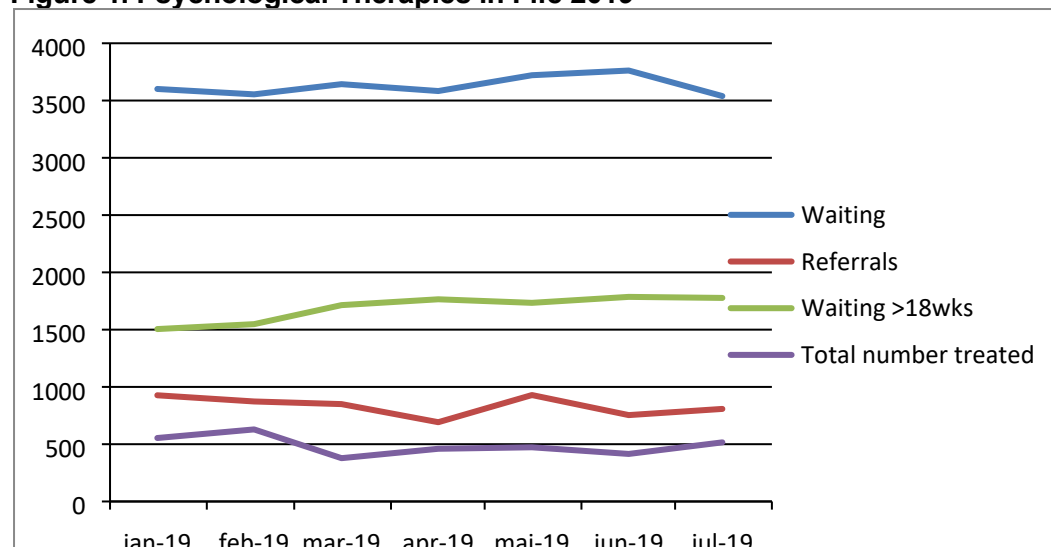
In Fife, 100% of patients referred/self-referred to brief 'low intensity' PTs are starting therapy within 18 weeks; those breaching the target are waiting for assessment/have been assessed and await longer term treatment. Efforts to reduce these waits are focused on 1. Increasing the efficiency of referral and triage processes; 2. Increasing the choice of both brief and longer term therapies to meet diverse needs; 3. Better integration of PTs for people with complex needs within an holistic multi-agency approach to care.

Work to improve performance in Fife continues despite sustained pressure. Clinicians continue to work through a substantial queue, including the 30%+ who have already breached the target, while responding to clinically urgent cases. In July 2019 3,539 patients were waiting to begin treatment with 1777 (50.21%) waiting over 18 weeks. Taking Q1 and Q2 together, the mean number of patients starting therapy each month of 2019 was 485; the mean number of referrals per month was 838. Despite additional investment in staffing, demand continues to exceed capacity (Figure 1).

There have been some fluctuations in activity over recent quarters (number of patients commencing PTs in Q3 2018 =1386, Q4 2018 = 1195 , Q1 2019 = 1561, Q2 2019 = 1348). Reasons for these fluctuations vary and include staff leave, absence and vacancy. Another reason for fluctuations is the impact of services running a more extensive group programme. This means that a larger number of patients are seen within the period when groups are running, compared to the periods before the next cohort of patients commence therapy. The

overall impact of the extended group programme (developed during 2017/2018) has been to improve access to psychological therapies. However, even with such developments the percentage seen within 18 weeks remains well below the target.

Figure 1. Psychological Therapies in Fife 2019



The relationship between referral rate and performance is not straightforward. The LDP Standard is a single measure for a complex set of systems. As indicated above patient needs are variable and a high quality service requires matching patient need to best available care options with the appropriately trained clinicians. A reduction in overall referral rate does not equate with an increase in clinical capacity within the parts of the system where there is the greatest pressure. As highlighted above, certain areas of the service are meeting the standard; in other areas, recent service design has led to an increase in access and a reduction in waiting times; however, further re-design work is required if we are to meet the needs of people with more complex problems (see below).

In terms of accessibility, nationally published data indicates that Fife has one of the higher ratios of referral per head of population (Table 3). There are many factors that can influence referral rates and while a high referral rate is challenging in terms of meeting the waiting times element of the standard, it can also be seen as a positive indicator of the accessibility of services, which is the second element of the Standard.

Table 3 Referrals for psychological Therapies to NHS Board, January to March 2019

NHS Board of Treatment	All referrals		Referrals excluding rejected referrals	
	Number of referrals	Referrals per 1,000 people	Number of referrals	Referrals per 1,000 people
NHS Scotland	43,443	8.0	40,530	7.5
NHS Ayrshire & Arran	4,947	13.4	3,401	9.2
NHS Borders	252	2.2	248	2.2
NHS Dumfries & Galloway	1,130	7.6	1,101	7.4
NHS Fife	2,650	7.1	2,455	6.6
NHS Forth Valley	1,141	3.7	1,098	3.6
NHS Grampian	1,593	2.7	1,593	2.7
NHS Greater Glasgow & Clyde	19,398	16.6	19,398	16.6
NHS Highland	1,021	3.2	957	3.0
NHS Lanarkshire	3,704	5.6	2,996	4.6
NHS Lothian	4,935	5.5	4,790	5.4
NHS Orkney	51	2.3	51	2.3
NHS Shetland	111	4.8	101	4.4

NHS Tayside	2,161	5.2	2,066	5.0
NHS Western Isles	62	2.3	62	2.3
NHS 24	287	0.1	213	

Source ISD, June 2019

Recovery Plan:

The HSC Partnership is responding to the challenges of the PT Standard by supporting system-wide redesign across Mental Health services for children, young people, families, adults and older adults. This redesign is in line with the Mental Health Strategies of both Fife and Scottish Government, as well as the objectives of NHS Fife's Clinical Strategy. The Partnership's approach recognises that the option of 'doing more of the same' will not close the demand capacity gap in a sustainable manner while ensuring that services are safe and effective.

Across Fife there have been both gaps and duplication in the PTs being delivered. Redesign across statutory and third sector agencies has addressed some of these issues and work is on-going, with development of clearer referral criteria, development of integrated patient pathways and training initiatives to upskill staff. During 2020, a review of the service briefs for third sector services commissioned by the Partnership will facilitate a more joined-up approach to the provision of psychologically informed services and some of the required PTs. PTs for people with trauma-related problems are already being delivered jointly by the Psychology Service and some third sector agencies (see below). Within the NHS, a broader range of PTs for mild, moderate, and severe mental health difficulties is being developed. Where clinically appropriate, these PTs are delivered as group programmes to improve flow while providing optimal evidence-based effective treatment.

Quality Improvement:

Fife, in common with all other Boards, is receiving support from the ISD/HIS Mental Health Access Improvement Support Team (MHAIST). This includes dedicated time from an embedded data analyst and consultation on: i. development of robust reporting arrangements; ii. service redesign. Teams within the Psychology Service and CAMHS are undertaking PT quality improvement projects within a national QI programme led by MHAIST.

Further quality improvement work is embedded in all the specific initiatives detailed below.

Deliverables during 2019/20:

2018/19 saw further progress of the major system redesign that was begun in both adult mental health services and CAMHS during 2017/18. CAMHS moved from 3 community mental health teams (CMHTs) to 2 and adult mental health services have now established 6 CMHTS across Fife. In parallel, the Psychology Service has redesigned its adult service into a more clearly differentiated tiered service to support the establishment of the CMHTs while continuing to deliver a service to Primary Care.

The following relate to adult services; a separate report has been provided describing work within CAMHS. During 2019-20 :

- CMHTS -
All of the CMHTs will become fully functional with a single point of access for referrers and consolidate a case management approach to allow delivery of holistic care with

PT becoming an element in an MDT approach rather than a 'stand alone' treatment where this is indicated. This will improve flow for some of the most complex patients who require longer term specialist treatment;

- Access Therapies Fife -

The Access Therapies Fife website, developed as a quality improvement project in conjunction with MHAIST, is part of the re-design of primary care/low intensity PTs. The website (launched in November 2018) has improved access by removing the need for GP referral for specific group-based PTs. To date over 1000 people have referred themselves to one of the PT options on the site (Figure 2) and have been offered their preferred option within the timeframe set by the LDP standard.

Figure 2. Self referral via Access Therapies Fife

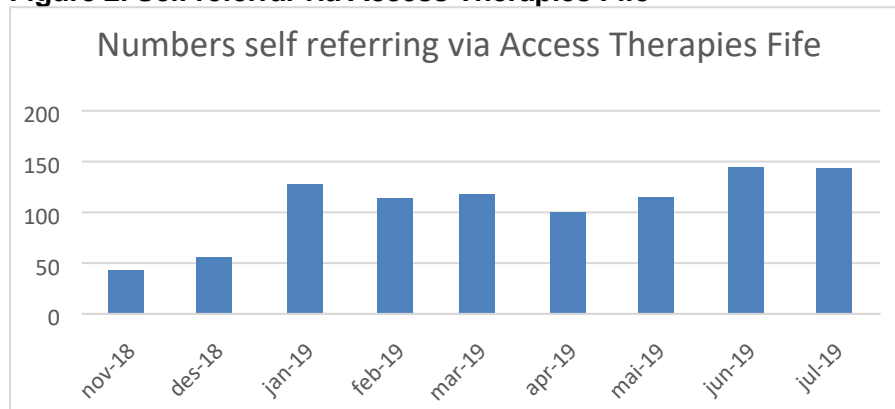
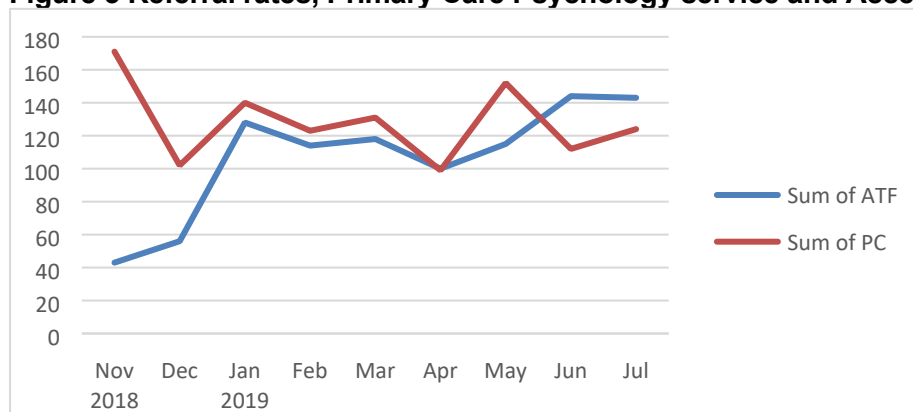


Figure 3 illustrates a recent reduction in GP referrals into the Primary Care tier of the Adult Mental Health Psychology Service as more people use the website. If this continues as anticipated, it will impact positively upon capacity within the primary care tier of service, allowing clinicians to more quickly assess and treat patients for whom the website PT options are unsuitable

Figure 3 Referral rates, Primary Care Psychology service and Access Therapies Fife



- On-going development of triage models and patient pathways -

Work is continuing to improve assessment and triage processes, ensuring barriers to accessing therapy are removed while also ensuring that treatment offered is evidence-based and optimal. New patient pathways e.g. for assessment/treatment/support of adults with personality disorder/history of trauma have been developed.

In conjunction, a tiered approach to service delivery, including a phase-based model of PT, has been developed to better meet the needs of people with personality disorder/history of trauma. This group typically presents with multi-morbidity and complex needs and requires a consistent and joined-up approach across services. There are on-going service developments in this area aimed both at reducing revolving door admissions/multiple referrals to different services and reducing waiting times for PTs.

One example of such service re-design work is the Better than Well project, a joint venture between the third sector organisation Link Living and the adult psychology service. Patients can be referred or self refer to Better than Well where Link Living staff (under supervision from psychology staff) offer Phase One PTs. This service has both increased access to PT and increased capacity within the Psychology service. Once the historical queue has been addressed within psychology, this increased capacity will allow psychology clinicians to focus on providing the more structured Phase Two PT interventions for trauma. Further partnership work with the third sector is envisaged during 2020 to facilitate development of efficient and effective phase-based models of psychological intervention.

We were recently successful in obtaining funding to roll out training in 'The Decider' – a validated assessment and clinical tool. The initial phases of the Fife-wide training programme have been completed and services have begun piloting delivery of the patient group programme. As it is rolled out further over coming months, The Decider will promote a consistent and evidence-based approach within the Partnership to people with personality disorders.

For those patients who require additional structured care, we are pursuing funding to train mental health staff in the use of Structured Clinical Management (SCM). This is an evidenced based intervention that provides well structured, goal focused treatment and gives staff skills to better manage risk and suicidality. This intervention would complement the other interventions on the pathway, reducing pressure on waiting times in these areas. Implementation of this treatment approach (that encourages and builds on self efficacy for these most complex cases) is a priority and in keeping with national policies and local strategies. In the absence of a well structured intervention framework, these very complex cases are particularly challenging for staff and this can lead to therapeutic drift and less efficient flow through the system for all patients. Implementation of SCM would enable recent developments around CMHTs and other parts of the system such as the Emotional Resources Group programme and Decider Skills to become a fully integrated care pathway that would meet the needs of all patients with Personality Disorder / Complex Trauma.

- Extending the choice within PTs –

Over the past two years an extended range of group therapies has been developed to better meet individual needs and improve patient flow. This has been very effective in meeting needs of patients with less complex difficulties and the groups are now available throughout Fife. The Emotional Resources Group is an example of a group-based PT that has been effective for patients with more complex issues and this is also now offered regularly throughout Fife. Over the next 12 months, the adult psychology service will be implementing and evaluating other evidence-based group PTs for people with complex needs.

- New and specialist services: PTs within Addictions, Veterans and Unscheduled Care

Services –

In 2019 a PT service within Addictions was launched collaboratively with third sector agencies using funding from the Alcohol and Drug Partnership. This service will be further developed during 2020;

The Veterans First Point service, supported by Scottish Government and the Partnership, will continue to develop to meet the needs of a group hitherto served poorly by statutory services. Within V1P veterans receive highly specialist PT in a milieu that they find acceptable and therapeutic;

During 2019, newly released monies from Scottish Government supporting Action 15 of the Mental Health Strategy 2017-2027, have funded the implementation of several mental health initiatives. These include a pilot project to evaluate the efficacy of a brief (4 appointments) PT: Interpersonal Therapy: Acute Crisis. Starting in October 2019, this service will be offered as immediate follow-up for people assessed by the Unscheduled Care Team who are not admitted to hospital post-assessment but are deemed to require rapid follow-up. This project aims to reduce the clinical risks inherent in caring for this vulnerable group by assisting them to utilise available support more effectively.

Summary

Despite additional investment, demand for PTs continues to outstrip capacity. Doing more of the same, with an over reliance on individual therapy, is not sustainable. Both MHAIST and local services recognise that the additional staff recruited over the last 2 years with Scottish Government funds, while welcome, cannot bridge the gap between demand and capacity. MHAIST has been supportive of the whole system service redesign that is underway in Fife. This redesign, consistent with the rebalancing care agenda, provides the best and most sustainable approach to meeting the demands for PTs in Fife. A matched care approach to PT that provides 'episodes' of therapy within an MDT case management model offers a better response to the needs of our most complex patients. In parallel we continue developing a flexible range of options for adults, young people and families with less complex needs, with an emphasis on partnership work and early intervention.

Recommendation

This report is for information.

Objectives: (must be completed)	
Healthcare Standard(s):	
HB Strategic Objectives:	

Further Information:	
Evidence Base:	National data source - <i>Psychological Therapies Waiting Times in Scotland</i> . Quarter ending March 2019, Information Services Division (June 2019)
Glossary of Terms:	
Parties / Committees consulted prior to Health Board Meeting:	

Impact: (must be completed)	
Financial / Value For Money	e.g. - Financial impact or capital requirements
Risk / Legal:	e.g. - Completion of a risk assessment with plans in place to mitigate any risks identified - Likelihood of legal challenge
Quality / Patient Care:	e.g. - Inequity of provision (postcode lottery/commissioning) - Consequences of delaying/denying treatment - Consideration of exceptional circumstances
Workforce:	e.g. - Impact on existing staff - Potential for clinical/staff opposition - Consideration of Organisational Change Policy (HR15) - Identification of training requirements
Equality:	<p>The Board and its Committees may reject papers/proposals that do not appear to satisfy the equality duty (for information on EQIAs, click here EQIA Template click here</p> <ul style="list-style-type: none"> • Has EQIA Screening been undertaken? Yes/No (If yes, please supply copy, if no please state reason) • Has a full EQIA been undertaken? Yes/No (If yes please supply copy, if no please state reason) • Please state how this paper supports the Public Sector Equality Duty – further information can be found here • Please state how this paper supports the Health Board's Strategic Equality Plan and Objectives – further information can be found here • Any potential negative impacts identified in the EQIA documentation - Yes/No (if yes please state)

DATE OF MEETING:	
TITLE OF REPORT:	CAMHS Update
EXECUTIVE LEAD:	Nicky Connor, Director of Health and Social care
REPORTING OFFICER:	Julie Paterson, Divisional General Manager

Purpose of the Report (delete as appropriate)	
	For Information

SBAR REPORT

Situation

The Scottish Government Local Delivery Plan (LDP) target requires that 'no one will wait longer than 18 weeks from referral to treatment'.

This report provides information on the progress made towards achieving the referral to treatment target (RTT) and outlines the initiatives to promote earlier intervention in line with the Scottish Government Task Force's Delivery Plan on Children and Young Peoples Mental Health and the Scottish Government Mental Health Strategy 2017-2027.

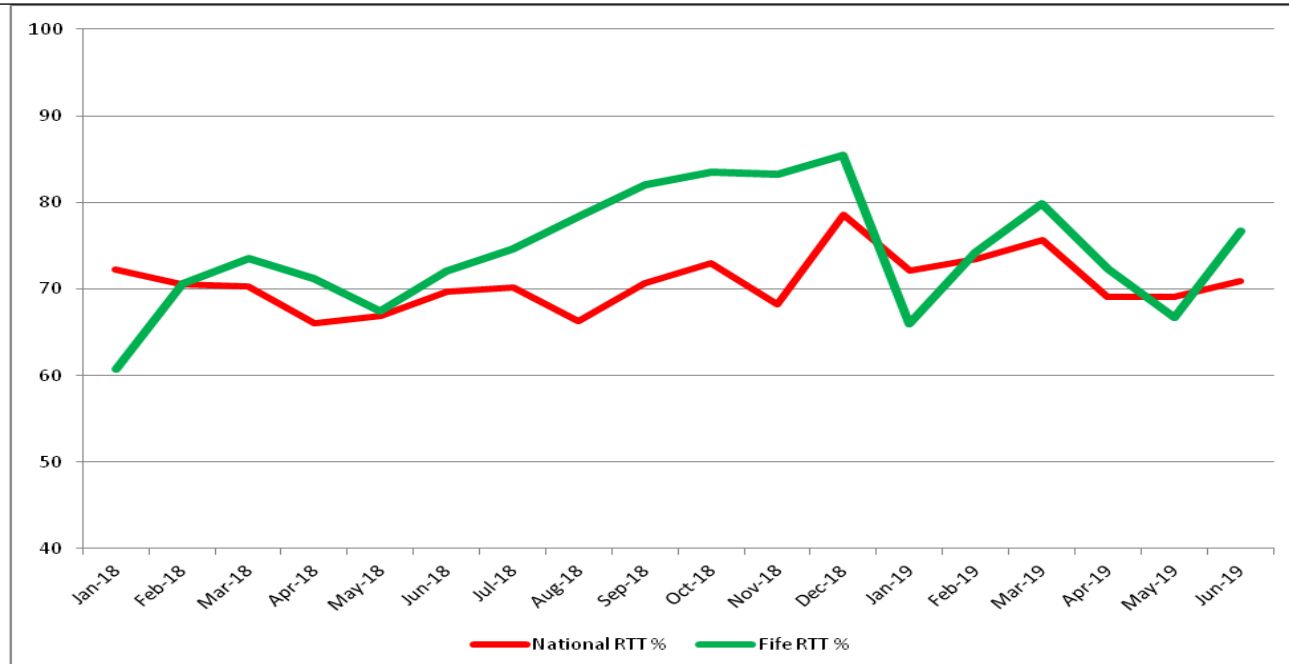
Background

- In order to meet the growing demand, Fife CAMHS has implemented a number of initiatives to achieve the Referral to Treatment Target (RTT).
- At the same time, Fife CAMHS has ensured that it meets the commitments of both the Scottish Government's Mental Health Strategy and the Children and Young Peoples Mental Health Task Force Delivery Plan by developing the workforce at Universal and Additional support levels to promote earlier intervention, increase the capabilities of other service providers and effectively manage the flow of referrals to Specialist CAMHS.
- This approach ensures that that any progress made around RTT is sustainable, that CAMHS is accessed as a Specialist clinical resource rather than a first point of contact and children and young people experience a more positive care journey.
- The current system for recording and reporting RTT has significant implications on where clinical resource can be placed without adversely impacting on longest waits or RTT. Due to the limited size of the Fife CAMHS workforce this requires a balanced approach to the use of resources rather than focussing on one specific target alone.

Assessment

Headline figures:

- RTT at July 2019 was 76.6% children and young people seen within 18 weeks.
- RTT of 83.3% in Dec 2018 has been difficult to maintain due to staff absence, vacancies and the need to address the longest waits that accrued due to the workforce issues.
- Fife CAMHS RTT has, on average, outperformed the National RTT since March 2018.



- In 2018, Fife CAMHS received an average of 240 referrals per month compared to 210 referrals per month in 2017. 2019 average to date is 230 however this does not include traditional peaks in Sept & Dec.
- In 2018, Fife CAMHS provided 1,743 new appointments & 13,702 follow-up appointments. This represents an increase of 2,500 appointments compared to 2017
- All children and young people presenting with urgent and severe mental health issues are seen within 1 day – 1 week.
- All children and young people identified as priority are seen within 6-8 weeks.
- Average waiting time for CAMHS continues to be 11 weeks.
- Fife CAMHS was one of five pilot sites in the Scottish Government's CAMHS Rejected Referrals Publication.
- Fife CAMHS currently meets all of the 22 Rejected Referrals Publication's recommendations for Specialist CAMH services

CAMHS Waiting Times Initiatives:

Referral & Screening Process

- In line with the Scottish Government's published guidance on the referral criteria for Specialist CAMHS services, Fife CAMHS implemented more robust screening and allocation processes to ensure better use of specialist resources.
- The Fife CAMHS threshold has been designed to reflect the Scottish Government's directives whilst also prioritising those with the most complex issues thus minimising the need for over pathologising in order to be seen.
- In addition to robust screening and allocation, Fife CAMHS has embedded into practice:
 - Online referral form
 - CAMHS Website through NHS Fife
 - Guidance on alternative service providers
 - Clearly articulated threshold statement for referrers.

Waiting List Additional Resource

- Additional staffing resource (15 clinical sessions of Child Psychology), provided by Fife Health & Social Care Partnership continue to specifically target the longest waiting children and young people.
- This allows substantive CAMHS staff to focus on urgent, priority and those about to breach 18 weeks thus impacting directly on the waiting time targets.
- Waiting list coordinators ensure that clinicians are appointing the appropriate groups of children to ensure greatest impact on waiting times.

CAMHS Group Provision:

- As part of the ongoing initiatives to improve access to mental health services and to decrease waiting times, CAMHS alongside Clinical Psychology have developed a range of group based interventions targeting common referral issues such as anxiety, low mood and self esteem.
- The group programme is delivered on a rolling basis which enables appropriate onward referrals post assessment/triage, rather than simply placing young people on the CAMHS waiting list for individual work.
- The current programme running Sept 2019- Dec 2019, has provided therapeutic intervention to 168 children and young people waiting beyond 18 weeks.

CAMHS Evening Clinics:

- Additional evening clinics will be provided across Whyteman's Brae and Queen Margaret Hospital sites, commencing Oct 2019.
- The weekly clinics will be delivered by 9 senior clinicians for a minimum of 6 months resulting in an additional 135 children and young people from the longest waits provided with individual therapy.

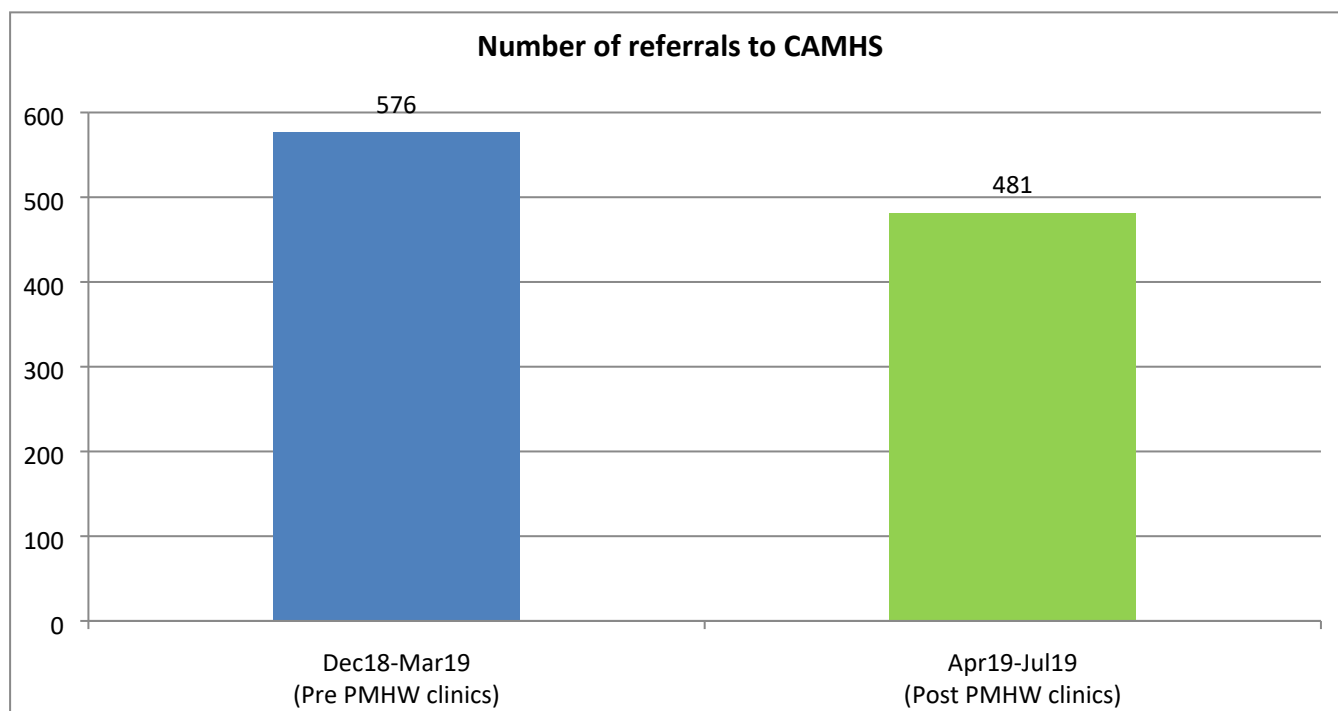
CAMHS PMHW Assessment of Need Appointments (PANA):

- The enhanced CAMHS Primary Mental Health Workers service commenced in April 2019 in order to provide early, specialist assessment of need and redress the balance of care provision across all agencies thus providing support to primary care providers and reducing the pressure on GPs and Specialist CAMHS provision. This Action 15 (national mental health strategy) funding adds 4 additional staff to the existing 3 PMHWs allowing for an expanded role.
- Due to the majority of initial mental health presentations presenting to GP practices, this development places CAMHS Primary Mental Health Workers in each GP locality across Fife.
- Through access to CAMHS PMHWs, which is achieved by GPs referring to CAMHS via Sci-gateway, children, young people and their families, now have quick and easy access to a source of intervention and expert assessment for issues relating to emotional and mental health. All referrals are seen within 2 weeks of the GPs onward referral following which the PMHWs will either provide single session support or can coordinate and direct future care provision to the most appropriate resource in relation to their need.
- PMHWs also provide additional training and staff development within GP practice settings thus increasing the confidence and competence of the universal workforce.
- This resource significantly improves the patient journey, provides direct and early access to specialist services, increases competence of universal workforce and reduces pressure on GP provision. It will also ensure that appropriate referral to specialist CAMHS is ensured thus freeing up highly skilled, Tier 3 CAMHS staff to address the needs of those with the greatest need within appropriate time scales.

- In the first 3 months of activity PMHWs provided 443 PANA appointments (assessment of need appointments).

Action following PMHW appt.	Number of appts.	%
Refer to CAMHS	93	21.0%
Refer to Primary Care Psychology	85	19.2%
DNA and discharged	76	17.2%
Refer to Other NHS service	66	14.9%
Seen and Discharged	35	7.9%
Refer to Third Sector	32	7.2%
Seen and offered 1+2	27	6.1%
Refer to Social Work	18	4.1%
Refer to Education	9	2.0%
Refer to Adult Psychiatry	2	0.5%
TOTAL	443	100%

- The introduction of PANAs have resulted 0 children and young people being redirected back to GPs for alternative signposting.
- In addition there has been approximately 20% reduction in the number of children and young people considered appropriate for Specialist CAMHS.
- Children and Young people seen for a PANA have had a facilitated onward referral to over 40 different Universal, Additional, Third sector and Specialist providers, who would previously have been referred to CAMHS



Risks

- Referral numbers currently continue to exceed available 'new' appointments.
- RTT will fluctuate whilst the Longest Waits are addressed due the manner in which the RTT data is collated and reported.
- Significant increase of Children & Young People presenting with urgent/priority needs.
- Fife CAMHS has one of the smallest substantive workforces in mainland Scotland.
- Due to limited staffing numbers any absence or vacancy has a negative impact on activity levels due to the workforce consistently working at full capacity.
- The provision of evidence-based interventions for complex mental health issues with children, young people and families cannot be defined within set time frames and therefore capacity within the service to take on 'new' cases is difficult to quantify.
- This results in longer delays in the median wait time for those with urgent and priority care needs and longer wait times for those with less urgent needs.
- The sustainability of current progress towards achieving improved waiting times is negatively impacted by difficulty in recruiting and retaining staff on temporary funding.
- Interventions must be provided much earlier in the education/care system to address mental and emotional issues.
- Early intervention must have multi-agency collaboration, occur at the source of the issue and avoid unnecessary pathologising of the difficulties.
- Ultimately by addressing issues early and developing the wider workforce to provide impactful interventions the number of referrals to specialist CAMHS will reduce.
- This will allow CAMHS to provide specialist interventions to those with the greatest need and result in lowered waiting times.

Recommendation

- For Information
 - This report has been produced in order to provide the Board with assurance that work is underway and ongoing to address the challenges of meeting the CAMHS LDP Referral to Treatment Target.
 - The initiatives have been undertaken to ensure a balanced approach to care which is both sustainable and achievable within finite resources.
 - The current trajectory towards achieving the RTT is based on the above factors remaining in place and all resources, particularly workforce, functioning at optimum level.

Objectives: (must be completed)	
Healthcare Standard(s):	LDP Target CAMHS
HB Strategic Objectives:	NHS Fife Clinical Strategy H&SCP Strategic Plan

Further Information:	
Evidence Base:	
Glossary of Terms:	
Parties / Committees consulted prior to Health Board Meeting:	The H&SCP's Clinical and Care Governance Committee receives progress reports on CAMHS at every second meeting. Today's report will also be presented to C&CG Committee in September 2019.

Impact: (must be completed)	
Financial / Value For Money	None noted
Risk / Legal:	As per report content
Quality / Patient Care:	All initiatives are focussed on achieving person centred, high quality care delivered at the right time in the right setting based on individual needs and outcomes.
Workforce:	As noted in the report, Fife CAMHS is one of the smallest substantive workforces in mainland Scotland.
Equality:	EQIA is not required as this is a progress report only.

Finance, Performance & Resources Committee

DATE OF MEETING:	10 September 2019	
TITLE OF REPORT:	NHS Fife Board Assurance Framework (BAF): Financial Sustainability	
EXECUTIVE LEAD:	Carol Potter, Director of Finance & Performance	
REPORTING OFFICER:		
Purpose of the Report (delete as appropriate)		
For Decision		
SBAR REPORT		
<u>Situation</u>		
<p>The Board Assurance Framework (BAF) is intended to provide accurate and timely assurances to this Committee and ultimately to the Board, that the organisation is delivering on its strategic objectives as contained in the following:</p> <ul style="list-style-type: none"> • NHS Fife Strategic Framework • NHS Fife Clinical Strategy • Fife Health & Social Care Integration Strategic Plan <p>The Committee has a vital role in scrutinising the risk and where indicated, Committee chairs will seek further information from risk owners. This report provides the Committee with an update on NHS Fife BAF specifically in relation to Financial Sustainability as at end July 2019.</p>		
<u>Background</u>		
<p>As previously reported, the BAF brings together pertinent information on the above risk integrating objectives, risks, controls, assurances and additional mitigating actions.</p> <ul style="list-style-type: none"> • Identifies and describes the key controls and actions in place to reduce or manage the risk • Provides assurances based on relevant, reliable and sufficient evidence that controls are in place and are having the desired effect • Links to performance reporting to the Board and associated risks, legislation & standing orders or opportunities • Provides a brief assessment of current performance In due course, the BAF will provide detail on the progress of the risk over time - improving, moving towards its target or tram - lining <p>The Committee is invited to re-consider the following :</p> <ul style="list-style-type: none"> • Does the risk score feel right? • Do the current controls match the stated risk? • Will the mitigating actions bring the risk down to its target level? • If the mitigating actions are fully implemented would the outcome be achieved? • Does the assurance provided describe how the controls are performing? • Do the assurances come from more than one source including independent sources? • Are limited resources being allocated appropriately i.e. on uncontrolled high risks or in otherwise well controlled areas of risk? 		

Assessment

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

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

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

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

Recommendation

The Committee is invited to:

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

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

1413	Sustainable	02.09.2019	31.10.2019	There is a risk that the funding required to deliver the current and anticipated future service models will exceed the funding available. Thereafter there is a risk that failure to implement, monitor and review an effective financial planning, management and performance framework would result in the Board being unable to deliver on its required financial targets.	4 - Likely - Strong possibility this could occur	4 - Major	16	High	4 - Likely - Strong possibility this could occur	4 - Major	16	High	Current financial climate across NHS/public sector	Director of Finance	Finance, Performance & Resources (F,P&R)	Chair: Rona Laing	Ongoing actions designed to mitigate the risk including: 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 prior 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	The financial challenge prevalent since 2016/17 has continued into 2019/20, albeit with a reducing recurring gap each year. The Annual Operational Plan shows a c.£17m gap for 2019/20 prior to any remedial action, with £10m of this relating to Acute Services and the (majority) of the balance relating to health budgets delegated to the Health & Social Care Partnership. A detailed savings plan for the HSCP has been agreed by the IJB and if achieved would result in the delegated health budgets being broadly breakeven. A detailed savings plan is being developed by the Acute Services Division with the support of external advisors. It is anticipated that non delivery of savings may be mitigated, in part, through in year non recurring financial flexibility, however at this stage in the year it is difficult to provide a definitive position in this respect. For the purposes of reporting to SGHSCD, therefore, we are proposing to escalate a potential overspend of £9m, being our optimistic forecast (recognising the Acute position may improve) plus the risk share impact of the shortfall in the overall IJB savings. It is important to note that the most recent forecast overspend on the IJB budget was in excess of the initial £6.5m budget gap; being more than £9m). Within the Scottish Government monthly reporting template we are required to highlight the level of any potential brokerage required to deliver a break even position. We have included a funding request of £4.68m in this respect; this assumes the impact of the social care overspend would require additional external funding and the overspend on the Health Board retained budgets would be managed through local management action.	3 - Possible - May occur occasionally - reasonable chance	4 - Major	12	Moderate
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Risk ID	Risk Title	Current Risk Rating	Risk
1513	Financial and Economic impact of Brexit	High 25	C Potter
1363	Health & Social Care Integration - Overspend	High 20	M Kellett
1364	Efficiency Savings - failure to identify level of savings to achieve financial balance	High 16	C Potter
1357	Financial Planning, Management & Performance	High 16	C Potter

Risk ID	Risk Title		Reason for unlinking from BAF	Current Risk Rating	Risk
522	Prescribing & Medicines Management - unable to control Prescribing Budget		No longer a high risk	Moderate 9	Dr Christopher

ID	1513	1363	1364	1357
Position of Risk (Risk Register)	NHSFBD - Brexit Risk Register	NHSFBD - Finance Directorate Risk Register	NHSFBD - Finance Directorate Risk Register	NHSFBD - Finance Directorate Risk Register
Opened	04.10.2018	13.06.2017	13.06.2017	13.06.2017
Title	Financial and Economic impact of Brexit	Health and Social Care Integration	Efficiency Savings	Financial Planning, Management and Performance
Description	Brexit, and uncertainty over the final withdrawal agreement, has the potential to cause a large amount of uncertainty, both in respect to understanding what the Health Board's budget allocation may be (i.e. income), and on costs (i.e. expenditure). This risk has been escalated to the Finance, Performance and Resources Committee.	There is a risk that a proportion of any Health and Social care overspend at the year end will require to be funded by NHS Fife. The Integration Scheme for Fife states "8.2.4. Any remaining overspend will be funded by the parties based on the proportion of their current year contributions to the Integration Joint Board".	There is a risk that the organisation may not fully identify the level of savings required to achieve financial balance.	There is a risk that failure to implement, monitor and review an effective financial planning, management and performance framework will result in the Board being able to deliver on its required financial targets.
Likelihood (initial)	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Likely - Strong possibility this could occur	4 - Likely - Strong possibility this could occur	4 - Likely - Strong possibility this could occur
Consequence (initial)	5 - Extreme	5 - Extreme	4 - Major	4 - Major
Risk level (initial)	High Risk	High Risk	High Risk	High Risk
Rating (initial)	25	20	16	16
Current Management Actions	In the lead up to the UK's withdrawal from the EU, Procurement continue to monitor and challenge escalation in costs, and a range of services are reviewing contracts to establish possible hidden costs within the supply chain, linked to contracts with 3rd parties. Where appropriate, revised contractual arrangements or different suppliers are being progressed to mitigate costs.	This will be subject to further discussion and evaluation at Chief Executive and Director of Finance level. The risk share arrangement is the 'last resort' in relation to addressing any budget overspend and therefore the Director of Finance, with the support of the Chief Finance Officer for the IJB will ensure that EDG, FP&R and the Board are appropriately advised on the options available to manage any overspend within the IJB <i>prior</i> to the application of the risk share arrangement. In parallel, further ongoing action is required by the management team to seek opportunities for value, sustainability and cost reduction efficiencies to manage costs for the HSCP within the available budget.	The risks remain high. Although there is a degree of confidence based on historic trends that 'housekeeping' efficiency can be delivered, there are ongoing and significant cost pressures within the Acute Services Division, relating particularly to unbudgeted staffing in a number of areas. These have been mitigated, in part, over recent years through other underspends but remain an issue to be addressed. The significant challenge is in relation to major redesign / transformation to drive value, sustainability and related cost reduction efficiencies. A Performance & Accountability Review Framework has been established to increase scrutiny of all aspects of performance and specifically the financial priorities, across all services including both operational and corporate areas.	Undertake regular monitoring of expenditure levels through management and Board meetings. Employ Property Advisors to assist with sales of assets. Hold regular discussions on Service Level Agreements with Non-Fife providers. Implement a Performance & Accountability Review framework encompassing all aspects of governance and all services. Produce monthly reports capturing and monitoring progress against financial targets and efficiency savings for scrutiny by all responsible managers and those charged with governance and delivery, and ongoing forecasting and updates form the basis of financial reporting to the Scottish Government.
Likelihood (current)	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Likely - Strong possibility this could occur	4 - Likely - Strong possibility this could occur	3 - Possible - May occur occasionally - reasonable chance
Consequence (current)	5 - Extreme	5 - Extreme	4 - Major	4 - Major
Risk level (current)	High Risk	High Risk	High Risk	Moderate Risk
Rating (current)	25	20	16	12
Likelihood (Target)	1 - Remote - Can't believe this event would happen	3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance
Consequence (Target)	1 - Negligible	3 - Moderate	3 - Moderate	4 - Major
Risk level (Target)	Very Low Risk	Moderate Risk	Moderate Risk	Moderate Risk
Rating (Target)	1	9	9	12
Risk Owner	Potter, Carol	Potter, Carol	Potter, Carol	Potter, Carol
Handler	Chapman, Yvonne	Sinclair, Katherine	Sinclair, Katherine	Sinclair, Katherine
Previous Review Date	31.08.2019	31.08.2019	31.08.2019	31.08.2019
Next Review	31.10.2019	31.10.2019	31.10.2019	31.10.2019

1513	ID
NHSFBD - Brexit Risk Register	Position of Risk (Risk Register)
04.10.2018	Opened
Financial and Economic impact of Brexit	Title
Brexit, and uncertainty over the final withdrawal agreement, has the potential to cause a large amount of uncertainty, both in respect to understanding what the Health Board's budget allocation may be (i.e. income), and on costs (i.e. expenditure). This risk has been escalated to the Finance, Performance and Resources Committee.	Description
5 - Almost Certain - Expected to occur frequently - more likely than not	Likelihood (initial)
5 - Extreme	Consequence (initial)
High Risk	Risk level (initial)
25	Rating (initial)
In the lead up to the UK's withdrawal from the EU, Procurement continue to monitor and challenge escalation in costs, and a range of services are reviewing contracts to establish possible hidden costs within the supply chain, linked to contracts with 3rd parties. Where appropriate, revised contractual arrangements or different suppliers are being progressed to mitigate costs.	Current Management Actions
5 - Almost Certain - Expected to occur frequently - more likely than not	Likelihood (current)
5 - Extreme	Consequence (current)
High Risk	Risk level (current)
25	Rating (current)
1 - Remote - Can't believe this event would happen	Likelihood (Target)
1 - Negligible	Consequence (Target)
Very Low Risk	Risk level (Target)
1	Rating (Target)
Potter, Carol	Risk Owner
Chapman, Yvonne	Handler
31.08.2019	Previous Review Date
31.10.2019	Next Review

1363	ID
NHSFBD - Finance Directorate Risk Register	Position of Risk (Risk Register)
13.06.2017	Opened
Health and Social Care Integration	Title
There is a risk that a proportion of any Health and Social care overspend at the year end will require to be funded by NHS Fife. The Integration Scheme for Fife states "8.2.4. Any remaining overspend will be funded by the parties based on the proportion of their current year contributions to the Integration Joint Board".	Description
4 - Likely - Strong possibility this could occur	Likelihood (initial)
5 - Extreme	Consequence (initial)
High Risk	Risk level (initial)
20	Rating (initial)
This will be subject to further discussion and evaluation at Chief Executive and Director of Finance level. The risk share arrangement is the 'last resort' in relation to addressing any budget overspend and therefore the Director of Finance, with the support of the Chief Finance Officer for the IJB will ensure that EDG, FP&R and the Board are appropriately advised on the options available to manage any overspend within the IJB <i>prior</i> to the application of the risk share arrangement. In parallel, further ongoing action is required by the management team to seek opportunities for value, sustainability and cost reduction efficiencies to manage costs for the HSCP within the available budget.	Current Management Actions
4 - Likely - Strong possibility this could occur	Likelihood (current)
5 - Extreme	Consequence (current)
High Risk	Risk level (current)
20	Rating (current)
3 - Possible - May occur occasionally - reasonable chance	Likelihood (Target)
3 - Moderate	Consequence (Target)
Moderate Risk	Risk level (Target)
9	Rating (Target)
Potter, Carol	Risk Owner
Sinclair, Katherine	Handler
31.08.2019	Previous Review Date
31.10.2019	Next Review

1364	ID
NHSFBD - Finance Directorate Risk Register	Position of Risk (Risk Register)
13.06.2017	Opened
Efficiency Savings	Title
There is a risk that the organisation may not fully identify the level of savings required to achieve financial balance.	Description
4 - Likely - Strong possibility this could occur	Likelihood (initial)
4 - Major	Consequence (initial)
High Risk	Risk level (initial)
16	Rating (initial)
The risks remain high. Although there is a degree of confidence based on historic trends that 'housekeeping' efficiency can be delivered, there are ongoing and significant cost pressures within the Acute Services Division, relating particularly to unbudgeted staffing in a number of areas. These have been mitigated, in part, over recent years through other underspends but remain an issue to be addressed. The significant challenge is in relation to major redesign / transformation to drive value, sustainability and related cost reduction efficiencies. A Performance & Accountability Review Framework has been established to increase scrutiny of all aspects of performance and specifically the financial priorities, across all services including both operational and corporate areas.	Current Management Actions
4 - Likely - Strong possibility this could occur	Likelihood (current)
4 - Major	Consequence (current)
High Risk	Risk level (current)
16	Rating (current)
3 - Possible - May occur occasionally - reasonable chance	Likelihood (Target)
3 - Moderate	Consequence (Target)
Moderate Risk	Risk level (Target)
9	Rating (Target)
Potter, Carol	Risk Owner
Sinclair, Katherine	Handler
31.08.2019	Previous Review Date
31.10.2019	Next Review

1357	ID
NHSFBD - Finance Directorate Risk Register	Position of Risk (Risk Register)
13.06.2017	Opened
Financial Planning, Management and Performance	Title
There is a risk that failure to implement, monitor and review an effective financial planning, management and performance framework will result in the Board being able to deliver on its required financial targets.	Description
4 - Likely - Strong possibility this could occur	Likelihood (initial)
4 - Major	Consequence (initial)
High Risk	Risk level (initial)
16	Rating (initial)
Undertake regular monitoring of expenditure levels through management and Board meetings. Employ Property Advisors to assist with sales of assets. Hold regular discussions on Service Level Agreements with Non-Fife providers. Implement a Performance & Accountability Review framework encompassing all aspects of governance and all services. Produce monthly reports capturing and monitoring progress against financial targets and efficiency savings for scrutiny by all responsible managers and those charged with governance and delivery, and ongoing forecasting and updates form the basis of financial reporting to the Scottish Government.	Current Management Actions
3 - Possible - May occur occasionally - reasonable chance	Likelihood (current)
4 - Major	Consequence (current)
Moderate Risk	Risk level (current)
12	Rating (current)
3 - Possible - May occur occasionally - reasonable chance	Likelihood (Target)
4 - Major	Consequence (Target)
Moderate Risk	Risk level (Target)
12	Rating (Target)
Potter, Carol	Risk Owner
Sinclair, Katherine	Handler
31.08.2019	Previous Review Date
31.10.2019	Next Review

DATE OF REPORT:	29/08/2019
TITLE OF REPORT:	NHS Fife Board Assurance Framework (BAF) Strategic Planning
EXECUTIVE LEAD:	Dr Chris McKenna, Medical Director
REPORTING OFFICER:	Susan Fraser, Associate Director of Planning and Performance

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

SBAR REPORT

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 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 the next version of the NHS Fife BAF on 15.01.19.

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.

Assessment

The Annual Operational Plan (AOP) for 2019/20 re-identifies the 4 strategic priorities for NHS and Health & Social Care as:

1. Acute Transformation Programme
2. Joining Up Care (including Urgent Care, Community Hubs & Community Hospital Redesign)
3. Mental Health Redesign
4. Medicines Efficiencies

These priorities are aligned to the 19 recommendations from the Clinical Strategy.

The Joint Strategic Transformation Group (JSTG) has been in place for 3 years and is being reviewed with its workplan being refocused on delivery and sustainability. It provides transformation oversight of the 4 key priorities detailed above with escalation of health issues and challenges to EDG and the Executive Board. The governance will continue to be with the 4 committees (x2 NHS and x2 IJB).

Following the Transformation Stocktake Workshop, key themes and priorities were identified by the group. Further work is ongoing mapping out progress of each programme against criteria. The governance arrangements have now been reviewed and recommendations made.

The challenges associated with delivery remain the same, including the delivery of our strategic objectives and workplans (NHS Fife/H&SC/Region), delivery measures and timescales.

Recommendation

The Committee is invited to:

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

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

Further Information:	
Evidence Base:	N/A
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	Winter Planning key stakeholders (NHS Fife and H&SCP) Executive Directors Executive Board

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

NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score		Current Score		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	Target Score				Rationale for Target Score
					Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)									Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	

Strategic Planning

1417	Person Centred, Clinically Excellent, Exemplar Employer, Sustainable	20.08.2019	01.11.2019	<p>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.</p> <p>Key Risks</p> <p>1. Community/Mental Health redesign is the responsibility of the H&SCP/IJB which hold the operational plans, delivery measures and timescales</p> <p>2. Governance of the JSTG remains with 4 committees - 2 from the IJB and 2 from NHS. This may impact on effectiveness of scrutiny.</p> <p>3. Regional Planning - risks around alignment with regional plans are currently reduced as regional work is focussed on specific workstreams</p>	4 - Likely - Strong possibility this could occur	4 - Major	16	High	4 - Likely - Strong possibility this could occur	16	High	<p>The transformation programmes have been agreed and reports to the Joint Strategic Transformation Group.</p> <p>Organisational challenges have impacted on the meeting schedule. Meeting have been paused from February 2019 until a full review has been undertaken.</p> <p>The workplans is at varying stages of development with some programmes more advanced than others.</p> <p>Reporting of progress of transformation programmes has improved with written updates to JSTG for two of the programmes. Papers to IJB produced about the other two programmes.</p>	Chief Executive	Clinical Governance	<p><i>Ongoing actions designed to mitigate the risk including:</i></p> <p>1. Establishment of IMPACT in 2016 - a small internal business unit which provides focussed, co-ordinated, client tailored support to accelerate delivery of NHS Fife's strategic objectives. Provides a programme management framework to ensure the programme is delivered.</p> <p>2. Establishment of the Joint Strategic Transformation Group (JSTG) to drive the delivery of the H&SC Strategic Plan and the Clinical Strategy.</p> <p>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 strategic guidance to the programme. Collaborative oversight is provided by the JSTG.</p> <p>4. NHS Fife is a member of SEAT with executive attendance at Regional Planning meetings. Progress is being made in some areas.</p> <p>5. NHS Fife is a member of the East Region Programme Board established to develop the East Region Health and Social Care Delivery Plan and is represented by directors on all workstreams.</p> <p>6. Establishment of the Executive Board to provide strategic and operational oversight of the health boards services including the transformation programmes.</p> <p>7. The Service Planning Reviews have taken place for 2019/20 -21/22 which will inform actions to deliver Clinical Strategy and prioritise transformation programmes.</p>	JSTG not performing role adequately but transformation programmes being progressed.	<p>Leadership to strategic planning coming from the Executive Directors Group.</p> <p>Clinical Strategy workstream update has been produced to reflect progress against recommendations.</p> <p>First meeting of refreshed JSTG chaired by Chief Executive held on 16 April. Transformation Stocktake Workshop took place on 23 July 2019 and a refreshed governance structure is being</p> <p>1. The NHS Fife CEO chairs the Acute Services workstream of the East Region Health and Social Care Delivery Plan. Plan has not been published so workstreams have been paused and specific work taken forward by SEAT.</p> <p>2. Chief Executive and Chief Operating Officer participate in Regional planning via SEAT and appropriate sub/working groups.</p>	Chief Executive	31.08.2019	<p>1. Minutes of meetings record attendance, agenda and outcomes.</p> <p>2. Action Plans and highlight reports from the Joint Strategic Transformation Group.</p> <p>3. Action plans, minutes and reports from the SEAT Regional Planning meetings and East Region Programme Board.</p> <p>4. Performance and Accountability Reviews now underway which will provide assurance to committees on performance of all services.</p> <p>5. Review of transformation governance is underway and a new structure will be in place by November 2019.</p>	<p>1. Internal Audit Report on Strategic Planning (no. B10/17)</p> <p>2. SEAT Annual Report 2016</p> <p>3. Governance committee oversight of performance assurance framework</p>	Governance of programmes through JSTG.	<p>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 timescales.</p> <p>Key themes were identified from the Transformation Stocktake Workshop following presentations from each programme. The next step is to map each programme against progress.</p> <p>Further progress will be reported in the November BAF after proposals are agreed.</p>	3 - 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.
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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			

DATE OF MEETING:	10 th Sept 2019
TITLE OF REPORT:	NHS Fife Board Assurance Framework (BAF) Environmental Sustainability
EXECUTIVE LEAD:	Andy Fairgrieve Director of Estates, Facilities & Capital services
REPORTING OFFICER:	Andy Fairgrieve Director of Estates, Facilities & Capital services

Purpose of the Report (delete as appropriate)		
For Decision		

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

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

Assessment

Assessment of FHB's current position-
Estates & Facilities continue to work on the risks as and when funding becomes available.
There are no changes to the previous BAF .

Recommendation

The Committee is invited to:

- note & approve the Environmental Sustainability risks

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

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

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

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
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Environmental Sustainability

1414	Sustainable, Clinically Excellent	12.08.2019	12.11.2019	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 2. Increase number of site audits	Director of Estates, Facilities & Capital Services Ongoing as limited funding available	Estates Quality Manager Ongoing	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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Linked Operational Risk(s)

Risk ID	Risk Title	Current Risk Rating	Risk Owner
1296	Emergency Evacuation - VHK- Phase 2 Tower Block	High 20	A Fairgrieve
1384	Microbiologist Vacancy	High 20	TBC
1252	Flexible PEX hoses Phase 3 VHK - Legionella Risk	High 15	A Fairgrieve
1007	Theatre Phase 2 Remedial work	High 15	M Cross
1207	Water system Contamination STACH	High 15	A Fairgrieve

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Reason for unlinking from BAF	Current Risk Rating	Risk Owner
735	Medical Equipment Register	No longer high risk	Moderate 10	D Lowe
749	VHK Phase 2 - Main Foul Drainage Tower Block	Risk Closed		
1083	VHK CL O2 Generator - Legionella Control	Risk Closed		
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	No longer high risk	Moderate 10	A Fairgrieve
1314	Inadequate Compartmentation - VHK - Escape Stairs and Lift Enclosures	No longer high risk	Low 6	A Fairgrieve
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		
1473	Stratheden Hospital Fire Alarm System	Risk Closed		

1207	1007	1252	1384	1296	ID
Corporate Directorate - Estates Risk Register	Acute Services - Planned Care - Theatres/Anaesthetics Risk Register	Corporate Directorate - Estates Risk Register	CORPORATE RISK REGISTER	CORPORATE RISK REGISTER, Corporate Directorate - Estates Risk Register	Position of Risk (Risk Register)
18.02.2016	11.02.2015	02.06.2016	28.09.2017	22.08.2016	Opened
Water system Contamination STACH	Theatre Phase 2 Remedial work	Flexible PEX hoses in PHASE 3 VHK	Microbiologist Vacancy	Emergency Evacuation, VHK Phase 2 Tower Block	Title
There is a risk of water contamination within the building due to the use of flexible hoses supplying all outlets.	Risk of increased loss of service due to deteriorating fabric of building resulting in reduced ability to reach TTG targets.	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.	There is a risk of non compliance to water safety guidance due to vacant microbiologist post.	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	3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Likely - Strong possibility this could occur	Likelihood (initial)
5 - Extreme	5 - Extreme	5 - Extreme	4 - Major	5 - Extreme	Consequence (initial)
High Risk	High Risk	High Risk	High Risk	High Risk	Risk level (initial)
20	15	15	20	20	Rating (initial)
Current Management Actions					
H.M. - 19/02/2019 - Projco have instructed hose replacement to commence in " medium risk " areas i.e.in-patient wards. Work began 1st February and is scheduled to be concluded by end March. Further detailed plans to be developed for whole site replacement over the next 2 years.	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.	Update - AF - ProjCO will be commencing a programme of rolling replacement of flexible hoses across the Facility in January 2019, subsequent to the initial hoses that were changed via a Variation in 2016 that took cognisance of the hoses that were in 'high risk areas' as identified by NHS Fife.	30/04/2019 - C.C - The post has been advertised and the interviews are being held mid-May. We have 3 interested candidates so hopefully we will recruit to post. This is a full time post with protected sessions for Decontamination, Environmental Microbiology and Water Safety. First post in Scotland with this specified remit. May be August or September before the successful candidate will be in place depending on notice (usually 3 months, may release earlier).	JR - 29/05/2019 - Ongoing training for awareness and fire wardens available throughout the year. Clinical coordinators trained. Fire safety advisors are visiting wards individually and providing extra talks	
3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Likely - Strong possibility this could occur	Likelihood (current)
5 - Extreme	5 - Extreme	5 - Extreme	4 - Major	5 - Extreme	Consequence (current)
High Risk	High Risk	High Risk	High Risk	High Risk	Risk level (current)
15	15	15	20	20	Rating (current)
1 - Remote - Can't believe this event would happen	1 - Remote - Can't believe this event would happen	2 - Unlikely - Not expected to happen - potential exists	1 - Remote - Can't believe this event would happen	1 - Remote - Can't believe this event would happen	Likelihood (Target)
5 - Extreme	5 - Extreme	5 - Extreme	4 - Major	5 - Extreme	Consequence (Target)
Low Risk	Low Risk	Moderate Risk	Low Risk	Low Risk	Risk level (Target)
5	5	10	4	5	Rating (Target)
Fairgrieve, Andrew	Cross, Murray	Fairgrieve, Andrew	JGARDN	Fairgrieve, Andrew	Risk Owner
Melvin, Helen	Lowe, David	McNee, James	Coulombe, Christina	Ramsay, Jimmy	Handler
28.08.2018	30.04.2019	15.07.2019	30.04.2019	29.05.2019	Previous Review Date
31.07.2019	30.04.2020	13.01.2020	30.09.2019	29.11.2019	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 - 29/05/2019 - Ongoing training for awareness and fire wardens available throughout the year. Clinical coordinators trained. Fire safety advisors are visiting wards individually and providing extra talks	Current Management Actions
4 - Likely - Strong possibility this could occur	Likelihood (current)
5 - Extreme	Consequence (current)
High Risk	Risk level (current)
20	Rating (current)
1 - Remote - Can't believe this event would happen	Likelihood (Target)
5 - Extreme	Consequence (Target)
Low Risk	Risk level (Target)
5	Rating (Target)
Fairgrieve, Andrew	Risk Owner
Ramsay, Jimmy	Handler
29.05.2019	Previous Review Date
29.11.2019	Next Review

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

1252	ID
Corporate Directorate - Estates Risk Register	Position of Risk (Risk Register)
02.06.2016	Opened
Flexible PEX hoses in PHASE 3 VHK	Title
AF 2/8/16 There is a risk to patient safety due to a legionella risk in phase 3 building. EFA DH (2010)03 stated that flexible hoses when used for the supply of potable water may have an enhanced risk of harboring Legionella bacteria and other harmful microorganisms.	Description
3 - Possible - May occur occasionally - reasonable chance	Likelihood (initial)
5 - Extreme	Consequence (initial)
High Risk	Risk level (initial)
15	Rating (initial)
Update - AF - ProjCO will be commencing a programme of rolling replacement of flexible hoses across the Facility in January 2019, subsequent to the initial hoses that were changed via a Variation in 2016 that took cognisance of the hoses that were in 'high risk areas' as identified by NHS Fife.	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)
Fairgrieve, Andrew	Risk Owner
McNee, James	Handler
15.07.2019	Previous Review Date
13.01.2020	Next Review

1007	ID
Acute Services - Planned Care - Theatres/Anaesthetics Risk Register	Position of Risk (Risk Register)
11.02.2015	Opened
Theatre Phase 2 Remedial work	Title
Risk of increased loss of service due to deteriorating fabric of building resulting in reduced ability to reach TTG targets.	Description
3 - Possible - May occur occasionally - reasonable chance	Likelihood (initial)
5 - Extreme	Consequence (initial)
High Risk	Risk level (initial)
15	Rating (initial)
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
30.04.2019	Previous Review Date
30.04.2020	Next Review

1207	ID
Corporate Directorate - Estates Risk Register	Position of Risk (Risk Register)
18.02.2016	Opened
Water system Contamination STACH	Title
There is a risk of water contamination within the building due to the use of flexible hoses supplying all outlets.	Description
4 - Likely - Strong possibility this could occur	Likelihood (initial)
5 - Extreme	Consequence (initial)
High Risk	Risk level (initial)
20	Rating (initial)
H.M. - 19/02/2019 - Projco have instructed hose replacement to commence in " medium risk " areas i.e.in-patient wards. Work began 1st February and is scheduled to be concluded by end March. Further detailed plans to be developed for whole site replacement over the next 2 years.	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)
Fairgrieve, Andrew	Risk Owner
Melvin, Helen	Handler
28.08.2018	Previous Review Date
31.07.2019	Next Review

Annual Internal Audit Report 2018/19 Action Plan

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

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

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

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

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

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

11. Cyber security There is no evidence of regular updates on issues such as progress towards achieving cyber essentials accreditation being provided to the Board during 2018/19. There is a risk that cyber resilience efforts do not receive support and commitment at Board level.	Updates on progress towards achieving cyber essentials accreditation and other digital issues should be reported to the NHS Fife Board periodically to ensure these receive the necessary support.	A Cyber Resilience Governance plan was agreed under Key Action 2 of the Scottish Government Cyber Resilience Framework 2018. This includes a reporting and assurance path to the NHS Fife Board. The scope and context of these reports are now being devised and will drive the level of detail presented to the Board.	General Manager, eHealth 31 December 2019	
12. GDPR compliance We have been informed that the health board is not expected to be fully compliant with GDPR until December 2019. There is a risk that non compliance could result in data breaches, fines and adverse publicity	NHS Fife should take action to address compliance with GDPR as a matter of urgency.	NHS Fife currently have the correct policies and procedures in place to satisfy the Information Commissioners Office from a legislative perspective. NHS Fife are conducting a robust audit of the 12 areas in relation to GDPR as part of a business improvement plan, to ensure full compliance which is anticipated to be completed by no later than 31/12/19. Audits in this area will be continuous as compliance is at a 'point in time' and is subject to constant change.	General Manager, eHealth 31 December 2019	
13. Sickness absence Sickness absence remains at a high level despite continuing efforts to improve performance. There is no clear action plan to enable more effective scrutiny and no monitoring of what actions are achieving a successful outcome. There is a risk that sickness absence will remain at a high level and impact on staff morale, quality of care and the achievement of statutory performance targets.	NHS Fife should develop a better understanding of the underlying reasons behind sickness absence levels and identify those actions which are resulting in improvements. An action plan, with clear objectives and milestones, would help to monitor progress and enable the SGC to scrutinise the process. The Board could also ask other health boards what actions they have taken to improve attendance rates.	Attendance Management is a standing item on the Staff Governance Committee Agenda. This enables monitoring of performance in this area and surveys have been conducted in "hot spot" areas to identify further underlying reasons for absence. The report also includes data on reasons for absence and the work and actions being taken to improve attendance levels. Dialogue has taken place with other Boards in terms of improvement actions. Improvement targets are also being set for all areas. This narrative will be converted into an Action Plan as per the recommendation.	Director of Workforce 30 September 2019	Monthly improvement trajectory is discussed at EDG in advance of consideration at APF and Staff Governance Committee. An action plan has been agreed and is being taken forward for the Well @ Work initiative. The recently revised IPQR highlights key improvement actions. This will continue through the year.
14. Transformation programme governance framework Revised transformation programme governance arrangements have not been formally agreed by any NHS Fife or IJB governance committees or the NHS Fife Board. There is a lack of consistency in the understanding of the assurance lines to the Board and its governance committees on the programmes reported separately through the IJB. The JSTG is not operating effectively and the Community Transformation Board does not appear to be operating as expected. There is a risk that transformational change and implementation of the Clinical Strategy does not progress as planned.	The transformation programme governance arrangements and any subsequent revisions should be formally agreed by the Board and the IJB. The revised framework should clarify the assurance lines to NHS Fife for the transformation programmes led by the IJB, including the remit of the Community Transformation Programme Board.	A joint programme of strategic and operational transformation is essential to the sustainability of services. As such we are implementing a refreshed approach under the leadership of the Chief Executive and Director of Finance & Performance; as well as an enhanced framework of performance and accountability between operational services and the Board's governance Committees.	Director of Finance & Performance 30 September 2019	The need for focus on joint transformation has been recognised and the outcomes from the recent Joint Transformation Workshop will inform the savings plans of the Health Board and IJB for 2020-21. There are also some transformation projects that will contribute to achieving savings targets for 2019-20.

<p>15. Reporting on progress with the transformation programme There is no consistent reporting framework for the transformation programme. There is a lack of focus on targets, milestones and timescales and papers are not always available on a timely basis. There is a risk that progress with the transformation programme is not subject to effective scrutiny.</p>	<p>The agreed governance framework should include a basis for reporting to each of the groups identified in the framework, including the CGC and JSTG or its replacement. Reporting on progress should focus on outcomes and timescales and papers should be issued on a timely basis.</p>	<p>This issue is recognised and will be addressed in line with the previous action above</p>		<p>A refresh of the governance arrangements for transformation across Fife is currently being undertaken. A transformation workshop was held in July. A governance framework is currently being discussed and agreed with Fife Council.</p>
<p>16. Update on the Clinical Strategy The report on the Clinical Strategy - Two Years On is overdue. Previous updates on the Clinical Strategy recommendations summarised progress to date but didn't highlight the outstanding actions or identify the timescales needed to ensure all the recommendations are fully implemented by the end of the five year period. There is a risk that gaps in transformational change required to implement the Clinical Strategy are not identified.</p>	<p>An annual update on the Clinical Strategy recommendations should be prepared on a timely basis. The update should highlight outstanding areas and how these will be addressed as well as the progress that has been made.</p>	<p>The first annual update of the Clinical Strategy was a very high level document outlining some of the progress against the Clinical Strategy recommendations. Plans were in place to repeat this update but was delayed due a vacancy since February 2018 in the Planning team until March 2019. An update on the progress of the transformation programmes associated with the Clinical Strategy is provided to the Clinical Governance Committee every 2 months. These programmes are reviewed and agreed at the start of each financial year in the Annual Operational Plan which includes the identification of the strategic priorities for NHS Fife. This is the process that would identify risks to the organisation in the delivery of the Clinical Strategy. A paper providing an update on the recommendations from each of the Clinical Strategy workstream reports was provided for the Clinical Governance Committee in March 2019 and described progress of the transformation programmes as well as other improvement work in individual clinical services not captured elsewhere</p>	<p>Associate Director of Planning & Performance 30 September 2019</p>	<p>A refresh of the clinical strategy is underway and is expected to be completed by the end of the calendar year.</p>
<p>17. Timetable for unaudited accounts We received the unaudited accounts on 10 May 2019 therefore the deadline of 3 May 2019 agreed in our annual audit plan was not met. We identified several areas where improvements to working papers or dependency on key personnel could improve the efficiency of the audit. There is a risk his could delay completion of the final accounts audit beyond 30 June.</p>	<p>NHS Fife should ensure that the agreed timetable for presenting the unaudited annual report and accounts for audit is met and a more complete set of working papers should be readily accessible. Consideration should also be given to addressing key person dependencies.</p>	<p>Agreed. We will review our internal timetable and key responsibilities to ensure the complete draft accounts are available on a timely basis. We accept the level of knowledge and expertise in some technical areas is held by one individual but in a small team it is difficult to have more than one person fully up to speed but where feasible, we will look to put cross over arrangements in place.</p>	<p>Director of Finance 31 March 2020</p>	

<p>18. Holiday pay accrual The holiday pay accrual includes medical and dental staff who have individual leave years beginning on the anniversary of their start dates. There is no centralised record of annual leave and data from individual staff are not collected. Management estimates the leave accrual for this group of staff based on the percentage applied to all other staff. This amounted to one day per medical and dental individual. In the previous year this was set as a maximum of five days. The estimate is subject to management bias There is a risk expenditure is subject to manipulation through management estimates and expenditure for the year is misstated.</p>	<p>A method of collecting and collating a significant sample of individual balances should be introduced for medical and dental staff.</p>	<p>We will review the sampling method in place to determine if it is feasible to replicate the process for medical & dental staff or identify an alternative means of ensuring a robust approach for this calculation.</p>	<p>Deputy Director of Finance 31 March 2020</p>	
<p>19. Efficiency savings NHS Fife is required to achieve efficiency savings of £17 million on a recurring basis from 2019/20. The majority of savings have been allocated to workstreams but the detailed plans on how these will be delivered have yet to be fully developed. There is a risk financial targets will not be met as there is a lack of clarity in how the required savings will be achieved.</p>	<p>Detailed savings plans should be developed to ensure that NHS Fife can deliver the required savings.</p>	<p>There are detailed plans in place for the health budgets delegated to the Health & Social Care Partnership (c£7 million). The remaining £10 million target (for the Acute Services Division) is under review and a detailed plan requested for the Finance, Performance & Resources Committee in July 2019. Significant efforts have been made to reduce from a recurring gap of £30 million in 2016/17 to a £17 million gap for 2019/20.</p>	<p>Chief Operating Officer 31 July 2019</p>	<p>See items 3 & 4 above.</p>

DATE OF MEETING:	10 September 2019
TITLE OF REPORT:	Annual Accounts – Progress Update on Audit Recommendations
EXECUTIVE LEAD:	Carol Potter, Director of Finance
REPORTING OFFICER:	Carol Potter, Director of Finance

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

SBAR REPORT

Situation

The purpose of this report is to provide an overview of the recommendations emerging from both the Internal Audit Annual Report and the Audit Scotland Annual Report for 2018/19, and the resultant actions progressed to date. The report has also been submitted to the Audit & Risk Committee for assurance.

Background

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

Assessment

Internal Audit:

The Chief Internal Auditor's report is a key component of a wider portfolio of evidence to support the evaluation of the internal control environment and the Governance Statement set out in the statutory annual accounts. This report is prepared for, and presented to, the Audit & Risk Committee. On 20 June 2019, the Committee received the *Annual Internal Audit Report for 2018/19* which concluded that subject to the matters highlighted in the report narrative and in the appendices to the report:

- "The Board has adequate and effective internal controls in place;
- The 2018/19 internal audit plan has been delivered in line with Public Sector Internal Audit Standards."

In addition, the Chief Internal Auditor confirmed that he had not advised management of any concerns around the following:

- "Consistency of the Governance Statement (GS) with information that we are aware of from our work;
- The processes adopted in reviewing the adequacy and effectiveness of the system of internal control and how these are reflected;
- The format and content of the GS in relation to the relevant guidance;
- The disclosure of all relevant issues."

External Audit:

As part of their initial work on the annual accounts, Audit Scotland prepared a *Management Report*. This report represented the first step in their routine external audit process and was presented to the Audit & Risk Committee in May 2019. The report summarised the key issues identified during the interim audit work carried out in advance of the financial year end. This is a common approach across all public sector bodies and includes testing of key internal controls within financial systems in order to gain assurance over the processes and systems used in preparing the financial statements. In addition, for

NHS Boards, there are wider aspects of audit work including financial planning, financial sustainability, governance & transparency, and best value. The outcome of the report was the conclusion that key controls operate satisfactorily. However, there were control weaknesses identified at the time of the review, which is not uncommon at that stage in the process of external audit work. This report set out a number of specific recommendations for management and also informs the work plan required for the second step of the external audit process, which incorporates the audit of the statutory annual accounts (including the performance report, accountability report and financial statements) and further review and testing of the wider aspects of their work as set out above.

Following completion of this second stage of work, Audit Scotland prepared their *Annual Audit Report for the NHS Board and Auditor General*. This was presented to the Audit & Risk Committee on 20 June and the NHS Board on 26 June alongside the Annual Report and Accounts for the year ended 30 June 2019. Within the Annual Accounts, the independent auditor's report confirmed:

- an unqualified opinion on the financial statements
- an unqualified opinion on the regularity of expenditure and income
- the audited part of the remuneration and staff report performance report and governance statement were all consistent with the financial statements and properly prepared in accordance with the accounts direction
- [they] have nothing to report in respect of those matters which [they] are required by the Auditor General to report by exception

There were a number of recommendations highlighted in the Audit Scotland Annual Report and an accompanying action plan was agreed with management. This action plan, as an appendix to the Annual Report, was presented to the Audit & Risk Committee and NHS Board in the timelines mentioned above

Audit Recommendations:

As described above, both internal and external audit provided a series of recommendations for the Board, with these set out in the form of Action Plans. These are attached as Appendices to this paper, with details of specific actions taken to date for recommendations within the current timescale.

Recommendation

The Finance, Performance & Resources Committee is asked to:

- **note** the actions taken to date

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

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

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

FINANCE, PERFORMANCE & RESOURCES COMMITTEE

DATES FOR FUTURE MEETINGS

Date
5 November 2019
14 January 2020
10 March 2020
12 May 2020
14 July 2020
15 September 2020
10 November 2020
12 January 2021
16 March 2021

Please note that all meetings take place in the **Staff Club** and start at **9.30am**

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Finance, Performance & Resources Committee

DATE OF MEETING:	10 September 2019	
TITLE OF REPORT:	Brexit Update	
EXECUTIVE LEAD:	Carol Potter, Director of Finance	
REPORTING OFFICER:	Carol Potter, Director of Finance	
Purpose of the Report (delete as appropriate)		
For Decision		For Information
SBAR REPORT		
<u>Situation</u>		
<p>As members of the Committee will be aware discussion remains ongoing between the UK Government and the European Union in respect of the decision made by the UK to leave the European Union.</p>		
<u>Background</u>		
<p>Arrangements have been made within the Board to ensure that there are appropriate governance arrangements to consider any potential issues affecting the Board that may arise from the above decision.</p>		
<u>Assessment</u>		
<p>Whilst the date for implementation of an exit decision has been delayed, work is ongoing to assess the potential impact and required mitigating actions in relation to a range of matters.</p> <p>In line with the governance arrangements agreed by the NHS Board, reporting to the Brexit Assurance Group on three specific areas has been aligned to the Finance, Performance & Resources Committee:</p> <ul style="list-style-type: none"> • estates and facilities • general economy • procurement and the supply chain <p>The attached report provides a summary of the proposed update to the forthcoming Brexit Assurance Group.</p>		
<u>Recommendation</u>		
<p>Members of Committee are asked to :</p> <ul style="list-style-type: none"> • <u>note</u> this update 		

Objectives: (must be completed)	
Healthcare Standard(s):	Sustainability of services
HB Strategic Objectives:	Sustainability of services
Further Information:	
Evidence Base:	Relevant national guidance on exit from BREXIT
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	N/A
Impact: (must be completed)	
Financial / Value For Money	Leaving BREXIT has the potential to impact on the financial landscape within the Board
Risk / Legal:	Risk assessment is needed for the whole of the organisation to identify the full corporate risk
Quality / Patient Care:	Patient care may be impacted upon in relation to access to medicines, etc.
Workforce:	Impact on the ability to recruit and retain staff from current sources.
Equality:	An EQIA has not been completed but will be considered as the work on BREXIT progresses.

Finance Performance and Resources Committee:
Date of meeting: 10 September 2019
Reporting Officer: Carol Potter, Director of Finance

Issue	UPDATE FROM MEETING
Estates and Facilities	<p>Potential risks are mostly national issues and will be dealt with in collaboration with other Boards and SG.</p> <ul style="list-style-type: none"> Fuel shortages - transportation issues, limited laundry to Forth Valley, limited deliveries from NSS <p>Mitigating actions – fuel tanks filled prior to Brexit; additional stock requested and stored locally</p> <ul style="list-style-type: none"> Food supplies disrupted - limited patient and staff catering provision <p>Mitigating actions - additional freezers purchased, cook freeze meals bought in</p> <ul style="list-style-type: none"> Civil unrest - increased demand for NHS services, high security alert <p>Mitigating actions - cancel staff leave, additional security</p> <ul style="list-style-type: none"> Utility contracts at risk – power outages , gas supplies terminated , unable to heat facilities <p>Mitigating actions- generators check and fuel tanks topped up, electrical heaters purchased</p> <ul style="list-style-type: none"> Medical & general equipment failure – unable to get parts through customs from EU <p>Mitigating actions - critical spare parts purchased in advance of Brexit</p> <ul style="list-style-type: none"> Financial increases – cost of parts and service contracts increased
Impact on the general economy	Any impact on future funding flows will be assessed through wider SG/NHS Scotland financial planning

Procurement and Supply Chain	<p>Consistent with other Boards, the key risk is disruption to both stock and non stock supply chain, and therefore the availability of products. Proposed mitigating actions:</p> <ul style="list-style-type: none">• Increase stock holding to 8 weeks capacity• Establish local weekly Procurement Resilience Team• Shortage Protocol - Alternative products supplied; rationing/lending procedure• Dedicated Shipping Channel for Emergency needs via National Supply Disruption Response System (NSDR)• Supplier Readiness Questionnaires to establish:<ul style="list-style-type: none">- Identify at risk Just in Time critical products and develop watch-lists.- Procurement team to manage watch-lists and adjust order quantities accordingly.- Temporary storage may be required
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FINANCE, PERFORMANCE & RESOURCES COMMITTEE

DATE OF MEETING:	September 2019
TITLE OF REPORT:	Orthopaedic Elective Project Progress Report
EXECUTIVE LEAD:	Carol Potter, Director of Finance
REPORTING OFFICER:	Alan Wilson, Project Director

Purpose of the Report (delete as appropriate)

For Decision	For Discussion	For Information
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SBAR REPORT

Situation

NHS Fife has instigated the next stage of the Scottish Capital Investment Manual (SCIM) process for the development of a new Elective Orthopaedic Centre. This involves the production of an Outline Business Case (OBC) for submission to the Scottish Government Capital Investment Group (CIG) by early October to meet the initial timelines as set out in the Initial Agreement Document (IAD).

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 on progress against these key milestones.

Assessment

The project is progressing at pace and is meeting all current key milestones. The 1:200 scale floor plan drawings have been agreed in principal with all stakeholders at the Project Team meeting on 29th August with some further discussion on the single room ratio to be arranged. (Appendix 1).

By agreement of the floors plans this has now given the design an agreed Gross Internal Floor Area (GIFA) to allow for the initial cost plan to be developed and provide assurance on design affordability at an early stage. The design is now frozen at this stage until these assurances are confirmed.

The architect is now producing an external façade design for the approval of the project team and some proposed images are attached in (Appendix 2).

A presentation of the current proposed design and project update was given by the team to NHS Fife Board at their development session on Wednesday 28th August and the feedback from the Board members was positive.

An SBAR was submitted to the NHS Fife Endowment Board of Trustees meeting on the same date to ask for their support in principle to use charitable funds to enhance the patient's experience of the service, ranging from external facilities to the use of new technology methods. Trustees were supportive of this approach and further work will be undertaken in due course.

The next key stage is completion of the Outline Business Case (OBC) for consideration by various groups as detailed below.

October 2019

- 15th October OBC will be submitted to SG Capital Investment Group

November 2019

- 5th November -NHS Fife Finance, Performance & Resources Committee to review and to recommend approval by NHS Board
- 6th November - NHS Fife Clinical Governance Committee, information only
- 12th November - SG Capital Investment Group Meeting– for review and approval (subject to confirmation of Board approval)
- 27th November - NHS Fife Board Meeting – for approval

Recommendation

The Committee are asked to:

- **Note** the progress made to date

Objectives: (must be completed)

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

Evidence Base:	
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Glossary of Terms:	SCIM – Scottish Capital Investment Manual OBC – Outline Business Case CIG – Capital Investment Group IAD - Initial agreement Document GIFA – Gross Internal Floor Area
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Parties / Committees consulted prior to Committee Meeting:	FCIG
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Impact: (must be completed)

Financial / Value For Money	Increase in costs/ unable to meet all service needs if costs increase.
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Risk / Legal:	Failure to meet key milestones causing delay in business case process.
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Quality / Patient Care:	Potential quality issues/ Delays leading to inadequate facilities.
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Workforce:	Workforce issues will be addressed through the OBC process
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Equality:	Equality issues will be addressed through the OBC process
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Design Development - Internal and External spaces





- Sheltered drop off at front door



- Clear entrance from all access points
- Green landscaped area and level separation from A&E drop off



- Clear entrance foyer through to garden spaces
- Views – distant views and garden views from staff and breakout spaces



- External finishes – Simple high quality finishes
- Simple to maintain
- Points of detail at entrances



- Clear wayfinding – simple to find your way around
- Foyer space with waiting area
- Views and access to garden space



Out- Patient Department waiting area



- External views and breakout from waiting areas



Breakout space from waiting areas



- Garden spaces for public, patients and staff
- Design ongoing for separate areas – opportunities for rehabilitation space



SCOTTISH CAPITAL INVESTMENT MANUAL

Introduction



1 Introduction

The Scottish Capital Investment Manual (SCIM) provides guidance in a NHS context on the processes and techniques to be applied in the development of all infrastructure and investment programmes and projects within NHSScotland.

It provides guidance on the cyclical process of project development from inception at the service planning stage, to post project evaluation of service benefits realised once a new building is occupied. The guidance not only covers issues around investment appraisal, financial (capital and revenue) affordability and procurement, but also the project management and governance arrangements required to support the development of such programmes and projects.

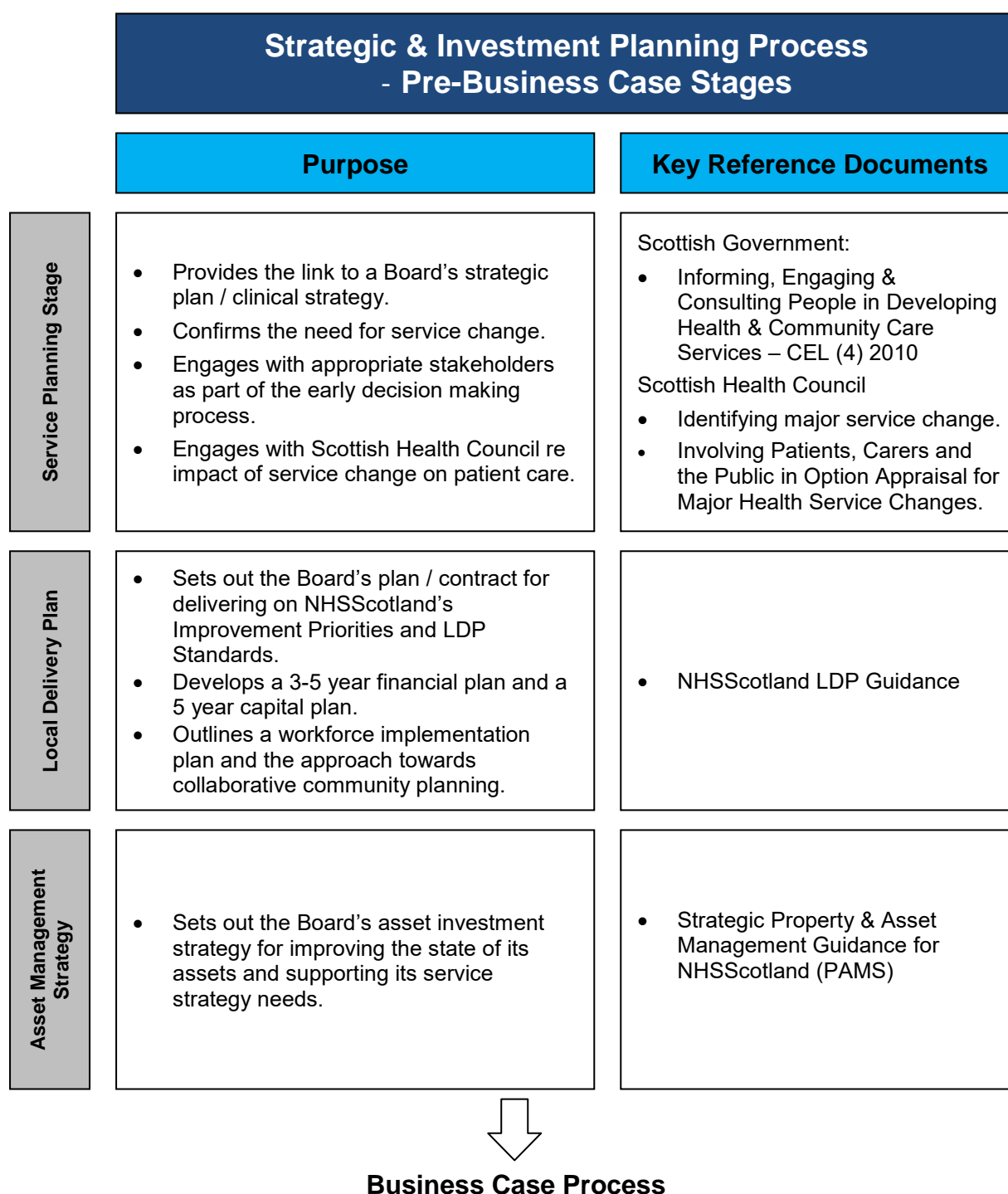
The principles set out in SCIM are applicable to the development of all infrastructure and investment schemes regardless of their size or complexity; and shall be applied by all NHSScotland Bodies (including Integration Joint Boards, and similar, requiring NHS investment support). It will thus provide an audit trail and assurances that appropriate steps have been followed in the investment decision making process. These principles are also recommended as good practice for service planning purposes when investment may not be the intended outcome.

The SCIM has been revised to update the practices and processes associated with the development and approval of capital and revenue funded projects within NHSScotland. These changes mainly result from the development of improved approaches and techniques which support the development of investment schemes across NHSScotland.

In developing the revised SCIM recognition has been made of the guidance that currently exists on a Scottish, UK and international basis (particularly from Australia and New Zealand), with a view to drawing together best practice that can be applied within an NHSScotland context.

2 Links to the Strategic Planning Process

The business case process forms the link between formative service planning stages, and investment decision making towards implementation of a project. The strategic context and purpose of these pre-business case planning processes is described below:



3 Overview of the Business Case Process

A quality business case process brings together the necessary evidence in support of the need for investment and provides assurance, (to stakeholders, the public and Scottish Ministers), that the best value solution has been identified for delivering the project's objectives, benefits and declared outcomes. There are four main stages, the purpose of which is described in the following diagram:

Strategic & Investment Planning Process - Business Case Stages		
	Purpose	Key Reference Documents
Strategic Assessment	<ul style="list-style-type: none"> Describes the scope of a new proposal. Informs Scottish Government of the project. Gains consensus & support from stakeholders. Highlights service need & benefits. Demonstrates priority over competing projects. 	<ul style="list-style-type: none"> Strategic Assessment guide (ref. New SCIM website)
Initial Agreement	<ul style="list-style-type: none"> Sets out current arrangements from which change will take place. Provides the evidence base supporting the need for change & benefits to be realised. Sets out the initial benefits realisation plan Reviews alternative strategic / service solutions against investment objectives Identifies a preferred strategic / service solution(s). 	<ul style="list-style-type: none"> Initial Agreement guide (ref. New SCIM website)
Outline Business Case	<ul style="list-style-type: none"> Confirms status of the Strategic Case Economic appraisal of alternative options for implementing the preferred strategic / service solution(s) Identifies a preferred & affordable option. Sets out the arrangements for delivering the preferred option and realising benefits Confirms a readiness to proceed to procurement. 	<ul style="list-style-type: none"> Outline Business Case guide (ref. New SCIM website)
Full Business Case	<ul style="list-style-type: none"> Confirms that management, commercial, funding and financial arrangements are in place to deliver the project Sets out the contractual details of the project which the Board is being asked to sign-off 	<ul style="list-style-type: none"> Full Business Case guide (ref. New SCIM website)

3.1 The Business Case Stages

Further details of the main focus of the four business case stages are described below:

The overarching purpose of the **Strategic Assessment** stage is to briefly outline the need for service change and describe early thoughts on the potential benefits to be gained from such an investment. It will become an integral component of a Board's Property & Asset Management Strategy (PAMS), used to identify its own priorities for investment. It will also present an outline of the proposal to Scottish Government who will consider it against other competing investment needs before giving its support for a project to proceed to Initial Agreement stage.

The **Initial Agreement** stage will provide the evidence behind the need for investment and demonstrate that the proposal is a good thing to do. It will identify the preferred strategic / service solution(s) for realising the project's investment objectives and expected benefits. It shall only be developed once a proposal's Strategic Assessment has been incorporated into the Board's PAMS and demonstrated to be an investment priority over other competing investment needs.

The **Outline Business Case** stage will identify the preferred option for implementing the strategic / service solution confirmed at Initial Agreement stage. It will demonstrate that the preferred option will deliver the necessary service change, optimise value for money, and be affordable. It will also set out the supporting commercial and management arrangements to be put in place to successfully implement that option.

The **Full Business Case** stage will set out the agreed commercial arrangements for the project whilst also confirming that it remains value for money, is affordable, and that the organisation is ready to proceed towards implementation of that option. It will be developed within the final procurement phase of the project and record the detailed assessment and/or negotiations with potential service providers / suppliers prior to the formal signing of contracts.

3.2 Scalability and Delegated Authority

The business case process is intended to be scalable and flexible to ensure that the analytical effort is fit for purpose and matches the scale and type of decision required. The level of detail required will be dependent upon the scale, risk and nature of the investment proposal. It should, however, meet the expectations and information needs of Scottish Government's Capital Investment Group who can be consulted for further advice on these expectations.

The following sets out the current delegated limits with regards to business case submission and subsequent approval process for all NHSScotland bodies. It is supported by CEL 32 (2010) Annex C:

NHS Board	Delegated Limit (£m)	Approval Process		
		Capital Value <£1m	Capital Value £1-5m	Capital Value >£5m
Borders	1.0	FBC approved locally	SA, IA & FBC to CIG	SA, IA, OBC & FBC to CIG
Dumfries & Galloway	1.0			
Orkney	1.0			
Shetland	1.0			
Western Isles	1.0			
Special Boards and NSS	1.0			
Ayrshire & Arran	1.5		SA, IA & FBC to CIG above D.L.	
Fife	1.5			
Forth Valley	1.5			
Highland	1.5			
Grampian	3.0			
Lanarkshire	3.0			
Tayside	3.0			
Greater Glasgow	5.0			
Lothian	5.0			

All hub & NPD projects will require a Strategic Assessment, Initial Agreement, Outline Business Case, & Full Business Case (all requiring Scottish Government approval).

Further details, including the approval process for IM&T projects, and delegated authority for approvals is available on the Scottish Government's SCIM website.

3.3 Responsibility for Producing the Business Case

The 'ownership' and responsibility for the investment planning process rests with the NHSScotland body developing or leading the development of the programme/project in question.

Issues of governance are dealt with in the Management Case of each business case stage. Most projects are likely to need a Senior Responsible Officer, Project Director and Senior Project Manager; however, smaller or less complex projects may not need separate individuals for these roles. The suitability and capability of individuals for these roles is discussed in the Management Case of the Outline Business Case.

Under no circumstances should responsibility for the direction and lead production of the business case be 'outsourced' to external consultants. However, external consultants could be considered to support the project where the necessary skills and resources are not available in house.

Similarly, the production of the business case should not be regarded as an adjunct to the project manager's role, and a hurdle to jump for approval purposes. Instead, it must be viewed as a fundamental part of the overall investment planning process, which requires advice and guidance from business managers, clinicians, users and technicians involved in the scheme.

3.4 Stakeholder Engagement and Communication

The Scottish Health Council rightly advocates the importance of involving patients, carers and the public in the planning process leading to changes in local health services, and guidance is available on their website on how this should be managed at service planning stage. There is also a requirement across the Scottish public sector to optimise collaboration and co-production between public bodies and this should be demonstrated at all stages of investment planning.

Experience shows that a combination of workshops and meetings are a useful way of engaging stakeholders in a project's planning and decision making processes. Opportunities for such events should be determined locally, which may include some or all of the following:

1. Strategic Assessment (SA) stage: reviewing the needs and scope of the proposal in order to complete the SA template.
2. Initial Agreement (IA) stage: developing the service model; confirming the need for change; identifying the investment objectives, benefits to be realised and risks to be managed; reviewing alternative solutions; and confirming the preferred strategic solution.
3. Outline Business Case (OBC) stage: carrying out an option appraisal exercise to confirm the preferred option; developing proposals for service change arrangements, benefits realisation, risk management, etc.
4. Full Business Case (OBC) stage: reviewing submitted commercial offers / tenders to agree on the preferred contractor / commercial partner.
5. Design Assessment process: agreeing the design statement and assessing the developing design at OBC & FBC stages.
6. Service Benefits Evaluation: covering a review of benefits realised, user feedback on the new facility, and the impact of any service change.

Any such event should be planned ahead and carefully managed to ensure that outcomes are optimised and continued support for the project is maintained.

3.5 Project Assurance

In respect of Scottish Government funded projects and programmes, the two main models of independent project assurance are Gateway Reviews and Key Stage Reviews.

Gateway reviews are managed by Scottish Government's Programme and Project Management Centre of Expertise (PPM-CoE) and all Key Stage Reviews are managed by Scottish Futures Trust (SFT). Further details of the Gateway Review process are available on the Programme and Project Management Centre of Expertise website.

It is mandatory for PPM-CoE to be able to consider all programmes and projects for Gateway Review with a total budget of £5m+ inclusive of fees and VAT. All NPD (and similar) and hub projects will undergo a Key Stage Review.

The Scottish Government also reserves the right to instigate an early stage review on any major change initiatives

A diagram is available on the new SCIM website which describes how the business case process aligns with both the project assurance and the design development stages - the 'SCIM process and outcomes' diagram.

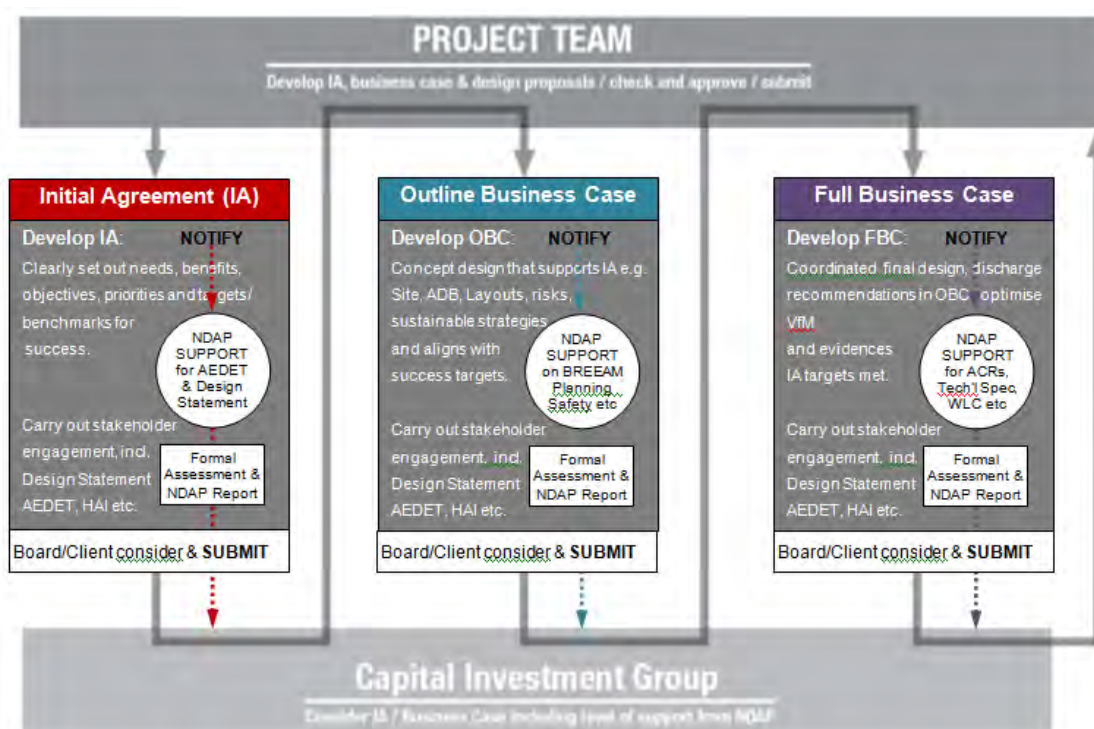
4 Links to Design Process

The assessment of design quality is an integral part of the business case approval process which aims to ensure that the outcomes of design development projects meet the Government's strategic objectives and expectations for public investment.

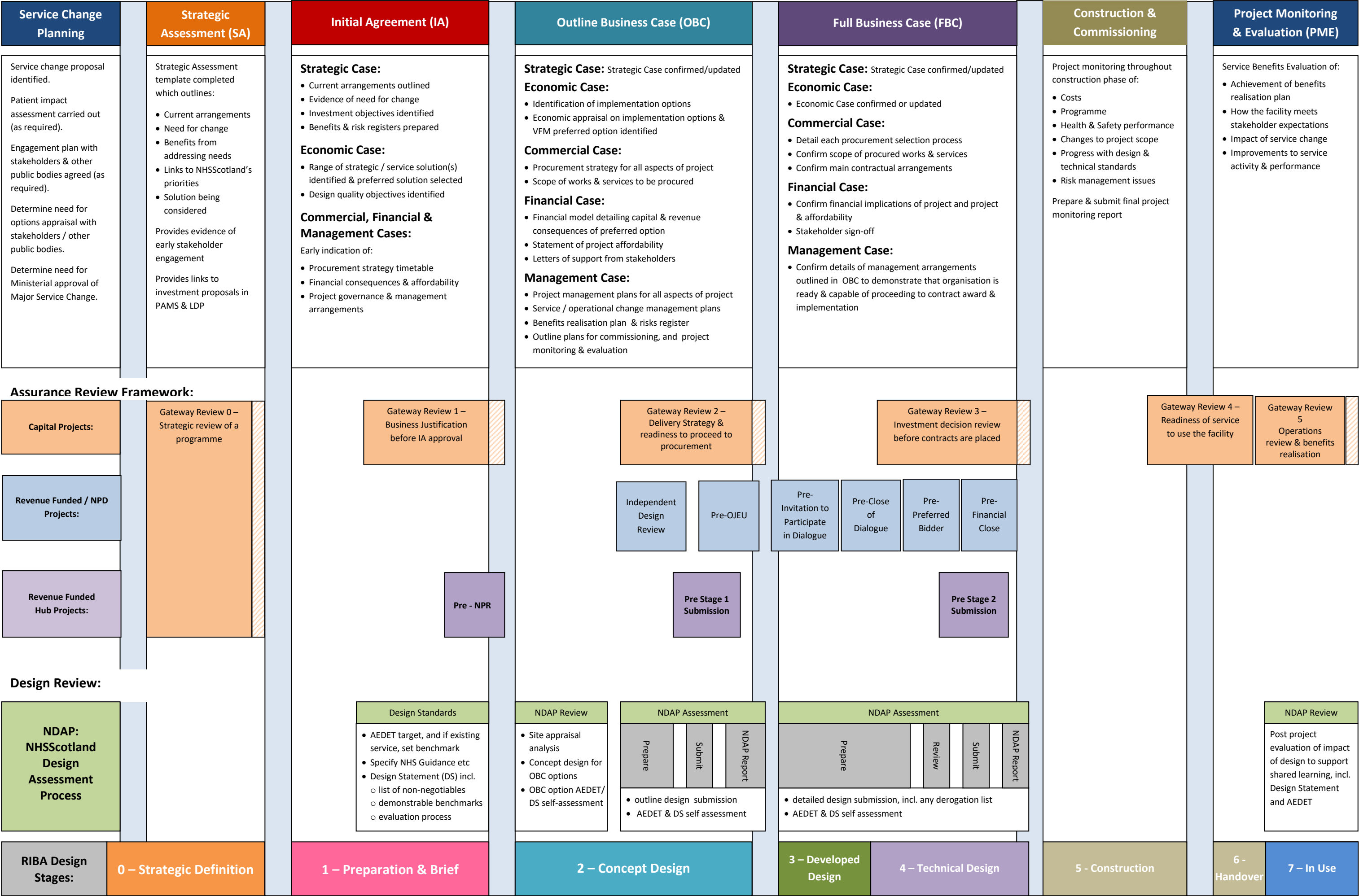
The requirement to refer projects to the NHSScotland Design Assessment Process applies to all projects that are to be considered by the Capital Investment Group (CIG). It is expected however that Boards will develop 'design statements' and utilise the self assessment methodologies on all development projects.

The Design Statement, which is to be produced by the Boards for each project prior to the submission of the Initial Agreement (IA), is central to the consideration of design matters within the business case approvals process as it is this document that establishes the design criteria against which the project will be assessed. The benchmarks set by the Board will also be assessed to ensure that they are in line with the expectations established in national policy.

The following flow diagram shows the key NDAP activities and information flow at each Business Case stage. Early engagement and dialogue with Project Teams in NDAP is key to reducing surprises / risks at the Formal Report stage.



SCIM, Assurance Framework & Design Stages



Overview of the Scottish Capital Investment Manual (SCIM)

Carol Potter
Director of Finance

Finance, Performance & Resources Committee
10 September 2019

Objectives

To provide clarity
& understanding
of the NHS
Scotland capital
investment
process

To support
corporate
governance and
decision making
within NHS Fife

*In order to support the timely progress on the Elective
Orthopaedic Centre project and future capital
investment projects, as described in the Property &
Asset Management Strategy*

Scottish Capital Investment Manual

- Based on **best practice** from across UK and globally
- **Mandated** through [NHS CEL 19 \(2009\)](#)
- Required for **all infrastructure and investment programmes** and projects by NHS Scotland bodies (ie including Integration Joint Boards)
- Principles are applicable for investment schemes regardless of size or complexity
- The level of detail required will be dependent upon the scale, risk and nature of the investment proposal
- Provides an **audit trail and assurance** on investment decisions
- Also recommended as **good practice for service planning** purposes when investment may not be the intended outcome.

Web based tool:

The screenshot displays a web browser window with the URL <https://www.pcpd.scot.nhs.uk/Capital/scimpilot.htm>. The page features the NHS Scotland logo and a navigation menu with links to CP Home, Approval Processes, SCIM, General Guidance, Projects, and Capital Network. The breadcrumb trail indicates the user is in the SCIM Review pilot programme section. The main heading is "The New SCIM", followed by a paragraph stating that the Scottish Capital Investment Manual has ended and new documents are available. It then describes the cyclical process of project development and the guidance provided. A link to the "Health Finance and Infrastructure Team" is provided for further information. On the right, a "Resources" sidebar lists various links including Glossary, SG Infrastructure and Investment, Programme and Project Management Centre of Expertise, Healthier Places, Pulse, Scottish Futures Trust, Health Facilities Scotland, hub Initiative, Capital and Facilities Contacts, SGHSC on SHOW, and a highlighted "Back to Capital and Facilities" link. The bottom of the page shows a Windows taskbar with the date 03/09/2019 and time 13:23.

The New SCIM

A comprehensive programme of review, refresh and update of the Scottish Capital Investment Manual has now ended and the new documents made available for use on all infrastructure and investment programmes and projects within NHSScotland.

It provides guidance on the cyclical process of project development from inception at the service planning stage, to post project evaluation of service benefits realised once a new building is occupied. The guidance not only covers issues around investment appraisal, financial (capital and revenue) affordability and procurement, but also the project management and governance arrangements required to support the development of such programmes and projects.

The principles set out in SCIM are applicable to the development of all investment schemes regardless of their size or complexity; and shall be applied by all NHSScotland Bodies (including Integration Joint Boards and similar requiring NHS investment support). It will thus provide an audit trail and assurances that appropriate steps have been followed in the investment decision making process. These principles are thus also recommended as good practice for service planning purposes when investment may not be the intended outcome.

For further information please contact the [Health Finance and Infrastructure Team](#)

SCIM Introduction & Overview

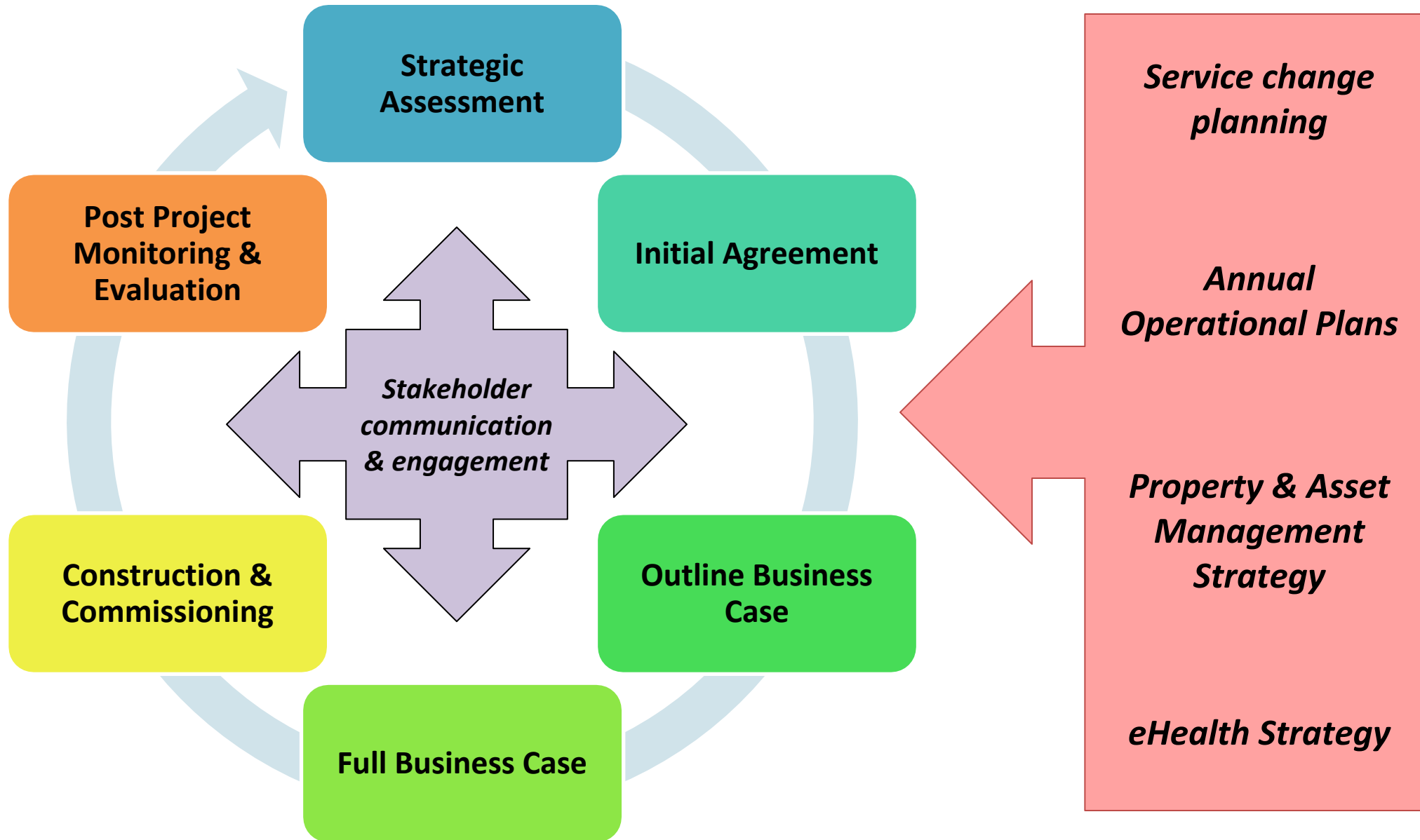
- [Introduction](#)
- [Summary of Stages](#)
- [Initial Agreement](#)
- [Outline Business Case](#)
- [Full Business Case](#)

Resources

- [Glossary](#)
- [SG Infrastructure and Investment](#)
- [Programme and Project Management Centre of Expertise](#)
- [Healthier Places](#)
- [Pulse](#)
- [Scottish Futures Trust](#)
- [Health Facilities Scotland](#)
- [hub Initiative](#)
- [Capital and Facilities Contacts](#)
- [SGHSC on SHOW](#)
- [Back to Capital and Facilities](#)
- [Help](#)

<https://www.pcpd.scot.nhs.uk/Capital/scimpilot.htm>

Stages of the capital investment process



Strategic & Investment Planning Process

- Business Case Stages

Strategic Assessment

- Describes the scope of a new proposal.
- Informs Scottish Government of the project.
- Gains consensus & support from stakeholders.
- Highlights service need & benefits.
- Demonstrates priority over competing projects.

Initial Agreement

- Sets out current arrangements from which change will take place.
- Provides the evidence base supporting the need for change & benefits to be realised.
- Sets out the initial benefits realisation plan
- Reviews alternative strategic / service solutions against investment objectives
- Identifies a preferred strategic / service solution(s).

Outline Business Case

- Confirms status of the Strategic Case
- Economic appraisal of alternative options for implementing the preferred strategic / service solution(s)
- Identifies a preferred & affordable option.
- Sets out the arrangements for delivering the preferred option and realising benefits
- Confirms a readiness to proceed to procurement.

Full Business Case

- Confirms that management, commercial, funding and financial arrangements are in place to deliver the project
- Sets out the contractual details of the project which the Board is being asked to sign-off

Funding models

Procurement Route	Arrangement	Suitability
Heath Facilities Scotland Framework provides a wide variety of construction-related services for both new build and refurbishment projects. This national framework is an agreement with five Principal Supply Chain Partners (PSCPs) selected via an Official Journal of the European Union (OJEU) tender process for capital investment construction schemes across Scotland up to 2019. An NHS health or social care client may select a PSCP for a project they wish to undertake without having to go through an OJEU procurement themselves.	Design and Build Capital Funding	For capital projects <£50m
Hubco programme is based on a partnership between the public and private sectors to deliver new community facilities that are built by five hub companies spread across Scotland	Design and build (DBDA) or Design build and operate (DBFM)	Can be used for capital and revenue funded projects. Projects normally community focussed – health centres, community hospitals etc.
Revenue funded projects delivered through public/private partnerships such as Private Finance Initiative (PFI) or Non Profit Distributing models (NPD)	Design, build and operate	Not currently available due to European accounting restrictions. Normally used for larger projects in excess of £50m.

Assurance processes

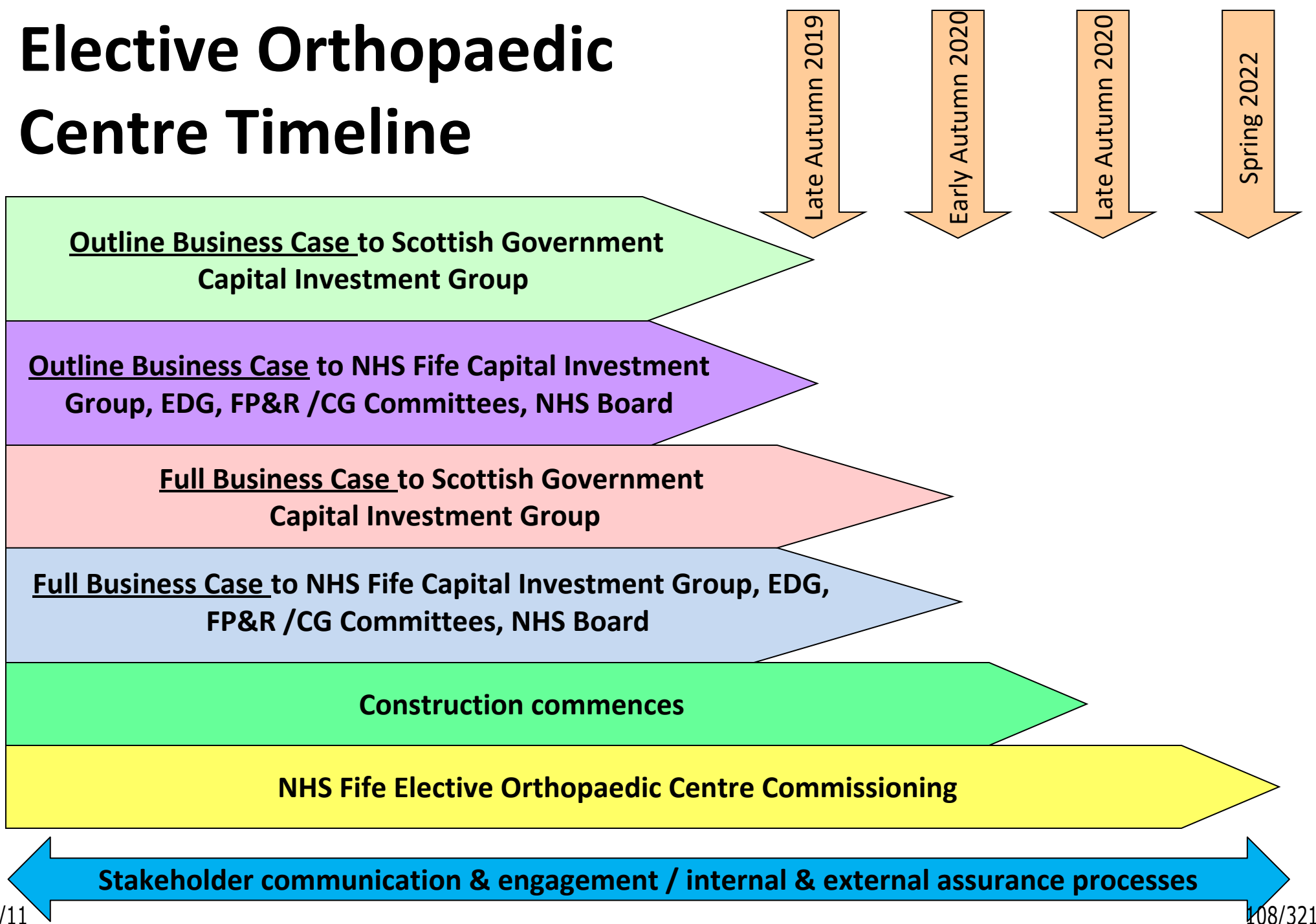
Committee and
Board scrutiny

NHS Scotland
Design Assessment
Process (NDAP)

Scottish
Government
Gateway Reviews

Scottish Futures
Trust Key Stage
Reviews

Elective Orthopaedic Centre Timeline



Other Pipeline Projects

Strategic Assessment

- VHK Tower Block
- Mental Health
- Community Hospitals

Initial Agreements

- Kincardine Health & Wellbeing Centre
- Lochgelly Health & Wellbeing Centre

Report for Consideration by the Finance and Resources Committee

DATE OF MEETING:	10th September 2019
TITLE OF REPORT:	Capital Investment – Kincardine and Lochgelly
EXECUTIVE LEAD:	Nicky Connor
REPORTING OFFICER:	Claire Dobson

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

SBAR REPORT

Situation

NHS Fife has recognised that Kincardine and Lochgelly Health Centres are facilities that do not meet all current standards and limit high quality, modern and integrated patient care.

Authorisation was given by the Capital Planning Group to begin to look at potential capital investment to meet patient and service needs. The IADs were previously submitted to Scottish Government who requested that the model of care be articulated more fully and that Fife participate in the national pathfinder programme for Local Care; to support transformational change that shifts the balance of care to community.

The Scottish Capital Investment Manual (SCIM - <http://www.scim.scot.nhs.uk/>) provides guidance and support in the effective delivery of infrastructure projects within NHS Scotland. There are four main stages, Strategic Assessment (SA), Initial Agreement Document (IAD), Outline Business Case (OBC) and Full Business Case (FBC).

This paper relates mainly to the IAD stage for Kincardine and Lochgelly. National and local strategies have been taken into account in preparing these IADs.

The full Initial Agreements for Kincardine (Appendix 1) and Lochgelly (Appendix 2) are attached with an Executive Summary for each

[Note the Capital Planning Group has now been revised and is called the Capital Investment Group (CIG)].

Background

Following recognition that Kincardine and Lochgelly Health Centres do not meet current healthcare standards and limit high quality, modern and integrated patient care, Strategic Assessments (SAs) for both areas were developed in 2016 and involved engagement of key stakeholders. The SAs were presented to the Capital Planning Group in March 2016 when approval was given to move to the next stage of the planning process – preparation of the IADs.

A significant resource has been involved in preparing the IADs, including collection of service

activity, developing data projections, developing investment objectives, undertaking an option appraisal, preparing a Benefits Register, a Risk Register and a Design Statement.

NHS Fife was successful in securing funded support from Hub East Central Scotland Limited (Hubco) to assist in the development of the IADs. The work to inform the content of the IADs commenced in May 2016, with the initial phase concluding in March 2017.

A number of workshops and events were held to inform the developing IADs and involved engaging a wide group of stakeholders which included GP Practices, other healthcare professionals, Social Work and other Fife Council colleagues, Community Councils and elected members. Most of the workshops were specific to either Lochgelly or Kincardine, but when appropriate - with Stakeholder's agreement - the workshops were combined. A summary of the engagement is included within the Executive Summaries, with details of the process followed and the outcomes detailed in the IADs.

Subsequently the Partnership has worked with Scottish Future Trust and their consultants Carnell Farrar to more fully articulate the wider model of care within the IAD. The Partnership attended three workshops and has drawn on learning from the initial phase of the Community Health and Wellbeing Hub implementation.

National and local strategies (including the NHS Fife Clinical Strategy and Fife Health & Social Care Partnership Strategic Plan 2016-2019), and the SCIM guidance were followed in preparing these documents.

It is worth noting that the General Practice in Kincardine is contracted to NHS Forth Valley and representatives from Forth Valley have been included in the work to date and representation / discussions will be continued throughout the business planning process.

Assessment

Following the process required, including the non-financial option appraisal, the preferred options at this time are:

Lochgelly

A clearly preferred direction of travel (new build in Lochgelly to deliver the developing service model) and site option (Francis Street) along with a mandate to further explore / develop this option in the short term subject to the outcomes of formal financial appraisal.

Kincardine

A clearly preferred direction of travel (new build in Kincardine to deliver the developing service model) and site option (Tulliallan Primary School) along with a mandate to further explore / develop this option in the short term subject to the outcomes of formal financial appraisal.

The IADs highlight the stakeholder groups that have been engaged in the workshops and who are likely to support the preferred options, unless something radical changes.

The Scottish Health Council has confirmed that engagement to date has been in line with the Scottish Government guidance of Informing, Engaging and Consulting the Public in Developing

Health and Community Care Services (CEL 4 2016).

Changes in the model of service provision will be through redesign, as is scoped and developed through the Community Health and Wellbeing Hub programme and the redesign programme to support the new General Medical Services Contract. There will be no additional revenue costs, other than through the GMS development facilitated by the Primary Care Investment Fund.

Indicative costs for each of the short listed options are included in the Executive Summaries and full IADs.

Recommendation

• For Decision

- Approve the direction of travel following the non-financial option appraisal (subject to formal financial appraisal) for Kincardine and Lochgelly as outlined in the Assessment section above.
- Approve submission to NHS Fife Board to progress to Scottish Government Capital Investment Group.

Objectives: (must be completed)

Healthcare Standard(s):	Proposals are in line with NHS Fife Clinical Strategy, the Fife Health & Social Care Partnership Strategic Plan 2019-2022, and other relevant national and local strategies.
HB Strategic Objectives:	<p>The preferred options would contribute to meeting the national outcomes for integration, in particular Outcomes 3, 5, and 9.</p> <p>The preferred options would provide:</p> <p>Integrated and Co-ordinated Care</p> <ul style="list-style-type: none"> - Potential to develop new models of care across health, social and other services - Increased access to a range of services - Significant improvement in the physical environment <p>Improving Staff Wellbeing</p> <ul style="list-style-type: none"> - Significant improvement in the physical environment including staff facilities - Safer working - Significant improvement in morale <p>Reducing Inequalities</p> <ul style="list-style-type: none"> - Potential to target health inequalities - Accessibility will be greatly improved within the facilities.

	Risk and Harm Reduce the potential for risk and harm to patients, carers, visitors and staff by the provision of safe, modern and fit for purpose buildings.
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Further Information:	
Evidence Base:	
Glossary of Terms:	
Parties / Committees consulted prior to Health Board Meeting:	Fife Capital Investment Group

Impact: (must be completed)	
Financial / Value For Money	<p>Indicative costs for each of the short listed options have been prepared as per the guidance in the SCIM. These costs, along with the assumptions they are based on, are detailed in the Executive Summaries of the IADs.</p> <p>Further detailed costs will be developed as the OBCs and FBCs are prepared.</p> <p>An assumption has been made that there are no increased revenue costs and that any change in service provision will be through redesign.</p>
Risk / Legal:	<p>A Risk Register has been prepared and will be reviewed at each Project Board meeting.</p> <p>Detailed planning with Estates and Facilities colleagues will ensure all legislation and guidance is complied with.</p> <p>Expectations within both communities have been raised by the work to date, there may be a risk to the organisation, if these expectations are not met.</p>
Quality / Patient Care:	<p>As summarised in the “ Summarising the need for change” section within the Executive Summaries (and full IADs):</p> <ul style="list-style-type: none"> - Improved capacity to deliver an increased range of services in an integrated way - Potential to target health inequalities - Modern, safe and fit for purpose premises that comply with all legislation and guidance, improving performance in clinical and estates services - Improved accessibility - Ability to provide group work <p>[Note: further work with NHS Forth Valley is required to facilitate increased service provision and care]</p>
Workforce:	Significantly improved physical environment

	<ul style="list-style-type: none"> - Clinical - Care - Staff facilities - Patient group work could be undertaken - Improved education / meeting facilities <p>Facilities</p> <ul style="list-style-type: none"> - Safer and more cost effective environment <p>Staff representatives have been involved in the work to date and as more detailed planning is undertaken they will be fully involved in the design of the buildings to ensure modern, fit for purpose facilities are provided.</p>
Equality:	<p>The Board and its Committees may reject papers/proposals that do not appear to satisfy the equality duty (for information on EQIAs, click here EQIA Template click here)</p> <ul style="list-style-type: none"> • Has EQIA Screening been undertaken? Yes <p>Below are the links to SIAs for Kincardine and Lochgelly that have been completed and published.</p> <p>http://intranet.fife.scot.nhs.uk/Publications/index.cfm?fuseaction=publication.display&objectID=29B1AB9C-02CB-7D86-171D1B07728A9841</p> <p>http://intranet.fife.scot.nhs.uk/Publications/index.cfm?fuseaction=publication.display&objectID=29B34372-E5CC-3B6C-5AD05314B0AD6DE9</p> <p>EQIA's for both projects will be undertaken and then updated as the planning process is worked through.</p>

Kincardine Community Health and Wellbeing Centre Project Initial Agreement Document



Project Owner: Claire Dobson, Divisional General Manager, West Division Fife

H&SCP

Project Sponsor: Nicky Conner, Interim Director, Fife H&SCP

Date: 30/08/19

Version: 2.4

Version History

Version	Date	Author(s)	Comments
1	Feb 2018	CD/LE	Approved by IJB
2.02	16/08/2019	CD/	Updated in Line with Local Care SFT Consultant Report and in line with SCIM guidance
2.3	23/8/19	CD	Updated in line with discussion with Scottish Government Local Care Team
2.4	30/8/19	CD	Updated in line with guidance from Fife Capital Investment Group

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1 EXECUTIVE SUMMARY

1.1 INTRODUCTION

- 1.1.1 Fife Health and Social Care Partnership is working with local communities, teams and stakeholders to support the delivery of a fully integrated 24/7 community health and social care model that ensures sustainable, safe, individual partnerships of care. The purpose of this Initial Agreement (IAD) is to seek approval to develop an Outline Business Case to re-provide Kincardine Health Centre in purpose designed and built premises within Kincardine to provide the necessary infrastructure to support this goal.
- 1.1.2 The IAD establishes the need for investment, building on the NHS Fife and Fife Health and Social Care Partnership strategic goals to deliver a model of local care, focused on individual outcomes, supported by health and social care delivered by the right person in the right place at the right time. It describes the appraisal of a long list of options, identifies the short list, and recommends a preferred way forward, together with indicative costs, to enable the delivery of Fife's Community Health and Wellbeing Hub model within the Kincardine community.
- 1.1.3 The vision for primary care and community services in NHS Fife and Fife Health and Social Care Partnership is to enable the people of Fife to live independent and healthier lives. We will deliver this by working with people to transform services to ensure these are safe, timely, effective and high quality, focused on achieving personal outcomes. This requires access to the right professional at the right time in the right place; where services can be provided within a community setting, closer to where service users live, they should be. Care should be provided in an environment that supports staff to provide an excellent experience and has modern facilities that meet the needs and expectations of service users, carers and staff well into the late 21st century.
- 1.1.4 The people of Fife have told NHS Fife and Fife Health and Social Care Partnership, through a wide range of engagement vehicles and the formal consultation which informed the Clinical Strategy and Joining Up Care programme that they:
- would like services to be integrated, coordinated and person focused;
 - want to reduce the duplication they experience both in sharing their information and in service delivery;
 - value local delivery.
- 1.1.5 Fife's Community Health and Wellbeing model is delivering prevention and early intervention by:
- working with local health and social care practitioners, using local knowledge and data to identify people earlier
 - co-producing tailored interventions to deliver holistic assessment, outcome focused planning and care management,
 - maximising opportunities for local community treatment and care
 - bringing local health and social care practitioners (including housing, voluntary sector and local area coordinators) together to collaborate to meet people's outcomes
 - enhancing rapid access to locality assessment and rehabilitation
 - simplifying communication and information sharing for service users, carers and staff

1.2 ORGANISATIONAL OVERVIEW

- 1.2.1 Kincardine Health Centre, located on the edge of the village, provides General Medical Services through Clackmannan and Kincardine Medical Practice who are

contracted by NHS Forth Valley, as part of a two centre practice arrangement. Community services are provided by both NHS Fife (including District Nursing, Health Visiting and Podiatry) and NHS Forth Valley (the majority) for Kincardine residents. Services are working to deliver high quality person-centred health and social care services in a way which promotes and enhances the health and wellbeing of the people of Fife.

- 1.2.2 The Kincardine Health Centre Practice population is circa 3,200, the locality population is predicted to grow by 9%¹ in the 25 years. However the population in the older age group is projected to increase by 52%, this will see the proportion of the practice population who are frail, whom our local care model has demonstrated benefit from integrated holistic care management, grow from 4% to 5%.
- 1.2.3 The current facility is a 1930's construction, originally built as a police station. Models of care have changed over time with the building considerably modified and extended throughout its lifetime. Our new model of working requires accommodation that is fit for purpose, which enables multi disciplinary and group working, which supports the community and partners to deliver collaboratively. The current building and configuration is not fit for purpose, the building does not work for modern health and social care delivery, with corridors and treatment rooms which do not meet minimum standards, areas which do not enable disabled access and no storage.
- 1.2.4 The development of the health and wellbeing model and delivery of the new General Medical Service Contract is constrained by structural and layout constraints. All possible reasonable changes have been made to the existing building. Kincardine Health Centre fails to meet the spatial, organisation and design standards for Primary and Community Health Care premises and has no capacity for further growth. Major improvements to address maintenance and statutory standards will not facilitate significant improvements in space utilisation to meet patient quality, staff standards and efficiency objectives.

1.3 STRATEGIC DIRECTION AND CONTEXT

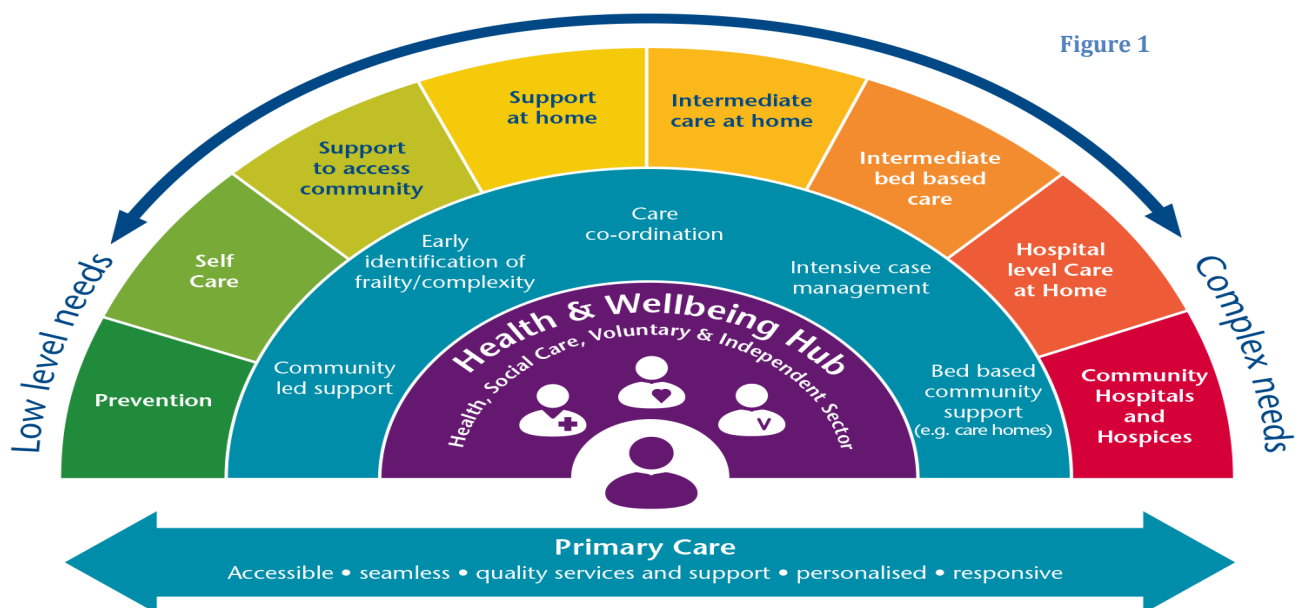
- 1.3.1 Our ambition is that from the youngest to the oldest, the fittest to the frailest the 371,910 people of Fife live well. Our aim is to join up services to provide better experiences of care, as locally as possible, by fully embedding the community health and wellbeing hub model across Fife.
- 1.3.2 NHS Fife Clinical Strategy sets the strategic direction with Fife Health Social Care Partnership that is focused on local early, preventative care. By working with partners to improve the health of local people and the services they receive, while ensuring that national clinical and service standards are delivered across the NHS system, we will strengthen primary care and community services. This will be achieved by working with practices to fully develop practice level multi disciplinary working, delivering local community care and treatment, maximising proactive early intervention through community teams focused on segmented populations and ensuring rapid access to complex assessment, rehabilitation and when required bed based intermediate care within localities.
- 1.3.3 Our vision requires a flexible and responsive model that works with people to define the outcomes they want to achieve, enabling people to maximise their health and wellbeing by utilising their own and community assets, responsively adding and adapting services to meet and sustain outcomes. Figure 1 below seeks to illustrate how we can layer services when required and adjust support and care incrementally. Our goal is to maximise opportunities for services to work together locally as soon as possible, while minimising duplication for the patient and services.

¹ Local Strategic Assessment 2018, Fife Council Research Team

1.3.4 In Fife by fully engaging with the public, people who use health and social care services and their carers, partners and staff we have developed a community health and wellbeing hub model to support independence, improve wellbeing and care. To ensure fully person responsive, integrated support for health and wellbeing Fife is redesigning mental health provision, community intermediate bed models, while embedding our community health and wellbeing hubs. Integrating with the new model for General Medical Services, services and community groups requires facilities which enable colleagues and communities to work together. If practitioners and partners are to support people as effectively as possible, by for example minimising multiple attendances and maximising the potential of local multi disciplinary working, they require facilities which support this.

1.3.5 Fife's community health and wellbeing hub model is underpinned by early identification within Primary Care. Using practice level data to segment population needs is enabling a targeted, timely approach based on need rather than referral criteria; colleagues are proactively working in partnership with people in their local community. This approach can improve outcomes so that:

- People are supported to stay at home or in a homely setting for as long as possible.
- Staff are equipped to support this in terms of knowledge, skills, processes and resources.
- The organisation maximises use of planned services.



1.3.6 Having worked with Scottish Futures Trust (SFT) we are able to articulate more fully how this model can be scaled up for Fife to support people and improve their outcomes. People are often referred to a number of services. The Hub model supports these services to come together, locally, to tailor their support to individual needs. This ensures people access the right service for their needs at the right time. Often people access services too late. By using local information to identify needs sooner, we can maximise people's health and wellbeing. People can feel that their care is uncoordinated and there is duplication. By developing care management people have one person who is their main point of contact:

- Proactive case finding – to maximise early intervention / complex case management / anticipatory care planning, using practice data and local clinical intelligence.

- Integrated earlier intervention – Practice level multi disciplinary team (MDT) working collaboratively, with co-ordinated local case management or locality level complex case management.
- Where there is social complexity – locality MDT working together locally to plan and deliver integrated care focused on individual outcomes.
- Where there is medical complexity – rapid assessment via local complex assessment and rehabilitation centres and if required with diagnostics at a locality level with local follow up.

The scope and develop programme to implement the model fully across Fife is in year two of three.

1.3.7 The focus is on working with people earlier to reduce the proportion of people who enter the health and social care 'system' at the orange to red / right-hand end of the spectrum of care in Figure 1. This maximises people's potential including for rehabilitation, and releases resources to support urgent care, while providing capacity for meaningful planning with people and their families. Initial test data indicates that people with frailty who receive the care management intervention are experiencing fewer unscheduled hospital admissions – the average being 5 in the 12 months pre intervention and an average of 1 in the six months post intervention. Staff describe how they are more able to collaborate and reduce referrals and timescales through the locality MDT model. The assessment and rehabilitation centre testing is supporting more timely access with reduced waiting times (17 weeks to less than a week), a reduction in Did Not Attends from 20% to 2% and combining assessments with mental and physical health.

1.3.8 Fife Health & Social Care Partnership (H&SCP hereafter) vision is being delivered by enabling integrated care that crosses the boundaries between primary, community, hospital and social care, with GPs, hospitals, health workers, social workers, social care staff and others working together as one system. This more co-ordinated approach is reducing the need for people to navigate their way through what can be a bewildering maze of specialist services. This is supporting delivery against the Partnerships (draft) revised priorities of:

- Priority 1 – Working with local people and communities to address inequalities and improve health and wellbeing outcomes across Fife.
- Priority 2 – Promoting mental health and wellbeing.
- Priority 3 – Working with communities, partners and our workforce to transform, integrate and improve our services.
- Priority 4 – Living well with long term conditions.
- Priority 5 – Managing resources effectively while delivering quality outcomes

1.3.9 The proposal for investment into fit for purpose health and social care facilities in Kincardine will not only support the delivery of clinical services and but also enable the delivery of our community health and wellbeing model delivering these key priorities within the Kincardine area. The strategic assessment (Appendix 1) outlines how the current facility hampers this.

1.3.10 The following list identifies key national and local documents that have influenced the development of this proposal, although this is not an exhaustive list.

1.3.11 **Quality Strategy** ambitions in relation to:

- Person centred care - through improving access to Primary Care and providing more care closer to home;
- Safe – reducing risk of infection through provision of modern fit for purpose accommodation;

- Effective – bringing together wider range of health and care services to make more effective use of resources.
- 1.3.12 **2020 Vision** aspirations are that everyone can live longer healthier lives at home, or in a homely setting with focus on improving quality of care, improving the health of the population and providing better value and sustainability. The **Public Health priorities for Scotland (2018)** support investment for local integrated delivery.
- 1.3.13 The **Public Bodies (Joint Working) (Scotland) Act 2014** aims to improve outcomes for people by creating services that allow people to stay safely at home for longer with focus on prevention, anticipation and supported self-management, and to provide opportunities to co-locate health and care services working together for the local population.
- 1.3.14 The Scottish Government's **Nursing 2030 Vision: Promoting Confident, Competent and Collaborative Nursing for Scotland's Future (2017)** sets the direction for nursing in Scotland through to 2030 and focuses on Personalising Care, preparing nurses for future needs and roles, and supporting nurses. In particular for Community Nurses the **Chief Nursing Officer Directorate Transforming Nursing, Midwifery and Health Professions (NMaHP) Roles Paper Three** includes shifting the balance of care from hospital to community and primary care settings at or near people's homes. With integrated teams of Community and Practice Nurses providing seamless care.
- 1.3.15 Promoting the wellbeing of children is central to the work of Health Visitors and this is supported by the new **Universal Health Visiting Pathway** and the Named Person role conferred by **Children and Young People (Scotland) Act (2014)**. The Universal Health Visiting Pathway sets the standard for Health Visiting and the minimum core visits that families with children aged 0-5 years can expect from their Health Visitor, regardless of where they live, this is seeing investment in the workforce to support full implementation.
- 1.3.16 **The 2018 General Medical Services Contract in Scotland** refocuses the role of General Practitioners as expert medical generalists and recognises that general practice requires collaborative working with enhanced multidisciplinary teams that are required to deliver effective care, joint working between GP practices in clusters and as part of the wider integrated health and social care landscape.
- 1.3.17 The Community Health and Wellbeing Hub programme in Fife has been selected to participate in a national **Local Care Pathfinder Programme**, together with Caithness and Ayrshire's Garvock Valley, sponsored by the Scottish Futures Trust on behalf of the Scottish Government. The goal of the programme is to facilitate the shift in the balance of care to community care., The intention is to produce three projects that deliver transformational change in the provision of care from hospital based care to community based care, so people's health and wellbeing is supported as close to home as possible. The Fife Health and Social Care Partnership is being supported by Scottish Futures Trust and Carnell Farrar (specialist health care planners) to progress the redesign.

1.4 DRIVERS FOR CHANGE, INVESTMENT OBJECTIVES AND OPTIONS APPRAISAL

- 1.4.1 The key drivers for change and investment objectives are summarised below at Table 1:

Table 1

	Effect of the need for change on the organisation	Investment Objective
1	South West Fife is experiencing significant population growth in the older population. The Medical Practice, Community Health and Social Care services do not have the infrastructure to currently deliver the service requirements of the current population nor deliver the objectives of the new General Medical Service's (GMS) contract and more local health and social care delivery to improve individual outcomes and minimise unscheduled hospital care.	Ensure equal access to Primary Care and Community Services for the whole population. As a national pathfinder site, the Partnership is seeking to realise key service transformation ambitions with modern, fit for purpose infrastructure to allow staff and community partners to better support local community health and wellbeing
2	Pressure on existing staff, accommodation and services will inevitably increase.	Ensure the right staff skill mix and service capacity are available to deliver strengthened and tailored local capacity to manage people's health and care within their local community.
3	Staff facilities and accommodation are restricted with staff working in suboptimal conditions, impacting poorly on staff morale and the community's experience of local service delivery.	Ensure appropriate workforce including increased flexibility of roles /development of new roles to support implementation of GMS (2018) and Community Health and Wellbeing Hub.
4	The facilities available, combined with significant change in population, restrict the ability to deliver a wider multi disciplinary model locally. There is no capacity in local facilities to deliver group therapy, physiotherapy and the components of care and treatment within the new GMS	Provide the infrastructure to support a more integrated seamless service across health and social care, minimising travel and multiple appointments for the community.
5	Services cannot be delivered locally based on local patient need, but instead are based on where it is more convenient/possible to deliver services.	Improve the patient and user experience - deliver services locally based on local patient need.
6	The Equalities Act 2010 compliance within the building is poor - discriminating between the experiences of service users.	Accommodation that complies with all legal standards and regulatory requirements and gives equality of access for all.
7	Some clinical rooms are very small, failing to meet current standards due to the age and design of the building. These can be very restrictive/ unsuitable for patients and staff.	To deliver safe and effective care with dignity - provide facilities which ensure the safe delivery of healthcare in line with guidelines and standards.
8	There is no scope to enhance the primary and community care services provided in the existing accommodation including transferring the right care closer to patients' homes.	To deliver services more effectively and efficiently - facilitate better joint working to ensure right care is delivered at the right time and in the most appropriate setting. By delivering locally the community of Kincardine will be supported to timely access and reducing difficult travel arrangements for appointments in neighbouring Clackmannanshire.

1.4.2 A wide range of possible options for investment were considered using the options framework. These were reviewed and the resultant options short list (including indicative costs) is included in the table below:

Option	Description	Indicative Capital Cost (£)
Option 6b	New build at Feregait site in Kincardine	3,846,621
Option 6c	New build at Station Road site in Kincardine	3,903,627
Option 6d	New build at Tulliallan Primary School in Kincardine	3,903,627

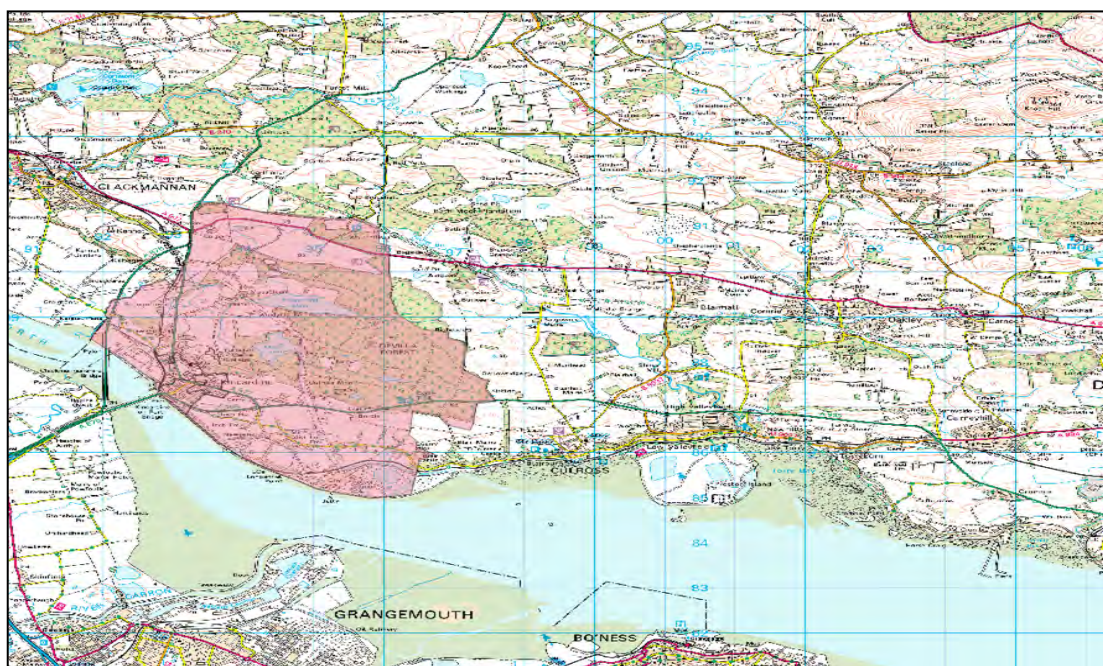
- 1.4.3 An options appraisal process was completed with the community, assessing each of the options on its ability to deliver the investment objectives. Option 6d (Tulliallan) was identified as the preferred option from this analysis. Further detailed work will be undertaken during the Outline Business Case (OBC hereafter) stage to fully confirm the service scope, costs, phasing, and timescales.
- 1.4.4 This Initial Agreement Document, the first of three document phases, details our thinking in terms of the most important issues which shape our strategic priorities and how these align nationally and across NHS Fife/Fife Health and Social Care Partnership.

2 STRATEGIC CASE: EXISTING ARRANGEMENTS AND NEED FOR CHANGE

2.1 SERVICE ARRANGEMENTS

- 2.1.1 The holistic multi disciplinary primary and community care services in Kincardine are currently delivered from the existing Kincardine Health Centre, a 1930's constructed facility – originally built as a police station - that has been considerably modified and extended throughout its lifetime. The building is owned by NHS Fife.
- 2.1.2 GP services in Kincardine are delivered as part of a two centre practice, along with Clackmannan Health Centre, with each operational unit given equal standing and operating full time to meet their respective local needs. The GP Practice is contracted to NHS Forth Valley to provide General Medical Services.
- 2.1.3 The services delivered from the existing Kincardine Health Centre are primarily provided in support of the population needs of the people of Kincardine and surrounding areas, with 98% of the resident population registered (see figure 2- map of Kincardine interzone) with the practice. In accordance with NHS Fife's statutory obligation to provide access to Primary Medical Services there is a requirement to continue provision of these services within this geographic area.

Figure 2



- 2.1.4 Aligned to the Practice there are a range of community health services provided from the current facility including District Nursing, Health Visiting, Midwifery and Podiatry. In addition there are services working with the Practice and wider community team who cannot access accommodation locally, requiring patients to travel to them, this includes Mental Health Nursing and Physiotherapy. There are dependencies with the District General Hospital at Forth Valley Royal Hospital Larbert and Local General Hospital at Queen Margaret Hospital, Dunfermline, and other hospitals in East Region for provision of diagnostic services, consultant advice, elective and unscheduled inpatient care and outpatients for a variety of specialties to meet the health care needs of their local population. The Forth Valley Primary Care Out of Hours Service and Fife's Primary Care Emergency Service provide out of hours care from other facilities.

- 2.1.5 The GPs together with the multi-disciplinary team manage the widest range of health problems; providing both systematic and opportunistic health promotion, diagnoses and risk assessments; dealing with multi-morbidity; coordinating long-term care; and addressing the physical, social and psychological aspects of patients' wellbeing throughout their lives.
- 2.1.6 As figure 1 (page 5) above portrays, the GPs and multidisciplinary team are integrally involved in deciding how health and social services should be organised to deliver safe, effective and accessible care to patients in their community. Practice based multi disciplinary team working is identifying people who could benefit from a case management approach and supporting people to access the right support where there is:
- Complexity in their care and support arrangements through locality multi disciplinary teams, or
 - Clinical complexity rapid access to assessment through the locality community health and wellbeing hub teams.
- 2.1.7 Kincardine Medical Practice has a current practice population of 3198 (May 2019), which has grown by 3% over the past 18 months. The current demographic of the population (based on 2011 census, 2016 SIMD datazone data and ISD practice data) are:
- 50.7% female: 49.3% male
 - 24% are over the age of 65 and 13.4% are 0-15 years
 - 9.1% of the population are income deprived, 10.8% of the population are employment deprived and 14.4% of children (under 16) live in poverty
 - 0.1% of the practice population live in the most deprived quintile and 0% on the least deprived
 - 25.9% of patients of the practice have at least one long term condition.
- 2.1.8 Projections for future demand for primary care and community services with Kincardine are driven by the population projections which see the older population growing by 52% by 2041. This would therefore see the practice population who have severe frailty grow from 23 to 35 and those with moderate frailty grow from 92 to 140. It is this group whom Community Nursing are seeking to work with to maintain and improve their position on the life curve through the care management intervention and the wider hub programme is seeking to support through local delivery of rehabilitation programmes.
- 2.1.9 The current workforce delivering services is outlined below along with potential future workforce required to deliver primary care and community services. Recent and continuing changes to the workforce are being phased in line with population growth and service model developments which take into account the requirements to implement the GMS (2018) contract and enhance the primary healthcare team, community health and social care teams and Health Visitor pathway. The Practice is also a training practice with a GP trainee and provides training placements for 5th year medical students.

	Existing Provision	Recent growth	Future provision * Incl. new roles
General Practitioners	2.35 WTE	0.25 WTE	
Advanced Nurse Practitioner	0.6 WTE	0.6 WTE	
Practice Nursing (2)	0.78 WTE	0.05 WTE	
Practice Phlebotomist	0.1 WTE		
Practice Manager (shared with	1 WTE		

Clack)			
Admin staff (8)	4.1 WTE	1.46 WTE	
District Nursing Team (3 shared with High Valleyfield)	2.2 WTE		Treatment room service extension Hosiery / Doppler follow up clinics Extending the range of treatment for patients who could attend the centre
Community Phlebotomist (2)	0.12 WTE	12 sessions per month	
Community Teams Admin Staff	0.2 WTE		
GP Trainee	(1)		
Visiting teams	WTE	Sessions	Future provision * Incl. new roles
Primary Care Pharmacist			Circa 0.5wte
Midwifery Team	(0.1 wte)	2 per month	
Health Visiting clinic Baby weighing	0.05 wte 0.05 wte	1 per month HV also arrange ad hoc appointments	Opportunity to hold child wellbeing meetings locally
Physiotherapy		4 per month	
Podiatry	0.3 wte	12 per month	
Mental Health Nursing (Primary Care)		4 per month	
Smoking Cessation specialist	(0.13 wte)	See patients in Clacks.	Opportunity to deliver locally
Child immunisation clinic		4 per month	Potential future flu clinic
Social Workers / Social Care Workers	0		MDT time
Continence Nurse		4 per month	
Dermatology Nurse		4 per month	

2.2 SERVICE DETAILS

2.2.1 The accommodation in Kincardine (Building report at appendix 1), provided over one level with a total floor area of 237m², supports:

- GP activity associated with the Kincardine Medical Practice (circa. 13,000 appts PA and a practice population of circa. 3,200)
- Nurse activity associated with the Kincardine Medical Practice (circa. 6,400 appts PA)
- Practice employed Phlebotomist activity associated with the Kincardine Medical Practice (circa. 2260 appts PA)
- Community nursing treatment room activity (circa. 1,500 episodes PA)
- Community Phlebotomy services (circa. 1,325 episodes PA)
- Midwifery ante-natal clinic activity (circa. 200 appts PA)
- Podiatry services (circa 410 appts. PA)
- Health Visiting
- Stop Smoking sessions (circa. 200 appts PA)
- Mental Health
- Health Visiting Clinic
- Physiotherapist

- 2.2.2 The primary care and community services have been developed as far as possible however the development of the clinical model and increasing demand for services has exacerbated the issues of an inefficient layout, internal and external envelope deterioration. Whilst the GP Practice and Health and Social Care Partnership are working collaboratively to modernise and expand services to improve outcomes and support the population growth, development is severely constrained by the existing premises.
- 2.2.3 Services delivered from the existing Kincardine Health Centre amount to a total of circa 25,000 attendances per annum, 96 attendances per day or around 23 patients / clinical room activity per day.
- 2.2.4 Patients initial experience is very poor with one small reception hatch and reception area of 40m² (NB No separate records area now exists as all GP records are held electronically). There is one waiting area (total 22m²) with no age-specific provision. Local Politicians have indicated their concern about the fabric of the building and the constraints it places on the local delivery of integrated health and social care.
- 2.2.5 Clinical care is delivered through five poorly configured consulting rooms which also support administrative activity. These are distributed throughout the current facility and, for the most part, used very flexibly. With 100% utilisation of the available capacity it is clear that a lack of available space is impacting upon the provision of local care. Mixed function means sub optimal use of clinical space. The AEDET review exercise confirmed that the layout and fabric of the building place considerable limitations on effective and safe service delivery (page 29).
- 2.2.6 The office accommodation available for the administrative functions is well below the minimum standards and staff facilities are insufficient for the 21 staff working in the building on a daily basis as well as the wide range of visiting colleagues.
- 2.2.7 Although all possible reasonable changes have been made to the building Kincardine Health Centre fails to meet the spatial, organisation and design standards for Primary Health Care Premises and has no capacity for further growth. It has reached the end of its economic life as a clinical facility. Major improvements to address maintenance and statutory standards are not feasible due to structural and layout constraints.
- 2.2.8 A number of services are only available from the Clackmannan Health Centre because of capacity constraints. Resulting in patients from Kincardine travelling to Clackmannan to see a health professional, with best estimates indicating that this may be as many as 2,000 times per annum. People may be asked to attend Clackmannanshire for stop smoking support, physiotherapy, mental health nurse consultation, coil insertion/removal, implant insertion/removal and joint injections as well as medicals such as fostering or DVLA medicals. It is extremely difficult to put an actual figure on this, as the baseline number has not been recorded historically and there is good anecdotal evidence to suggest that Kincardine patients would rather cancel / delay an appointment rather than travel to Clackmannan – further masking the true size of the problem.
- 2.2.9 Local and proactive care is further confounded by problematic public transport to Clackmannan from Kincardine; there are no direct public transport (bus) routes. One appointment may take up to three hours out of a patient's day.
- 2.2.10 Where services are not/cannot be delivered locally in Kincardine, patients are referred to different locations – mostly within the NHS Forth Valley Board area - that include:
- Clackmannan Health Centre (GP overflow activity)

- Forth Valley Royal (Out-patient activity) (unless specifically requested by patient to be referred to a Fife hospital)
 - NHS Fife provided services e.g. Physiotherapy provided in other Fife locations
 - Community Nursing provide home based support for people who are not housebound, meaning that fewer patients are being seen than could be seen within a clinic setting, with wider MDT input potential.
- 2.2.11 Out of Hours Primary Care is delivered from Urgent Care Centres in Fife and Forth Valley. Both Health Boards do not have current plans to extend the number of Urgent Care Centres. Kincardine Health Centre does not routinely deliver out of hours services, but offers a small number of clinics over an extended period.
- 2.2.12 It is not feasible to deliver evening services from the health centre.
- 2.2.13 The model of care is developing in line with the new GP Contract, with the Primary Care Development implementation plan progressing along with the Business Planning process. Historical re-development of the facility has meant that many areas originally designed to provide essential support functions have been lost in a drive to maximise clinical consultation space. This means that the facility no longer has any meaningful storage (with a consequential impact on consulting rooms and staff morale); does not have a clean utility room; does not have a dirty utility room; does not have a disposal hold; does not have any cleaner's room / facilities; does not have a quiet / interview room; or an effective disabled WC.
- 2.2.14 This is effectively demonstrated by comparing the baseline Schedule of Accommodation of the current Kincardine Health Centre with that proposed for a replacement facility that has been developed based on the current and developing clinical model, future capacity requirements and relevant health planning guidance. Such a comparison shows that, even although the number of consulting rooms has only increased by three from the baseline (an increase of circa. 40/ 60m² gross), the actual area now required is around 593m² greater (833m² as compared to 240m²).

2.3 STRATEGIC CONTEXT

- 2.3.1 NHS Fife Clinical Strategy sets the strategic direction with Fife H&SCP that is focused on local early, preventative care. In working with partners to improve the health of local people and the services they receive, while ensuring that national clinical and service standards are delivered across the NHS system we will strengthen primary care and community services.
- 2.3.2 Our vision requires a flexible and responsive model that works with people to define the outcomes they want to achieve, enabling people to maximise their health and wellbeing by utilising their own and community assets, adding and adapting services responsively to meet and sustain outcomes.
- 2.3.3 Our development of community health and wellbeing hubs is designed to flexibly and responsively layer services where required, adjusting support and care incrementally. In light of the changing demography this has focused on supporting people to minimise and modify the impact of frailty (including younger people frail because of long term conditions, addictions etc). Providing holistic assessment and care management, focused on individual outcomes, anticipatory planning and supporting a reduction in unscheduled care. Fife has a population of 371,910 (2018 midyear population estimates, National Registers Scotland), with slightly above the Scottish average for the over 65's age group described in Table 2.

Table 2

	Total Population	65+	75+	85+
Fife	371,910	20%	9%	2%
Scotland	5,438,100	19%	8%	2%

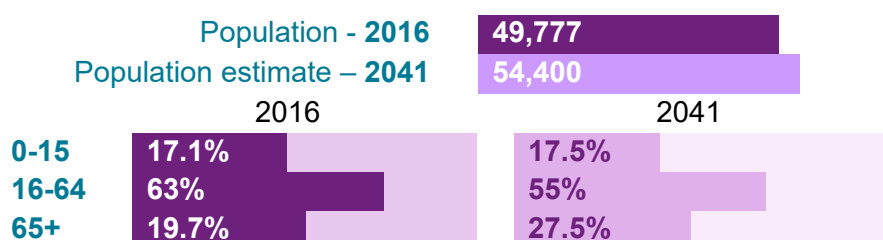
- 2.3.4 Fife H&SCP has seven localities. Kincardine is in the South West Fife locality. The South West Fife locality sits within the West Division of the H&SCP. The H&SCP is developing a locality clinical model with GP Clusters focused on the needs of the locality population. Table 3 demonstrates the percentage of locality populations over 75.

Table 3

	Population over 75 (75+
City of Dunfermline	3928	7%
Cowdenbeath	3360	8%
Glenrothes	4109	8%
Kirkcaldy	5549	9%
Levenmouth	3560	10%
North East Fife	7192	10%
South West Fife	3845	8%

- 2.3.5 Over the next 25 years the total population within South West Fife is projected to increase by 9% by just around 4,600 by the year 2041. Most of the areas' population growth is expected to take place in the older people age group, an increase of circa 52% which will place and increasing demand on health and social care.

Figure 3



- 2.3.6 The Local Development Plan indicates that housing developments will see circa 317 new homes built by 2032 (potentially an additional 790 people). The local development plan includes potential for the development of a further 259 homes within the Kincardine Health Centre catchment area.
- 2.3.7 The local and national goal, supported by NHS Fife's Clinical Strategy (2016-21), NHS Forth Valley Healthcare Strategy (2016-21) and the Fife Health and Social Care Partnership's Strategic Plan for Fife 2016-2019 (currently being revised) is to provide safe, effective and sustainable care at home or as close to home whenever possible. The model being implemented will support robust, integrated health (primary and community), social care and third sector services with a strong focus on early intervention, prevention, anticipatory care and supported self management.

- 2.3.8 The proposal for investment into fit for purpose health and social care facilities in Kincardine will not only address the current strictures upon local delivery of clinical services and deficiencies in facilities at the existing Kincardine Health Centre but also enable the delivery of the above key areas within the Kincardine area.
- 2.3.9 The well rehearsed pressures in General Practice in Scotland can be illustrated by the following indicators:
- 10% of the population consults with a GP practice clinician every week.
 - 34% of all GPs are aged 50 and over in 2015, compared with 29% in 2005.
 - 37% increase in female GPs and 15% decrease in male GPs over the ten-year period to 2015.
 - 40% of female GPs leave the profession by the age of 40.
 - 2015 – 1 in 5 GP training posts unfilled.
- 2.3.10 Fife's Primary Care Improvement Plan sets out how primary care and General Practice are reshaping to implement the new GMS 2018 Contract. This is facilitating the development of GPs as expert medical generalists within expanded Primary Health Care Teams, by implementing new roles and ways of working. This is underpinned by the guiding principles of:
- Contact: accessible care for individuals and communities.
 - Comprehensiveness: holistic care of people – physical and mental health.
 - Continuity: long term continuity of care enabling an effective therapeutic relationship.
 - Co-ordination: overseeing care from a range of service providers.
- 2.3.11 Care pathways are patient (not disease) centred to meet the challenge of shifting the balance of care, realising Realistic Medicine and enabling people to remain at or near home wherever possible. Local accessibility and the need to provide a wider range of services to people in their local communities and to develop greater local integration is being hampered by the accommodation available within the Kincardine area.
- 2.3.12 Local accessibility and improved joint working with other Health and Social Care Partners as part of wider whole system will facilitate integration of health and social care and enable more effective delivery of health and wellbeing outcomes. This will be underpinned by practice multi disciplinary team working, supported by responsive wider locality teams in reaching to deliver local care.
- 2.3.13 Key national and local documents have influenced the development of our health and care model and thereby this proposal, although this is not an exhaustive list. It should be noted that along with Caithness and Ayrshire Fife's Community Health and Wellbeing Hub programme has been selected as a national pathfinder site to support a Once for Scotland approach to delivering the shift in the balance of care from hospital to community.

National

- Commission on the Future Delivery of Public Services (The Christie Report) (June 2011).
- 2020 Vision for Health and Social Care (September 2011).
- Healthcare Quality Strategy (2012).
- A National Clinical Strategy for Scotland (February 2016).
- Health and Social Care Delivery Plan (December 2016).

- Property Asset Management Strategy (2017).
- NHS in Scotland 2016 – Audit Scotland Report, October.
- Achieving Excellence in Pharmaceutical Care: A strategy for Scotland Aug 2017.
- General Medical Services Contract (2018).
- Health and Social Care Integration – Audit Scotland November 2018.
- Nursing 2030 Vision: Promoting Confident, Competent and Collaborative Nursing for Scotland's Future (2017)

Local

- Health and Social Care Partnership Strategic Plan for Fife Plan (draft 2019-2022).
- NHS Fife Clinical Strategy (2016-21).
- NHS Fife Estates Rationalisation Strategy (2017).
- NHS Fife Operational Delivery Plan (2018/19).

The corresponding relevant documents from Forth Valley also support integrated local working:

- NHS Forth Valley Healthcare Strategy (2016-21).
- NHS Forth Valley 'Our Delivery Plan' 2018/19.

2.3.14 This proposal interacts with these key local and nation strategies in terms of:

Quality Strategy ambitions in relation to:

- Person centred care - through improving access to Primary Care and providing more care closer to home;
- Safe – reducing risk of infection through provision of modern fit for purpose accommodation;
- Effective – bringing together a wider range of health and care services to make more effective use of resources.

2020 Vision aspirations are that everyone can live longer healthier lives at home, or in a homely setting with focus on improving quality of care, improving the health of the population and providing better value and sustainability.

Technology Enabled Care projects are being tested within the current service model to modernise primary care, support earlier identification and self management.

NHS Fife's clinical strategy and **Operational Delivery Plan** are focused on delivering person centred care, closer to home where possible. The proposed development will support the local provision of health and social care services within Kincardine, facilitating person centred care and support.

The **2018 General Medical Services Contract** refocuses the role of General Practitioners as expert medical generalists and recognises that general practice requires collaborative working, with enhanced multidisciplinary teams that are required to deliver effective care, joint working between GP practices in clusters and as part of the wider integrated health and social care landscape. Better care for patients will be achieved through:

- Maintaining and improving access;
- Introducing a wider range of health professionals to support the expert medical generalist;
- Enabling more time with the GP for patients when it is really needed; and
- Providing more information and support to patients.

The **Public Bodies (Joint Working) (Scotland) Act 2014** aims to improve outcomes for people by creating services that allow people to stay safely at home for longer with a focus on prevention, anticipation and supported self-management, and provide opportunities to co-locate health and care services working together for the local population. Fife's local Health and Social Care Strategy describes how the nine National Outcomes for Integration can be met through prevention, local earlier integrated working focused on people's own outcomes.

Promoting the wellbeing of children is central to the work of Health Visitors and this is supported by the new Universal Health Visiting Pathway and the Named Person role conferred by the **Children and Young People (Scotland) Act (2014)**. The Universal Health Visiting Pathway sets the standard for Health Visiting and the minimum core visits that families with children aged 0-5 years can expect from their Health Visitor, regardless of where they live. This will require an increase in the Health Visiting establishment and new ways of working for full implementation.

The Scottish Government's **Nursing 2030 Vision: Promoting Confident, Competent and Collaborative Nursing for Scotland's Future** (2017) sets the direction for nursing in Scotland through to 2030 and focuses on personalising care, preparing nurses for future needs and roles, and supporting nurses. Within this framework redesign in community nursing is supporting the implementation of the Chief Nursing Officer Directorate's paper on Practice and Community Nursing to integrate locally to support prevention and early intervention.

Fife Health and Social Care Partnership, established on 1st April 2016, is refreshing its strategic plan, this includes revised Vision, Mission and Values. The plan is focused on delivering proactive, integrated support and, therefore, will seek to secure an outcome focused model delivered locally aimed at securing improved outcomes through early identification and intervention:

The Vision is To enable the people of Fife to live independent and healthier lives.

The Mission is "We will deliver this (vision) by working with individuals and communities, using our collective resources effectively. We will transform how we provide services to ensure these are safe, timely, effective and high quality and based on achieving personal outcomes."

Our Values are: Person-focused - Integrity – Caring - Respectful - Inclusive - Empowering

This will support local delivery of the national outcomes for integration.

2.4 DRIVERS FOR CHANGE

2.4.1 The following is a full list of the main drivers causing the need for change, the effect that these issues are having on the current service provision and an assessment of why it is believed action is required now.

Table 4

Driver for change:	What effect is it having, or likely to have, on the organisation?	Why action now:
The clinical and social care model have developed and implementation is being circumscribed.	Primary, Community and Voluntary sector services cannot provide the integrated model of care they and the community recognise is required now and for the future.	The model of care is being undermined now: preventing locally based, integrated proactive care. Time from Initial Agreement to occupation of a new facility could take circa 4 years.
	Services cannot be delivered locally for local patient need; instead are based where it is possible to deliver services.	NHS Fife/Fife H&SCP will fail to deliver the GMS (2018) and community health and wellbeing hub model within Kincardine unless this is planned for.
	Pressure on existing staff, accommodation and services will inevitably increase.	Sustainability of primary care is a key priority for the IJB and NHS Fife. There is a need to plan to provide a sustainable service for the future.
Poor clinical and non clinical functionality and space restrictions in existing accommodation (configuration)	Existing facilities fall far below the required standards in terms of how they are configured and laid out. The Equalities Act 2010 compliance within the building is poor.	Existing facility configuration and layout presents unacceptable risks, as well as poor local performance, functional inefficiency and suboptimal patient experience.
	Premises are functionally inadequate and compromise proactive, integrated care.	No scope exists to re-organise parts of the service to improve the experience.
	Some consulting rooms are very small and do not meet current standards. These are very restrictive / unsuitable for patients and staff.	Poor patient and staff experience. Does not meet current recommended standards.
Clinical and social care functionality (capacity) issues	Capacity is unable to cope with current, let alone future projections of need. Patients are required to make repeated appointment to meet with different members of their multi disciplinary team and to access healthcare out-with the local area.	Service sustainability and development is at risk and an increasing number of patients will travel from Kincardine to Clackmannan for basic Primary Care.
	Facilities lack the number and range of support areas necessary to deliver modern, integrated, safe and effective services	A lack of essential support areas represents a real and unacceptable risk to the Board in key areas such as HAI and patient safety.
Building issues (Including statutory compliance and backlog maintenance)	Increased safety risk from outstanding maintenance and inefficient service performance	Building condition and associated risks will continue to deteriorate if action is not taken now, affecting performance. Redesign of building will allow for improved care, staff experience and financial performance.

2.5 INVESTMENT OBJECTIVES

2.5.1 This section identified the 'business need' in relation to the current arrangements described in section 2.1. These were discussed at the Architecture & Design

Scotland (A&DS) facilitated workshop to develop the project design statement. A wide range of stakeholders including clinical and managerial staff along with community representatives were involved in a workshop to describe the difference between 'where we are now' and 'where we want to be'.

Table 5

Effect of the need for change on the organisation:	Investment Objectives
Existing service arrangements are affected by lack of clinical support service facilities.	Ensure equal access to a patient centred approach by enabling delivery of and access to local anticipatory and preventative care for patients.
Implementation of integrated models of care is undeliverable locally in the current environment	Ensure equal access to modern integrated care with provision driven by patient need rather than limitations in physical capacity.
Pressure on existing staff, accommodation and services will inevitably increase.	Ensure the right staff skill mix and service capacity are available to deliver and strengthen local capacity to manage people's health within the local community.
The facilities available, 100% occupancy, combined with significant population change, restrict the ability of the parties to deliver the full range of integrated services locally.	Enable earlier access to proactive and anticipatory care through local delivery via integrated seamless service across health and social care.
Existing configuration, as a result of a 1930's building, being modified and extended with a 'best fit' approach. Current facilities have treatment rooms below minimum acceptable standards.	Delivery of safe and effective care with dignity –by providing facilities which comply with all legal standards and regulatory requirements and gives equality of access for all.
Increased safety risk from outstanding maintenance and inefficient service performance.	Improve safety and effectiveness of accommodation by improving the physical condition, quality and functional suitability of the healthcare estate.

2.6 PROPOSED BENEFITS

- 2.6.1 There is a clear emphasis on General Practice provision and the development of the community health and wellbeing hub model within the IJBs' Strategic Plans and NHS Fife and Forth Valley's Clinical Strategies. The proposed investment in infrastructure will enable the Kincardine Medical Practice to fully participate in the required programmes of care, enable full access to the Primary Care Improvement Plan and thereby improve outcomes for individuals, experience for staff and the reputation of the organisation.
- 2.6.2 Benefits for each of the investment objectives described in section 2.5 above are mapped to the expected benefits in the context of the Scottish Government's five Strategic Investment Priorities (Safe; Person-Centred; Effective Quality of Care; Health of Population; Efficient: Value and Sustainability).
- 2.6.3 To ensure that resources are effectively exploited and that any investment made provides agreed benefits a register has been developed. This benefits register (see appendix 2) identifies the expected benefits, indicates a baseline and target measurement and also gives a priority level to each benefit. A Benefits Realisation Plan will be developed as part of the Outline Business Case.

Table 6

	Investment Objective	Benefit	Investment Priority
1.	Ensure equal access to a patient centred approach by enabling delivery of and access to local anticipatory and preventative care for patients.	GP Practice Multi Disciplinary Team and wider community hub team have access to accommodation to meet population needs locally	Person Centred Health of Population Integrated Care Quality of Care
2.	Ensure equal access to modern integrated care with provision driven by patient need rather than limitations in capacity.	Services delivered locally based on need	Person Centred Efficient Effective Integrated Care
3.	Ensure the right staff skill mix and service capacity are available to deliver and strengthen local capacity to manage people's health within the local community.	Higher staff retention levels Higher staff morale/lower absence rates Increased flexibility of roles Career progression Improved workforce planning across the health and social care pathway Supports training, education and development	Person Centred Efficient Effective Value and Sustainability Integrated Care
4.	Enable earlier access to proactive and anticipatory care through local delivery via integrated seamless service across health and social care.	Access to wider staff skills and experience on one site Reduces unnecessary hospital referrals / multiple appointments Reduces patient risk	Effective Quality of Care Person Centred Integrated Care
5.	Delivery of safe and effective care with dignity – by providing facilities which comply with all legal standards and regulatory requirements and gives equality of access for all.	Improves patient experience addressing privacy and dignity issues Improves staff safety through provision of primary care & community services on one site allowing for available support for patients and staff. Ease of compliance with standards e.g. Equalities Act 2010, HAI Fit for purpose flexible accommodation meeting all guidelines e.g. room sizes	Safe Person Centred Quality of Care Integrated Care
6.	Improve safety and effectiveness of accommodation by improving the physical condition, quality and functional suitability of the healthcare estate.	Increased local provision and access to treatment making best use of available resources by having the infrastructure to deliver more proactive prevention and early intervention focused support, maximising MDT working to facilitate access for people and thereby reducing the call upon unscheduled care.	Effective Quality of Care Efficient: Value and Sustainability

3 STRATEGIC RISKS, CONSTRAINTS AND DEPENDENCIES

3.1 RISKS

- 3.1.1 Recognising that one of the main reasons when change projects are unsuccessful in terms of cost and time overruns and/or failing to deliver the expected benefits is the failure to properly identify and manage the project risks a Project Risk Register has been developed. Risks at the Initial Agreement Stage of the Project have each been assigned an owner and mitigation action identified (appendix 3).
- 3.1.2 The key areas of risk relate to:
- Capital envelope does not support the preferred way forward.
 - Clinical and care models may change and not be adequately planned for
 - The programme may be delayed : further impacting on service delivery
 - Engagement: in terms of maintaining positive stakeholder engagement
 - Acquisition of land: initial discussions have been held with Fife Council in relation to the possible purchase of land.
- 3.1.3 These risks will then be reviewed in more detail at the Outline Business Case stage. The process of risk management will continue throughout the life of the project and then transfer to the operational management of the organisation.

3.2 CONSTRAINTS AND DEPENDENCIES

- 3.2.1 Financial: given the current climate it is recognised that the project is likely to be constrained financially. The affordability of the project will continue to be fully tested through each of the approval stages; this will include the development of a fully detailed revenue model within the Outline Business Case. Once the project budget is set, the project will require to be delivered within this.
- 3.2.2 Programme: given the risks associated with the current arrangements, there is a need to deliver the project as quickly as possible.
- 3.2.3 Quality: the project will require to comply with all applicable healthcare guidance and achieve the Achieving Excellence Design Evaluation Tool (AEDET) pre-defined target criteria across all categories.
- 3.2.4 Sustainability: as the preferred option is a new build there will be a requirement to achieve British Research Establishment Environment Assessment Method (BREEAM) 'excellent'.
- 3.2.5 Site: as the preferred option is a new build within a live environment, delivery of the project will be restricted and constrained. Careful planning will be required to plan how the project can be delivered efficiently and safely with minimal disturbance to surrounding services and areas.
- 3.2.6 Dependencies associated with the build phase will be tested in development of the OBC.

3.3 CRITICAL SUCCESS FACTORS

3.3.1 In addition to the Investment Objectives set out in section 2, the stakeholders have identified several factors which, while not direct objectives of the investment, will be critical for the success of the project.

Table 7

Requirement	Description	Critical Success Factor
Strategic fit	Meets agreed clinical and investment objectives, related business needs and service requirements	<ul style="list-style-type: none"> • Promotes sustainability of Primary Care provision and delivery of 2018 GMS Contract • Consistent with NHS Board's Clinical Strategy • Supports delivery of NHS Scotland Quality Strategy • Facilitates integration of health and social care services, delivered locally • From Patient perspective: <ul style="list-style-type: none"> • a facility that is easily accessible, bright, friendly and airy. • designed so that patients can be treated with dignity particularly in terms of confidentiality.
Value for money	Maximise the return on the required investment and minimise risks	<ul style="list-style-type: none"> • Service model maintains or reduces revenue costs in the longer term through earlier intervention • Service model enables effective decision making in allocation of resources • Building design maximises efficiency and sustainability
Potential achievability	<p>Is likely to be delivered in relation to the required level of change</p> <p>Matches the available skills required for successful delivery</p>	<ul style="list-style-type: none"> • The skills and resources are available to implement new ways of working • The H&SCP and the Practice are able to embed new ways of working • NHS Fife are able to deliver the programme to agreed budget and timescales • Technology enablers are available and utilised
Supply side capacity and capability	Matches the ability of service providers to deliver required services	<ul style="list-style-type: none"> • Service providers are available with skills, materials and knowledge • The project is likely to attract market interest from credible developers
Potential affordability	Available capital and revenue resources are sufficient to support the successful delivery of the proposed facility and services	<ul style="list-style-type: none"> • Solution is affordable to all stakeholders

4 ECONOMIC CASE

4.1 Do Nothing/ Do Minimum option:

- 4.1.1 It is not feasible to continue with the existing arrangements ('Do Nothing') as outlined in Section 2.11, because the building is not fit for purpose. The backlog maintenance required while supporting minimum safety and supporting the building to be water tight will not make it fit for purpose. The do nothing option scored lowest throughout the option appraisal process. The building and footprint likewise mean that a do minimum option is not feasible.

Table 8

Strategic Scope	Do Nothing / Do Minimum
Service Provision:	Primary Care services in Kincardine are delivered from the existing Kincardine Health Centre. This former Police Station has been considerably modified and extended throughout its lifetime. Continue with existing service provision with no changes to service provided as outlined in Section 2.11. This will result in insufficient capacity to meet future demand for treatment, restrict proactive integrated care and maintain inequity of access.
Service Arrangements:	The service arrangements will continue as existing with Kincardine Medical Practice; Primary General Medical Services being provided alongside Community, District Nursing and Children's Services. There will be the risk of being unable to implement GMS (2018) and community health and wellbeing hub model and potential requirement for patients to register with practices outwith their catchment area.
Service Provider and workforce arrangements (at the time of the Option Appraisal):	Workforce arrangements will continue as the existing situation with GP services Community, District Nursing and Children's Services delivered in the building. The developing integrated Mutli disciplinary mode will be circumscribed with inequity of access and travel implications for both patients and staff. Poor accommodation will continue to be managed as a risk in terms of staff health and safety. Areas originally designed to provide essential support functions have been lost in a drive to maximise clinical consultation space. The facility no longer has any meaningful storage (impacting on consulting rooms); does not have the following: a clean utility room; a dirty utility room; a disposal hold; any cleaner's room/facilities; a quiet/interview room; or an effective disabled WC.
Supporting assets:	The building presently does not meet the required standards (particularly around spacing and access). The condition of the building will continue to deteriorate. Decant of community services may be required to support practice provision and reducing access for community services.
Public & service user expectations:	Public consultation indicates a strong desire for the delivery of effective GP & Primary Care/Community Care services in Kincardine from one building in a good central location which is all on one level. Services delivered by a wide range of professionals. Strong desire to increase targeted delivery to address inequalities. Single shared staff room. Suitable space for patients who become unwell and need transfer to acute services. This option will not deliver this in the future and will perpetuate a poor environment with limited facilities and also reduce access to primary and community care services for local residents. It will also continue to impact negatively on confidentiality and dignity, and the organisations reputation.

4.2 ENGAGEMENT WITH STAKEHOLDERS

- 4.2.1 It was key to have the support of key stakeholders from health and social care staff and leaders from the local community to define the change required and create the vision for change.
- 4.2.2 Stakeholders supported this through their participation in the Option Appraisal Exercises and Design Statement workshops.
- 4.2.3 This will ensure that the vision is shared, is communicated to all who will be impacted by the change and the support from those who have an emotional commitment to the services provided in their community.
- 4.2.4 Further detailed information on the engagement and involvement with stakeholders completed to date, and proposed throughout the programme is included at section 7.

4.3 SERVICE CHANGE PROPOSALS

- 4.3.1 The initial scope for the Kincardine Health Centre project was to explore design and scope options to provide a suitable health and social care facility in Kincardine which was of a suitable size and condition to meet with the growing needs of the existing practice and community health and social care team.

Long List

- 4.3.2 The theoretical long-list of options was initially generated by the NHS and Local Authority teams with the support of Hubco and its advisers, and reviewed throughout the process. This long-list was based on the cross-referencing of strategic theoretical service options available with local site / facility considerations.
- 4.3.3 Strategic theoretical option themes included:

Strategic Scope	Summary
1 Service Provision	<ul style="list-style-type: none">• Do nothing (The status quo)• Centralise (currently separate) health care facilities in Fife (Kincardine), Forth Valley (Clackmannan) or somewhere in-between recognising that these sites are staffed by the same practice• Build entirely new and minimise any use of existing buildings (full build)
2 Service Arrangements	<ul style="list-style-type: none">• Don't have any specific GP / health facilities locally
3 Service provider/ workforce	<ul style="list-style-type: none">• Utilise only 'operational' solutions to address existing problems
4 Supporting Assets	<ul style="list-style-type: none">• Build new but also make use of existing facilities to support the overall model (reduced build)• Combine a new build or refurbishment proposal with other new / existing developments across the public sector
5 User Expectations	<ul style="list-style-type: none">• The expectations of the public and service users

4.3.4 The following core long-list of options, in addition to Option 1 do nothing/minimum described above at 4.1, was agreed:

Table 9

Option	Description	Commentary
2	Don't have any Health Centre building – use existing available public sector estate.	This option was not short-listed as it was completely incapable of delivering the preferred service model, would not deliver the community health and wellbeing hub required and result in an even more fragmented service than at present. It was also reliant upon finding existing spaces that do not exist.
Option	Description	Commentary
3a	An operational solution utilising only the existing Health Centre	Whilst a number of operational solutions are being considered by the Board to address acute short-term crises – and this option is not 'mutually exclusive' – it is not capable of addressing anything other than capacity concerns in the very short-term and certainly not any of the physical/facility issues identified. It was consequently not short-listed.
3b	An operational solution utilising the existing Health Centre plus space in other local facilities.	This option was assessed as a variation on option 3a), that also sought to access space in other local facilities. It was not short-listed for the same reasons.
Option	Description	Commentary
4a	Refurbish & extend the existing Health Centre facility	This option was not deemed feasible as the current Health Centre building covers the entire curtilage meaning no options for extension or adequate refurbishment exist. It was consequently proven unfeasible and not short-listed.
4b	Refurbish other existing facilities.	This option acknowledged the possibility of identifying and refurbishing another local facility however, in the event, no such facility could be found. It was consequently proven unfeasible and not short-listed.
Option	Description	Commentary
5a	Reduced new build on existing Health Centre site (plus use of space in other facilities to be confirmed).	This option involved building a reduced new facility on the existing site that made use of space in other local buildings. It was rejected as not feasible for a number of reasons including the cost/disruption associated with decant and lack of facilities to support either the reduced new build element or decant. The option was consequently not short-listed
5b	Reduced new build on land at Feregait (plus use of space in other (?) facilities)	This option was rejected as no additional suitable facilities could be identified.
5c	Reduced new build on land at Station Road (plus use of space in other (?) facilities)	This option was rejected as no additional suitable facilities could be identified.
5d	Reduced new build on land at Tulliallan Primary School (plus use of space in other (?) facilities)	This option was rejected as no additional suitable facilities could be identified and no way could be found to link into the existing school facility.

Option	Description	Commentary
6a	Full new build on existing site for Kincardine services only	This option involved a full new build on the existing site that was entirely self-contained and intended to deliver Kincardine services only. It was not short-listed as the site is too small for the required area as well as having significant cost, disruption and operational challenges associated with decant to support demolition and re-building.
6b	Full new build on the Feregait site for Kincardine services only	This option involved a full (self-contained) new build on the Local Authority owned Feregait site. It was deemed feasible and consequently short-listed.
6c	Full new build on the Station Road site for Kincardine services only	This option involved a full (self-contained) new build on the Local Authority owned Station Road site. It was deemed feasible and consequently short-listed.
6d	Full new build on the Tulliallan School site for Kincardine services only	This option involved a full (self-contained) new build on part of the Local Authority owned Tulliallan Primary School site. It was deemed feasible and consequently short-listed
Option	Description	Commentary
7a	Full (combined) new build on existing site for Kincardine & Clackmannan services	This option involved a full new build on the existing site that was entirely self-contained and intended to deliver the combined services currently delivered separately in Kincardine and Clackmannan by the same GP practice. It was not short-listed as any option that involved centralising existing services in any single location was not deemed acceptable by any of the stakeholders involved. This included NHS Fife and NHS Forth Valley in recognition of the fact that the practice and its delivery locations straddle both Board areas
7b	Full (combined) new build at Feregait site	This option was not short-listed as any option that involved centralising existing services in any single location was not deemed acceptable by any of the stakeholders involved.
7c	Full (combined) new build at Station Road site	This option was not short-listed as any option that involved centralising existing services in any single location was not deemed acceptable by any of the stakeholders involved
7d	Full (combined) new build at ANOther site in Kincardine	This option was not short-listed as any option that involved centralising existing services in any single location was not deemed acceptable by any of the stakeholders involved.
7e	Full (combined) new build at ANOther site in Clackmannan.	This option was not short-listed as any option that involved centralising existing services in any single location was not deemed acceptable by any of the stakeholders involved.
7f	Full (combined) new build at ANOther site “between” Kincardine & Clackmannan.	This option was not short-listed as any option that involved centralising existing services in any single location was not deemed acceptable by any of the stakeholders involved.

4.3.5 The benefits criteria against which the long list were assessed were initially drafted by the wider planning team in light of the strictures placed upon the clinical model by

the facility associated challenges identified. These were refined during the option appraisal events into an agreed list based on global stakeholder opinion.

- 4.3.6 Importantly, this list was also developed with the support of the stakeholder group reviewing options related to a similar business case being developed for Lochgelly in order to ensure that both projects, which have similar objectives and timescales, were able to benefit from each other's work through the development of an agreed list of benefits criteria that were weighted independently.
- 4.3.7 In summary, the benefits criteria reflected the ability of each identified option to, noted in order of highest to lowest weighting:
- Deliver an optimal physical environment.
 - Be readily accessible.
 - Support flexibility and sustainability.
 - Support local and national service strategies.
 - Deliver wider community & public benefits.
- 4.3.8 The Partnership is committed to delivering services that are integrated and maximise opportunities for local delivery. It has been formally confirmed that there is an on-going requirement to continue to deliver GP, primary care and local clinical services separately from Kincardine and Clackmannan in recognition of population, local clinical needs and geographical considerations. Consequently all option 7s, were not taken forward to the short-list.
- 4.3.9 Specific site/facility considerations included:
- The existing NHS owned Health Centre site in Kincardine.
 - A Local Authority owned site at Feregait.
 - A Local Authority owned site at Station Road.
 - Part of the Local Authority owned Tulliallan Primary School site.
- 4.3.10 Whilst a number of other potential sites were raised and considered, they were all excluded at this stage as they were either demonstrably too small and / or not in public sector ownership. On this latter point it was noted that a site that was not currently in the ownership of the public sector would only be considered if none of the public sector sites was deemed appropriate based on the appraisal process.
- 4.3.11 It was acknowledged by all concerned at the outset and throughout the appraisal process that sites are extremely limited in the Kincardine area and that this would inevitably present a significant challenge to the project.

Short List

- 4.3.12 The short-list was largely shaped by:
- A complete lack of suitability/options regarding the current site.
 - A complete lack of facilities in the Kincardine area to present refurbishment opportunities or additional supportive capacity for the integrated health and social care model.
 - A very limited range of additional sites/opportunities.
- 4.3.13 The short list consequently included four options:

Table 10

Option	Description
1	Do Nothing (The Status Quo)
6b	New build at Feregait site in Kincardine (for Kincardine services only)
6c	New build at Station Road site in Kincardine (for Kincardine services only)
6d	New build at Tulliallan Primary School in Kincardine (for Kincardine services only)

4.4 INDICATIVE COSTS

- 4.4.1 Indicative costs for each of the options on the Short List have been prepared as per guidance in the Scottish Capital Investment Manual by Hubco. The non preferred options are based on BCIS Tender Price Indices – updated to 4th quarter 2020. The preferred option is based on elemental cost/m2 from other recent health centre projects and the current Schedules of Accommodation (updated to 4th quarter 2020). Figures are calculated over a 60 year period.

Table 11

Description	Capital Costs (£) *	Whole Life Capital Costs (£)	Whole Life Operating Costs (£)	Est. NPV (£)	Est. EUV (£)
1 Do Nothing/Base	-	-	1,749,291	723,705	28,520
2 (6c) Kincardine Stn	3,903,627	769,948	10,293,636	6,368,662	250,979
3 (6b) Feregait	3,846,621	758,689	10,220,763	6,307,702	248,577
4 (6d) Tulliallan School	3,903,627	769,948	10,293,636	6,368,662	250,979

4.5 OPTION APPRAISAL

- 4.5.1 The following table outlines how the advantages and disadvantages of the short list were assessed against the benefits criteria. This was undertaken through a process of discussion / debate within groups with the intention of seeking consensus agreement around the relative merits of each option and scores to be applied.

Table 12

	Option1: Status Quo	Option 6b: Feregait	Option 6c: Station Rd	Option 6d: Tulliallan
Advantages (Strengths & Opportunities)	Established location.	Purpose built facility. Good central location. Good pedestrian and vehicle access. Secure location. Good service access. Good parking.	Relatively close to town centre. Relatively flat site, for 1 level building. Good pedestrians and vehicle access. Secure location. Good community setting. Flexibility – with potential expansion options. Ease of segregated access.	Central location. Good physical site. Good local and physical access. Community Campus opportunity. High visibility. Increased flexibility. Ability to segregate access for staff/patients/servicing. Access from A977.
Disadvantages (Weaknesses & Threats)	Building and curtilage not suitable for further development	Potential flood risk. Site investigation required (mining?). Ground conditions make development expensive. Infrastructure issues.	Potentially too overlooked. Impacts on village green. Potential flood risk. Site investigation required (mining?). Ground conditions make development expensive. Infrastructure issues. Public transport – slight walk. Access road may not be suitable for construction traffic.	Loss of school / community amenity space. Potentially contentious road issues. Potential flood risk. Site investigation required (mining?). Ground conditions make development expensive. Infrastructure issues.

	Option1: Status Quo	Option 6b: Feregait	Option 6c: Station Rd	Option 6d: Tuliallan
Investment Objectives				
Ensure equal access to Primary Care and Community Services for the whole population	No	Yes	Yes	Yes
Ensure the right staff skill mix and service capacity are available to deliver strengthened and tailored local capacity to manage people's health within their local community.	No	Yes	Yes	Yes
Ensure appropriate workforce including increased flexibility of roles /development of new roles to support implementation of nGMS and Community Health and Wellbeing Hub.	No	Yes	Yes	Yes
Provide a more integrated seamless service across health and social care.	No	Yes	Yes	Yes
Improve the patient and user experience - deliver services locally based on local patient demand.	No	Yes	Yes	Yes
Accommodation that complies with all legal standards and regulatory requirements and gives equality of access for all.	No	Yes	Yes	Yes
To deliver safe and effective care with dignity - provide facilities which ensure the safe delivery of healthcare in line with guidelines and standards.	No	Yes	Yes	Yes
To deliver services more effectively and efficiently - facilitate better joint working to ensure right care is delivered at the right time and in the most appropriate setting	No	Yes	Yes	yes
Weighted score	221	539	509	739
Preferred / Possible / Rejected	Rejected	Possible	Possible	Preferred

4.6 THE PREFERRED OPTION

- 4.6.1 The preferred solution is Option 6d: A new build on the Tuliallan Primary School site, owned by Fife Council. Option 6d represents a clearly favoured option for all stakeholders, with little to choose between options 6b and 6c for second place.
- 4.6.2 The proposal has the support of representative service users, carers, staff, the GP Practice and all other key stakeholders.
- 4.6.3 It is recommended that NHS Fife proceeds to Outline Business Case, exploring Option 6d: New build Tuliallan Primary School site in more depth.

4.7 DESIGN QUALITY OBJECTIVES

- 4.7.1 A key part of the development of the Initial Agreement Document (IAD) was to ensure that stakeholders were fully engaged in the NHS Scotland Design Assessment Process (NDAP).
- 4.7.2 There were two key strands to this work;
- 1) A multi-stakeholder event where the Achieving Excellence, Design Evaluation Tool (AEDET) was completed for the existing unit.

- 2) An NDAP Design Statement was developed to capture the 'non-negotiable' points that need to be addressed by the project.

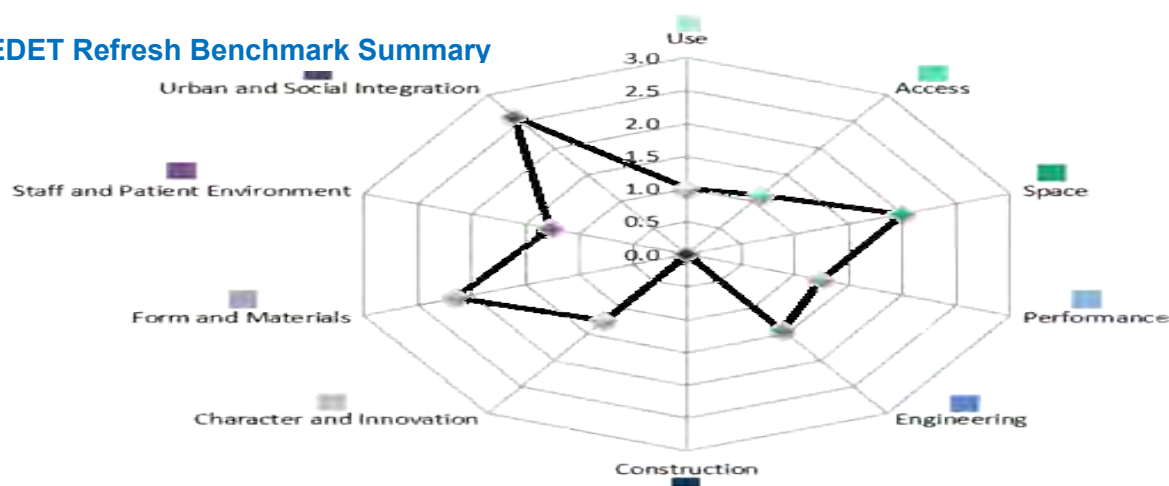
4.7.3 AEDET on Existing Property: An AEDET Workshop was held on 21 February 2017.

4.7.4 The existing unit at Kincardine was reviewed. A Benchmark Score was achieved with the resultant Target Score as below at Table 13.

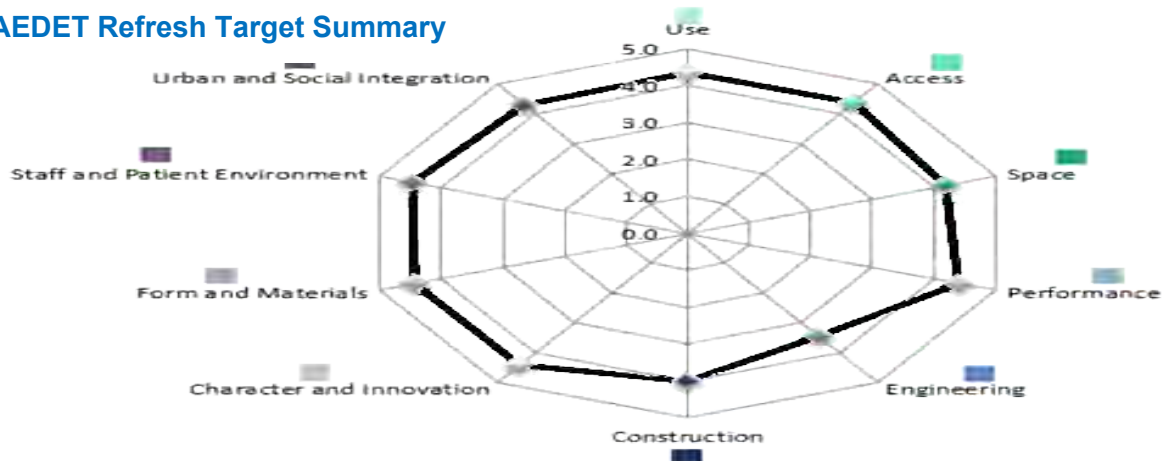
Table 13

Descriptor		Benchmark	Target
Functionality	Use	1.0	4.3
	Access	1.1	4.4
	Space	2.0	4.2
Build Quality	Performance	1.3	4.4
	Engineering	1.4	3.4
	Construction	0.0	4.0
Impact	Character and Innovation	1.3	4.4
	Form and Materials	2.1	4.4
	Staff and Patient Environment	1.3	4.5
	Urban and Social Integration	2.6	4.3

AEDET Refresh Benchmark Summary



AEDET Refresh Target Summary



4.7.5 NDAP Design Statement: A multi-stakeholder event was held on Friday 3 March 2017. This event was facilitated by Architecture and Design Scotland (A&DS) where

the group discussed the non-negotiables in terms of requirements from the perspective of patients, staff and visitors.

The Patients Perspective

The patient's perspective was reviewed in terms of their initial approach to the centre through to waiting for their appointment. There was a consensus on the expectations for a facility that was easily accessible, bright, friendly and airy. It was agreed that the facility should be designed so that patients could be treated with dignity particularly in terms of confidentiality.

The Staff Members Perspective

Staff groups were clear that they would want the facility to enable different staff groups' paths to cross. Staff want to feel safe in accessing and egressing the facility. Suitable investment in information technology and teaching facilities is also expected as well as staff change, shower and communal staff room facilities.

The Visitor/Carer Perspective

It was agreed that carer's should be able to accompany patients and be easily accommodated in the waiting and consulting spaces with access to support information at hand.

A smaller private waiting space is required to support patients and carers who are challenged by open spaces or who themselves are exhibiting challenging behaviours.

4.8 DESIGN STATEMENT

4.8.1 The event enabled participants to clearly describe the attributes the building must possess, this will support the development of the detailed business case. The business objectives the project seeks to achieve are:

- To provide current clinical service requirements locally and reduce the number of referrals to other service providers and additional attendances required.
- Deliver group based activities. A key strand of NHS Fife's Clinical Strategy is to reduce health inequalities by reconfiguring services and resources so that there is equity of access to services across Fife and across all patient groups. Care should be provided at home or as close to home as possible. Delivering services in a group environment will allow a greater number of NHS Fife residents be supported in their management of their own well-being.
- To meet Outcome 3, 5 and 9 of the National Outcomes for Integration, i.e. that people who use Health and Social Care Services have positive experiences of those services, and have their dignity respected; health and social care services contribute to reducing health inequalities; and resources are used effectively and efficiently in the provision of health and social care services
- Improve safety and effectiveness of accommodation by improving the physical condition and quality of the healthcare estate.

5 COMMERCIAL CASE

5.1 OUTLINE COMMERCIAL CASE

- 5.1.1 The indicative costs for the preferred option at this stage are £3,903,627 excluding VAT. The current building is owned by NHS Fife, it is therefore anticipated that NHS Fife will lead on the procurement, supported by the IJB, through the Scottish Futures Trust hub initiative.
- 5.1.2 Hub East Central is the designated procurement vehicle for health projects in excess of £750k in the NHS Fife Board area.
- 5.1.3 The East Central HubCo can deliver projects through one of the following options:
- Design and Build contract (or build only for projects which have already reached design development) under a capital cost option.
 - Design, Build, Finance and Manage under a revenue cost option.
- 5.1.4 Design and Build, using NHS Capital is likely to be the most suitable vehicle for this project.

6 THE FINANCIAL CASE

- 6.1.1 Based on the current costs and assumptions identified in Section 4.4 above, NHS Fife considers the project to be affordable within the current available capital resources estimated within the Local Delivery Plan. This builds in a significant contingency into the scheme to cover optimism bias and other possible infrastructure and enabling costs. Should Capital costs increase over the agreed budget, the Board would require to acquire Capital funding from elsewhere within the Board's Capital Programme.
- 6.1.2 Fife Health & Social Care Partnership has agreed to fund the revenue consequences; which are affordable within the revenue resources available. Should Revenue costs increase, then these additional costs would require to be funded within the Partnership's overall revenue resource envelope.
- 6.1.3 In order to make this assessment an overall affordability model has been developed covering all aspects of projected costs including estimates for:
- Capital costs for preferred option (including construction and equipment);
 - Non-recurring revenue costs associated with the project;
 - Recurring revenue costs (pay and non-pay) associated with existing services i.e. baseline costs;
 - Changes to revenue costs associated with service redesign as a direct result of the development.

6.2 CAPITAL AFFORDABILITY

- 6.2.1 The total capital cost comprises the projected construction cost, supplied by HubCo, plus all other costs directly related to the project such as VAT and professional fees.
- 6.2.2 The estimated capital cost associated with each of the short listed options is detailed in the table below:

Table 14

	Option 6b: Feregait	Option 6c: Station Rd	Option 6d: Tuliallan
Construction Cost	1,993,192	2,023,192	2,023,192
Preliminaries	358,775	364,175	364,175
Fees Stage 1 & 2 & Construction	159,455	161,855	161,855
Hubco Items	75,741	76,881	76,881
Contractor OHP	65,775	66,765	66,765
Contingency / Risk	149,489	151,739	151,739
Planning & Warrant inc Mark Ups	20,000	20,000	20,000
Survey Fees	20,000	20,000	20,000
Inflation BCIS TPI 3Q19 - 4Q20 @ 347	67,078	68,073	68,073
Optimism bias	698,281	708,643	708,643
Professional Fees	134,960	136,888	136,888
Decant	14,429	14,643	14,643
Equipment	81,007	82,209	82,209
eHealth	8,438	8,563	8,563
Total	3,846,621	3,903,627	3,903,627
VAT	742,332	753,348	753,348
Total Capital Costs	4,588,953	4,656,975	4,656,975

6.2.3 To provide the above Indicative Costs at this Initial Agreement Stage, the following assumptions have been made.

1. The non preferred options are based on BCIS Tender Price Indices – updated to 4th quarter 2020. The preferred option is based on elemental cost/m2 from other recent health centre projects and the current Schedules of Accommodation (updated to 4th quarter 2020).
2. The optimism bias % applied is based on the Green Book recommendation of 24% for a standard build.
3. No costs identified for council requirements e.g., bus stops, crossings.
4. Land will be available on a long-term lease from Fife Council, therefore, no costs for land purchase have been included.
5. No costs included for demolition as assuming Fife Council would demolish existing buildings and clear land where appropriate with a corresponding adjustment on any lease costs.
6. Advisers' costs (included within the Capital Cost figures) are based on Hubco calculations.
7. Discounted Cash Flow (used to calculate NPV and EUV figures) - after 30 years the discount rate adjusts to 3%.
8. Life cycle costs are based on maximum life for a new build.

6.2.4 For comparison, the present backlog maintenance costs recognised for Kincardine Health Centre are circa £99.2k. This represents the estimated cost (excl. VAT, professional fees and enabling costs) to complete all presently recognised backlog maintenance to bring the asset up to 'satisfactory condition'. It does not allow for replacing of any assets due to functionally unsuitability.

6.3 REVENUE AFFORDABILITY

6.3.1 The estimated revenue cost for both the baseline (do nothing) and the short list options are included below:

Table 15

Revenue Cost	Cost per Annum (£k)		
	Option1: Status Quo		All Options
Estates Costs			
<u>Non Pay</u>			
Equipment	76		300
Heating Fuel And Power	4,928		18,320
Property Maintenance	3,520		7,488
Property Rates	6,092		29,952
Water Charges			3,592
Facilities Costs			
<u>Pay: Support Services</u>	11006		25,701
<u>Non Pay</u>			
Bedding And Linen	205		700
Cleaning	150		500
Equipment	0		500
General Services	361		1,342
Post Carriage And			
Telephones	0		70
Printing And Stationery	2		225
Property Maintenance	495		1,753

Revenue Cost	Cost per Annum (£k)		
	Option1: Status Quo		All Options
Surgical sundries	76		150
Total Estates & Facilities Costs	26,911		90,592
Depreciation Charge	7,057		123,180
Notes / Assumptions	Actual costs 2018/19	1) Revenue Costs for proposed site are based on current plans of 832m². 2) One-off equipment purchases required in year 1 of £5,280.	

- 6.3.2 The H&SCP estimates that the ability to deliver a more integrated, proactive model locally will support revenue efficiencies. It is not expected that there will be any revenue implication for overall GMS costs on NHS Fife and so has been excluded from this table.
- 6.3.3 Any changes GPs make to the provision of services within the GP Practice are being developed through Primary Care Improvement Fund.
- 6.3.4 A full affordability analysis will be undertaken at OBC stage to confirm whether the Capital and Revenue costs associated with the new facility are affordable within the available funding levels.

7 THE MANAGEMENT CASE

7.1 GOVERNANCE ARRANGEMENTS

- 7.1.1 Governance will be taken forward in line with the Scottish Capital Investment Manual (SCIM) guidelines, through the NHS Fife Capital and Investment Group and Finance, Performance and Resources Committee.
- 7.1.2 As the estimated costs of this project are out with the Board's delegated limited for capital expenditure of £1.5m, there is a requirement to seek the Scottish Governments approval through the Capital Investment Group (CIG).
- 7.1.3 Under the SCIM guidelines, approval of this Initial Agreement will lead towards developing an Outline Business Case (OBC) to enable the preferred way forward to be identified.

7.2 PROPOSED PROJECT RESOURCES

- 7.2.1 Fife HSCP, together with NHS Fife and the Kincardine Medical Practice, will utilise a Project Board to develop the business case and manage the process through to approval. The Project Board will comprise:

Table 16

Role	Individual	Capability and Experience
Project Sponsor	Nicky Connor, Interim HSCP Director	Experience in leading and ownership of developments.
Project Owner	Claire Dobson, Divisional General Manager, HSCP	Experience from delivery of range of capital redesign programmes
Clinical Services Manager, HSCP	Belinda Morgan	Experience in modernisation of service delivery models in community care and in project management
Head of Estates	Appointee pending	Experience from delivery of range of capital redesign programmes
Facilities Manager NHS Fife	Jim Rotherham	Experience in delivering similar projects such as Linburn Rd.
Finance Business Partner	Gordon Cuthbert, Finance Business Partner	Responsible for providing financial guidance and scrutiny
Capital Finance/ Planning	Individuals will be identified from a pool of staff who have experience of similar projects	
NHS Fife eHealth	Representatives will be invited to sit on the project team to ensure collaborative working and identification of any risks and opportunities with regard to technology.	
Kincardine Medical Practice	The Partners and Practice Manager provide Primary Care expertise and have sound understanding of local community needs	
Other health care professionals will be consulted/co opted as required		

- 7.2.2 The remit of the Project Board is:

- To assist the Project Sponsor and Project Owner with the decision-making process and ongoing implementation of the project.
- To assist the Project Owner with preparing to meet the assurance needs of the Finance, Performance & Resources Committee, as well as any further enquiries from IJB / NHS Fife's Board with regard to the project.

- 7.2.3 The Project Team will be further developed at OBC stage when key suppliers have been procured.
- 7.2.4 Those individuals identified above have been heavily involved in developing this Initial Agreement Document and they will continue to be involved in leading the project through subsequent stages providing continuity and a stable environment for the project to achieve its objectives. Users of the Practice have been consulted and will continue to be involved as the project progresses.
- 7.2.5 A blend of resources will be utilised to deliver this project. The Project Board, Project Director, Stakeholders and Clerk of Works will be internal resources, whilst the Project Manager and Cost Advisor are likely to be procured through utilisation of external suppliers. The Board has used this blend of resource successfully on other projects and feels that it creates a good balance between control, risk transfer, capability and availability. The Board is experienced in delivering projects of this nature within the selected procurement route and is ready to move the project forward to the next stage upon IAD approval.

7.3 PROJECT PLAN

- 7.3.1 A detailed Project Plan will be produced for the OBC. At this stage, the Project Board is aiming to achieve the milestones shown below:

Table 17

Key Milestones	Date
Appointment of Advisors by SFT	January 2016
Appointment of Local Care Consultants / Local Care Pathfinder	May 2017
Initial Agreement approval	October 2019
First Project Board	December 2019
Outline Business Case approval	February 2020
Full Business Case approval	October 2020
Construction Commences	December 2020
Construction completion	May 2022
Commence service	July 2022

7.4 STAKEHOLDER ENGAGEMENT AND SUPPORT

- 7.4.1 This proposal impacts on adults, children and young people and their carers who live in Kincardine who require access to Primary Medical Services and community health and social care. It also impacts upon clinical and support staff currently working within the Health Centre, Medical Practice and locality teams who cannot currently access accommodation in Kincardine.
- 7.4.2 The table below details the engagement that has taken place to date and the support for the proposal, included the identified preferred solution, received from the stakeholders.
- 7.4.3 Further engagement with the identified stakeholders in line with SCIM guidance will be undertaken as the project progresses.

Table 18

Stakeholder Group	Engagement that has taken place	Confirmed support for the proposal
NHS Fife Board	The Health Board is fully supportive of this proposal, with Nicky Connor, Interim HSCP Director, taking the lead role in its	The Health Board agreed priority for development in May 2017. The Initial Agreement was previously

Stakeholder Group	Engagement that has taken place	Confirmed support for the proposal
	development.	approved by the NHS Fife Board in May 2017.
Patients / service users	Service user and carers representatives have been informed to support their full engagement in the option appraisal. Patients have identified a range of 'non-negotiable' that cannot be supported from the current accommodation.	There is a preference from service users for the development to be accessible, bright, friendly and supportive of their dignity and confidentiality.
Kincardine Medical Practice	The Medical Practice deliver Primary Medical services to their Practice population under a 17J contract. The Practice manager and lead GP have been actively involved in the process of developing options and plans for the proposal.	The Practice fully supports the Initial Agreement Document and intend to continue service provision in accordance with the developments within the new GMS.
Staff / Resource	Staff affected by this proposal include: Kincardine Medical Practice Medical, Nursing and Administrative staff. Community service staff including District Nurses, Health Visitors, AHPs, admin and clerical, Social Work and staff from partner health and social care services.	There is support for the proposal from all staff groups.
General public	The general public will be affected by this proposal as potential service users or by being neighbours of the existing or proposed future facility. The public were supportive of the Community Health and Wellbeing model within the Joining Up Care Consultation. A Communication and Engagement Plan is being developed to ensure ongoing Stakeholder communication.	Kincardine Community Council have been engaged and are supportive of this development

8 CONCLUSION

8.1 REVIEW OF STRATEGIC ASSESSMENT

- 8.1.1 The Project Team have reviewed the Strategic Assessment (completed as part of the first stage of the process – Appendix 1) and the position in terms of the need for change, the benefits that need addressed, the links with National Investment Priorities and the prioritisation scoring, the position remains unchanged.

8.2 PREFERRED OPTION

- 8.2.1 Overall, the non-financial option appraisal process has identified that the current preferred strategic option is for the service to be delivered from a new build facility to support delivery of integrated health and social care for the Kincardine community.

- 8.2.2 All of the stakeholder groups engaged in this process:

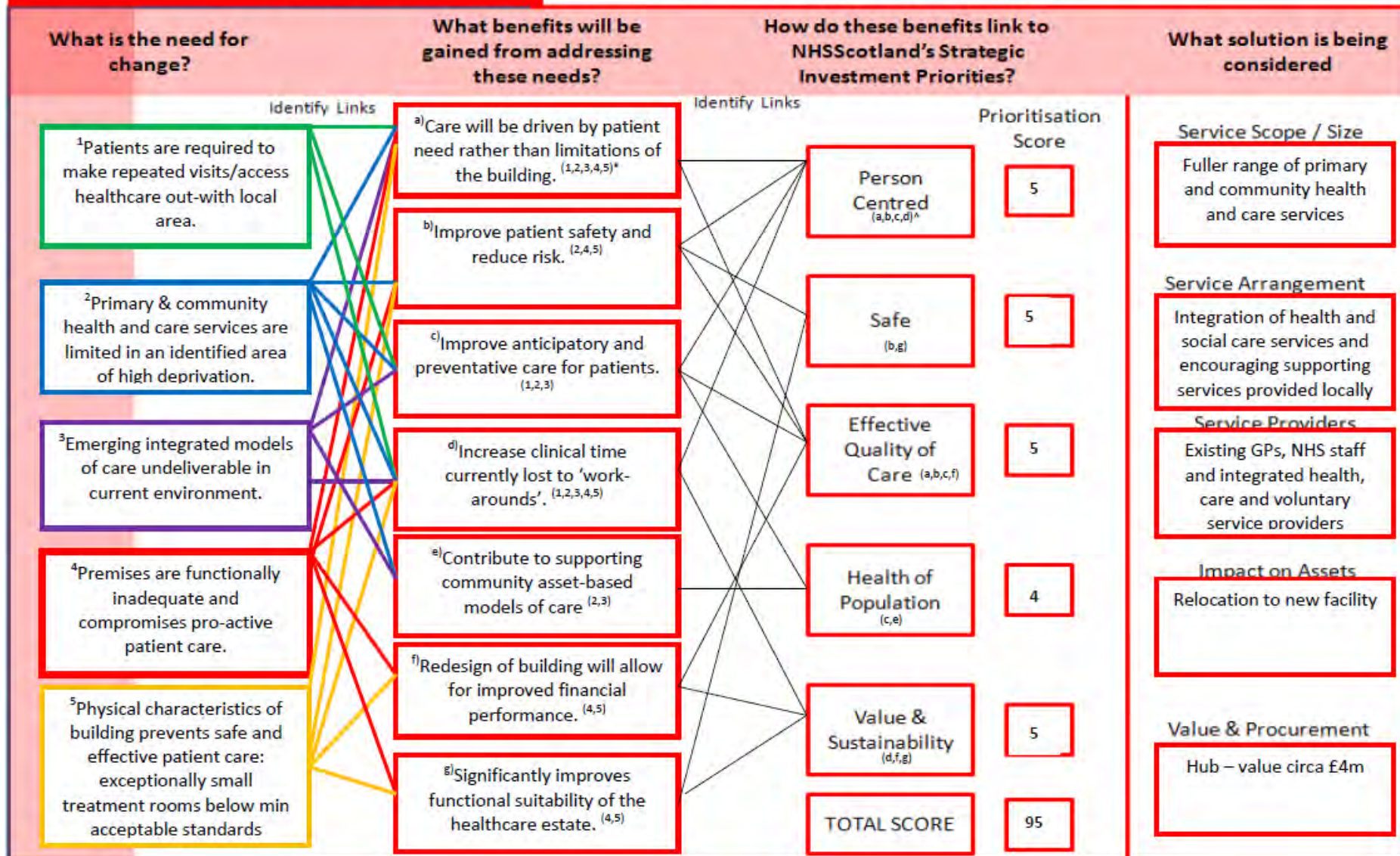
- Are likely to support Option 6d) as an overall preferred option, unless something radical changes.
- Do not support the 'do nothing' option in any way.
- See little difference between the relative merits of options 6b) and 6c).

- 8.2.3 NHS Fife and Fife Health and Social Care Partnership have summarised the need for change in and around the facilities in Kincardine under a number of defined headings within the IAD. These are:

- Integrated clinical and care functionality (capacity) issues which have been identified as those problems associated with a lack of local space (area) that is essential for safe, effective, timely and appropriately compliant service delivery, e.g., a lack of clinical support, administrative support, group, sanitary, teaching and specialist areas.
- Service capacity related issues that predicate the need for change based on a lack of available physical capacity across the service delivery model that are hampering the delivery of integrated care locally.
- Clinical functionality (configuration) issues that seriously challenge the delivery of safe and effective modern services, e.g., access issues, room design, sound attenuation, security, patient flow, etc.
- Building and fabric issues including overall condition, suitability, statutory compliance issues and backlog maintenance.

PROJECT: KINCARDINE**What are the Current Arrangements:**

Integrated and comprehensive patient care and treatment for the residents of Kincardine is severely compromised by a facility that is not fit for purpose



V0.3 – Last updated 19.02.2016

Associated Buildings and Assets

Kincardine Health Centre is a facility that has been extended to around three times its original size. The building is single storey with a flat roof extension that now occupies all of the available land. The building has a baseline area of 237m² and features a mixture of traditional GP/consulting spaces that includes:

- 1 x main reception area at a total of 40m² (NB no separate records area now exists as all GP records are held electronically)
- 1 x waiting areas (total 22m²) with no age-specific provision
- 5 x (reasonably sized but poorly configured) consultant / treatment rooms that also support administrative activity and are further compromised through the late addition of cupboards that further reduce their functionality
- 1 x office (18m²)



Kincardine Health Centre Condition Report

NHS Fife Estates maintain records on the suitability and condition of buildings in its estate. Below is the current information relating to the Kincardine Health Centre building:

Status	Occupied
GIA (m ²)	235
Land Value	£40,000
Net Book Value	£105,475
Tenure	Owned

	Building	Engineering	Statutory	Fire
Backlog (C and Below)	£36,394	£ 37,887	£ 24,935	£0.0
Quality	C (Not Satisfactory)			
Space Utilisation	O (Overcrowded)			
Functional Suitability	C (Not Satisfactory)			

- Figure used from surveys were complete in December 2012

Overall, this current situation represents the 'Do nothing' option as reviewed and explored as a component of the formal option appraisal exercise conducted as a component of the Initial Agreement process. It has also informed the benchmark data in the Benefits Realisation plan.

Benefits Register						
1. Identification						2. (RAG)
Ref No.	Benefit	Assessment	As measured by:	Baseline Value	Target Value	Importance
	Person-centred Benefits					
P1	Supports people in looking after and improving their own health and wellbeing	Quantitative	Maintenance of PC team consultation rate (includes GP/PN/TR) /1,000 population	6531	6531	5
P2	Ensures that people who use health and social care services have positive experiences and their dignity respected.	Qualitative	Targeted client questionnaire designed to measure overall experience of health and social care delivery	Current patient experience questionnaires	Future patient experience questionnaires	4
P3	Improves the physical condition of the Healthcare Estate	Quantitative	Estate physical condition survey assessment	C	A	5
P4	Improves utilisation of the Healthcare Estate	Quantitative	Estate utilisation assessment	Over-crowded (100% utilisation)	80%	5
P5	Improves functional suitability profile of the Healthcare Estate	Quantitative	Estate functional suitability assessment	C	A	5
P6	Reduces the age of the Healthcare Estate	Quantitative	Estate age/life expectancy	87 years/<5 years	<10 years/>25 years	4
P7	Improves access to all clinical areas - in particular for those with mobility issues	Qualitative	Measured accessibility to all patient/clinical areas	Baseline issues as identified in SA, IA and design brief	Equalities Act 2010 compliance and AEDET scores	5
P8	Improves access to age appropriate waiting areas	Qualitative	Availability of a child-specific waiting area that is appropriate to the size of the facility	No child-specific waiting	Child-specific waiting available	4
P9	Improves way-finding and access to a main reception point	Qualitative and Quantitative	(i) AEDET score (ii) number of receptions points	(i) 1.1 (ii) 1	(i) 4.4 (ii) 1	4
P10	Addresses confidentiality concerns associated with existing facility	Quantitative	Ability to hear normal volume conversations from adjacent rooms or outside with windows open	Possible to hear conversations at normal volume	Only possible to hear "raised voices" or "shouting"	5
P11	Addresses confidentiality concerns at reception	Qualitative	Ability to hear conversations at reception area from waiting area	Conversations currently take place in public at reception	Provision of private spaces for sensitive conversations.	5
P12	Increases the number and range of services available on-site, thereby reducing "hand-offs" and additional attendances	Quantitative	(i) Access to social care services (ii) Access to social work services (iii) Access to LA services on site (iv) Access to voluntary (sign-posting) services on site (v) Access to other relevant "targeted" clinical services on site	(i) No access (ii) No access (iii) No access (iv) Minimal access (v) Minimal access	(i) Sessional access (ii) Sessional access (iii) Sessional access (iv) Sessional access (v) Sessional access	3

1. Identification						2. Prioritisation (RAG)
Ref No.	Benefit	Assessment	As measured by:	Baseline Value	Target Value	Relative Importance
	Safety Benefits					
S1	Reduces adverse harmful events	Quantitative	(i) Number of adverse incidents recorded (ii) Severity of adverse incidents recorded	2015-2016 (i) 1 (ii) No harm (IT / security access) 2016-2017 (i) 1 (ii) No harm (communication via NHS FV and NHS F DN re patient discharge) 2017-2018 (i) 0 2018-2019 (i) 0 2019/20 (i) 1 to date (ii) moderate harm (sharps incident)	Zero events relating to the building / facilities	5
S2	Increases safety of people receiving care and support	Qualitative and quantitative	Addressing baseline issues as identified in SA, IAD and design brief	Baseline issues as identified in SA, IAD and design brief	All issues addressed	5
S3	Improves statutory compliance	Quantitative	Backlog maintenance costs/m2 associated with statutory compliance elements	71%	100%	5
S4	Reduces backlog maintenance	Quantitative	Backlog maintenance costs/m2	£422.2/m2	Zero	5
S5	Reduces significant and high risk backlog maintenance	Quantitative	Significant and high risk backlog maintenance costs/m2	£404.92/m2	Zero	5
S6	Reduces Infections through addressing design, area, fabric and equipment issues	Quantitative	(i) Domestic Monitoring Tool (ii) Compliance with local HAI audits	(i) 94% (ii) Several non-compliant issues	(i) 100% (ii) Zero non-compliant issues	5

1. Identification						2. Prioritisation (RAG)
Ref No.	Benefit	Assessment	As measured by:	Baseline Value	Target Value	Relative Importance
	Effective Quality of Care Benefits					
E1	Improves the Functional Suitability of the Healthcare Estate	Quantitative	Estate functional suitability assessment	C	A	5
			(i) The number of group work sessions			

1. Identification						2. (RAG)
Ref No.	Benefit	Assessment	As measured by:	Baseline Value	Target Value	Relative Importance
	Health of the Population Benefits					
H1	Supports smoking cessation initiatives (12 weeks post quit)	Quantitative	(i) Number of smoking cessation appts delivered locally (ii) Number of clients still not smoking 12 week after session completion	(i) 200 (ii) 18	(i) 240 (ii) 20	3
H2	Supports antenatal access	Quantitative	(i) Number of ante-natal appointments held locally (ii) DNA rates	(i) 208 (ii) 24	(i) 250 (ii) 15 (enabling patient-led care model where more care will be delivered in the community)	4
H3	Supports child healthy weight interventions	Quantitative	(i) Number of child healthy weight appts held locally PA	Zero currently provided from the HC - interventions are provided on an outreach basis	Option available of providing interventions from the HC	4

1. Identification						2. (RAG)
Ref No.	Benefit	Assessment	As measured by:	Baseline Value	Target Value	Relative Importance
	Value & Sustainability Benefits					
V1	Optimises resource usage	Quantitative	(i) Consultations/clinical room/day (ii) Number of staffed reception points	(i) 28 (ii) 1	(i) 24 (ii) 1	4
V2	Optimises service delivery model parameters by staff group	Quantitative	(Overall consultation rate/1,000 population	6531	6531	4
V3	Improves accommodation space utilisation	Quantitative	Estate utilisation assessment	Over-crowded (100% utilisation)	Optimised(80% clinical utilisation)	5
V4	Optimises overall running cost of buildings	Quantitative	Facility running costs/m2 and per appt	£70.29/m2	< national average	5
V5	Optimises cleaning costs	Quantitative	Cleaning costs/m2 and per appt	£31.99/m2	< national average	3
V6	Optimises property maintenance costs	Quantitative	Property maintenance costs/m2 and per appt	£12.77/m2	< national average	5
V7	Optimises energy usage costs	Quantitative	Energy usage & associated costs/m2 and per appt (Kj & £)	£25.53/m2	< national average	5
V8	Optimises FM & support services costs	Quantitative	FM and support services costs/m2	Contained in V5	Contained in V5	3
V9	Optimises waste costs	Quantitative	Waste costs	£510 per annum	In line with Waste Action Plan	4
V10	Reduces financial burden of backlog maintenance and/or future lifecycle replacement expenditure	Quantitative	Backlog maintenance costs/m2	£422.2/m2	Zero	5
V11	Reduces carbon emissions and/or energy consumption	Quantitative	(i)Detailed energy/building assessment (ii)BREEAM rating	(i) G (ii) N/A	(i) A (ii) "Excellent"	5
V12	Reduces local medicine/prescribing costs	Quantitative	(i) Medicines cost/registered patient	£186.61	work towards national average	5

1. Identification						2. Prioritisation (RAG)
Ref No.	Benefit	Assessment	As measured by:	Baseline Value	Target Value	Relative Importance
	Wider/Social Benefits					
W1	Supports wider town and community planning	Qualitative	Fits with Local Authority Planning	-	Actions contained within community action plan including: public accessibility networks and enhanced business / economic facilities within the town. [Charrette planned for 2017]	3

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

Appendix 3 Risk Log

Project Risk Log									
Project Title : KINCARDINE HEALTH CENTRE									
Project Manager:									
Last Revised date: July 2019									
Version Number: V4.1									
Identification			Assessment			Control		Monitoring	
Ref #	RISK DESCRIPTION	FINANCIAL NON-FINANCIAL UNQUANTIFIABLE	CONSEQUENCE	LIKELIHOOD	RISK SCORE	PROPOSED TREATMENT	ACTION TAKEN	OWNER	
			01-May	01-May		MITIGATION		INDIVIDUAL	TYPE
IA Stage									
1	May fail to identify all stakeholders.		3	2	6	All Stakeholders who need to be engaged will be identified by the Project Board. Board will continue to ensure ongoing stakeholder engagement through a range of tailored methods.	All Stakeholders who need to be engaged have been identified.	Project Chair	NHS
2	May fail to engage with Stakeholders.		4	3	12	Engagement arranged as required. All User Group Workshops to be arranged to include Key Stakeholders. Communication regarding Local Care Consultancy shared with practices and involvement in workshops.	Procedures arranged for engaging with wider stakeholders e.g. Option Appraisal and AEDET. Attendance of stakeholders monitored to ensure consistent engagement.	Clinical Services Manager	H&SCP
3	Stakeholders have different aspirations.		3	4	12	Groups arranged to ensure ongoing engagement with key stakeholders discuss aspirations. Core team to manage discussions and agree project aspirations with Project Board decision if required	All discussions facilitated to ensure stakeholder involvement with discussion on aspiration versus need.	Project Chair	NHS
4	May fail to define appropriately the clinical and service needs, particularly as these change over time with specific practice sustainability and GMS contract developments.		4	3	12	Ensure clinical and other service stakeholder involvement, including representation on Project Board, to allow effective modeling of multiple scenarios resulting in an agreed Clinical Output Specification and Accommodation Schedule	Clinical and other services representation requested and delivered where necessary. Fife wide representative sought	Project Chair	NHS
5	The brief/requirement may suffer from scope creep.		3	3	9	Ensure continual review of requirements/needs	Project leads monitoring development of project with project board involvement if required	Project Chair	NHS
6	May fail to adequately determine the overall programme.		4	5	20	Project team to identify programme at initial stage	Initial programme dates being developed for Initial Agreement	Project Chair	NHS
7	Stakeholder review / acceptance/governance timescales may affect the programme.		4	3	12	Ensure appropriate governance arrangements adhered to with realistic timescale for acceptance.	Project leads developing indicative programme that ensure governance .	Project Chair	NHS
8	There may be insufficient funds to deliver the full Clinical/Service Requirement.		4	3	12	Indicative costs for options to be developed based on Schedule of Accommodation required	Costs being developed. Developing clinical model is utilising existing resources in a different way. Project Team will ensure proposal compliments GMS Contract.	Head of Finance	NHS
9	NHS FV strategic objectives do not align with NHSF.		4	4	16	Ensure board to board discussion and agreement on strategic objectives	Contact made with NHS FV team	Clinical Services Manager	NHS
10	Preferred site acquisition may be time consuming causing delay.		4	3	12	Ensure early engagement with Local Authority	Local authority representatives involved in workshops and meetings. Ongoing engagement with local authority colleagues.	Project Chair	NHS
11	Support from the local community could change or diminish causing a reputational risk.		3	5	15	Public involvement to be secured	Community representation agreed for all workshops where appropriate e.g. AEDET and NDAP. Extensive ongoing public consultation	Clinical Services Manager	NHS
12	Project development does not allow for future expansion of local community resulting in service delivery not being appropriate.		4	3	12	Ensure all proposed plans are flexible and allow for future expansion.	All proposed sites chosen with future expansion capability	Project Chair	NHS
13	Insufficient management to lead and project support capacity support delivery of the project		4	3	12	Ensure responsibilities clearly identified. Roles and responsibilities assigned and governance structure agreed	Project Board developed.	Project Chair	NHS

Lochgelly Community Health and Wellbeing Centre Project

Initial Agreement Document



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Project Sponsor: Nicky Connor, Interim Director, Fife H&SCP

Date: 30/8/19

Version: 2.4

Version History

Version	Date	Author(s)	Comments
1	Feb 2018	CD/LE	Approved by IJB
2.01	16/08/2019	CD/	Updated in Line with Local Care SFT Consultant Report and in line with SCIM guidance
2.3	19/8/19	CD	Updated in line with discussion with Scottish Government Local Care Team
2.4	30/8/19	CD	Updated in line with discussion at Fife Capital Investment Group

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1 EXECUTIVE SUMMARY

1.1 INTRODUCTION

- 1.1.1 Fife Health and Social Care Partnership is working with local communities, teams and stakeholders to support the delivery of a fully integrated 24/7 community health and social care model that ensures sustainable, safe, individual partnerships of care. The purpose of this Initial Agreement Document (IAD) is to seek approval to develop an Outline Business Case to re-provide Lochgelly Health Centre to deliver the necessary infrastructure to enable locally based, tailored, health and social care in purpose designed and built premises.
- 1.1.2 The IAD establishes the need for investment in light of local health and social care needs. It is fully shaped by the NHS Fife and Fife Health and Social Care Partnership strategic goals to deliver a model of local care, focused on individual outcomes, supported by health and social care delivered by the right person in the right place at the right time. It describes the appraisal of a long list of options, identifies the short list, and recommends a preferred way forward, together with indicative costs, to enable the delivery of Fife's Community Health and Wellbeing hub model within the Lochgelly community.
- 1.1.3 The vision for primary care and community services in NHS Fife and Fife Health and Social Care Partnership is to enable the people of Fife to live independent and healthier lives. We will deliver this by working with people to transform services to ensure these are safe, timely, effective and high quality, focused on achieving personal outcomes. This requires access to the right professional at the right time in the right place; we know that our community health and wellbeing hub model of early proactive care can deliver this and will reduce the increasing trend in emergency hospital admissions. Where services can be provided within a community setting, closer to where service users live, they should be. Care should be provided in an environment that supports staff to provide an excellent experience and has modern facilities that meet the needs and expectations of service users, carers and staff well into the late 21st century.
- 1.1.4 The people of Fife have told NHS Fife and Fife Health and Social Care Partnership, through a wide range of engagement vehicles and the formal consultation which informed the Clinical Strategy and Joining Up Care programme that they:
- would like services to be integrated, coordinated and person focused;
 - want to reduce the duplication they experience both in sharing their information and in service delivery;
 - value local delivery.
- 1.1.5 Fife's Community Health and Wellbeing hub model is delivering prevention and early intervention by:
- working with local health and social care practitioners, using local knowledge and data to identify people earlier.,
 - co-producing tailored interventions to deliver holistic assessment, outcome focused planning and care management,
 - maximising opportunities for local community treatment and care,
 - bringing local health and social care practitioners (including housing, voluntary sector and local area coordinators) together to collaborate to meet people's outcomes,
 - enhancing rapid access to locality assessment and rehabilitation,
 - simplifying communication and information sharing for service users, carers and staff.

1.2 ORGANISATIONAL OVERVIEW

- 1.2.1 Lochgelly Health Centre, located at the heart of the town, provides General Medical Services to 79% of the resident population of Lochgelly and the surrounding areas of Lochgelly East, Lochgelly West & Lumphinnans, Ballingry, Cardenden and Lochore & Crosshill, through three Medical Practices based within the Health Centre. Community services are provided by NHS Fife including for example Community Nursing, Health Visiting, Mental Health, Sexual Health and Podiatry. Services work together to deliver high quality person-centred health and social care in a way which promotes and enhances the health and wellbeing of the people of the area.
- 1.2.2 The three Practice populations total circa 10,728 people. The practice area is in the highest income deprived deciles of Scotland and therefore faces significant health inequalities. The locality population is predicted to grow by 5%¹ in the next 25 years. Most of this population growth is anticipated to be in the older people age group, circa 45%, with both children and working age populations predicted to decrease. These changes will significantly increase the level of frailty the practices are supporting within a community which has a significantly higher disease burden associated with intergenerational income inequalities (table 3 below details the communities relative disease prevalence and unscheduled care access with that of the rest of Fife)
- 1.2.3 The current facility is a 1970's construction, with every effort made to modify the building to support the delivery of modern integrated health and social care. However it is no longer fit for purpose, our new model of working requires accommodation that enables the delivery of our vision of multi disciplinary and group working, which supports the community and partners to deliver collaboratively. A model which is being delivered in other communities which have access to modern facilities which do not have the same complexity of intergenerational inequalities and disease burden of the Lochgelly Community. Healthcare has been identified through local community planning as one of the major issues for the area.
- 1.2.4 The development of the community health and wellbeing model and delivery of the new General Medical Service Contact is being held back by structural and layout constraints. All possible reasonable changes have been made to the existing building and alternative premises accessed. Lochgelly Health Centre fails to meet the spatial, organisation and design standards for Primary and Community Health Care premises and has no capacity for further growth. Major improvements to address maintenance and statutory standards will not facilitate significant improvements in space utilisation to enable local integrated care to meet patient quality, staff standards and efficiency objectives.

1.3 STRATEGIC DIRECTION AND CONTEXT

- 1.3.1 Our ambition is that from the youngest to the oldest, the fittest to the frailest, the 371,910 people of Fife live well. Our aim is to integrate services to provide better experiences of care, as locally as possible, by fully embedding the community health and wellbeing hub model across Fife.
- 1.3.2 NHS Fife Clinical Strategy sets the strategic direction with Fife Health and Social Care Partnership that is focused on local, early, preventative care. By working with partners to improve the health of local people and the services they receive, while ensuring that national clinical and service standards are delivered across the NHS

¹ Local Strategic Assessment 2018, Fife Council Research Team

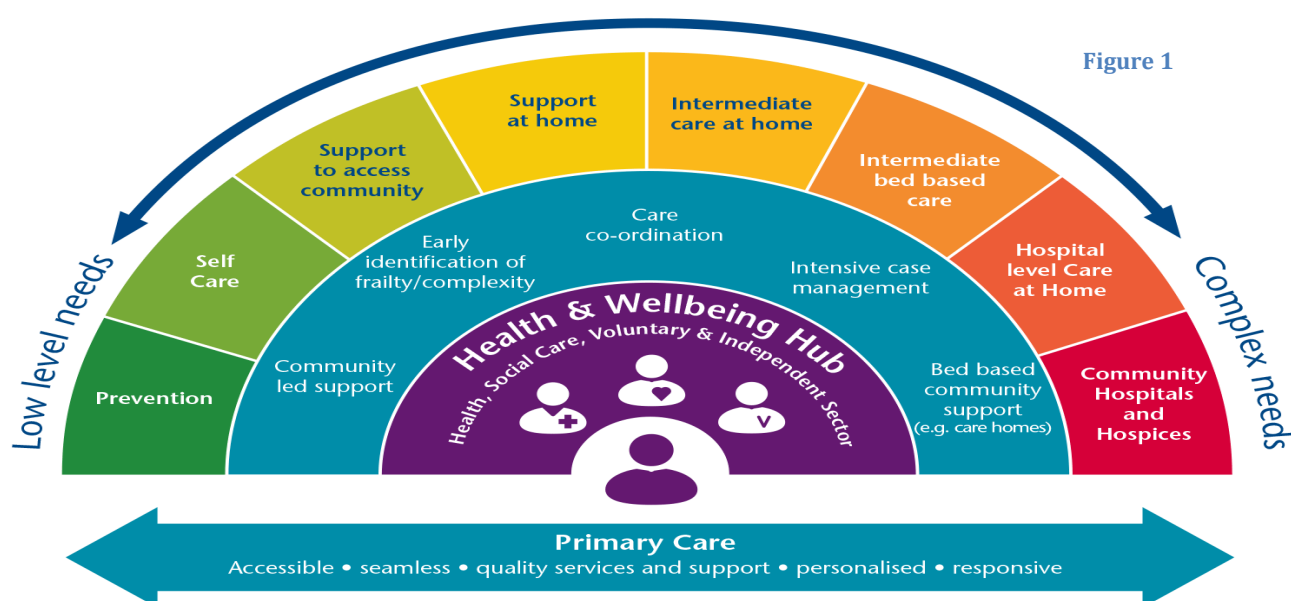
system, we will strengthen primary care and community services. This will be achieved by working with practices to fully develop practice level multi disciplinary working, delivering local community care and treatment, maximising proactive, tailored and targeted early intervention through community teams focused on segmented populations and ensuring rapid access to complex assessment, rehabilitation and, when required, bed based intermediate care within localities.

1.3.3 Our vision requires a flexible and responsive model that works with people to define the outcomes they want to achieve, enabling people to maximise their health and wellbeing by utilising their own and community assets, responsively adding and adapting services to meet and sustain outcomes. Figure 1 below seeks to illustrate how we can layer services when required and adjust support and care incrementally. Our goal is to maximise opportunities for services to work together locally as soon as possible, while minimising duplication for the patient and services.

1.3.4 In Fife by fully engaging with the public, people who use health and social care services and their carers, partners and staff we have developed a community health and wellbeing hub model to support independence, improve wellbeing and care. To ensure fully person responsive, integrated support for health and wellbeing Fife is redesigning mental health provision, community intermediate bed models, while embedding our community health and wellbeing hubs. Integrating with the new model for General Medical Services, services and community groups require facilities which enable colleagues and communities to work together. If practitioners and partners are to support people as effectively as possible, by for example minimising multiple attendances and maximising the potential of local multi disciplinary working, they require facilities which support this.

1.3.5 Fife's community health and wellbeing hub model is underpinned by early identification within Primary Care. Using practice level data to segment population needs is enabling a targeted, timely approach based on need rather than referral criteria; colleagues are proactively working in partnership with people in their local community. This approach can improve outcomes so that:

- People are supported to stay at home or in a homely setting for as long as possible
- Staff (across all sectors) are equipped to support this in terms of knowledge, skills, processes and resources
- The organisation maximises use of planned services



1.3.6 Having worked with Scottish Futures Trust (SFT) we are able to articulate more fully how this model can be scaled up for Fife to support people, improve their outcomes, transforming health and wellbeing. People often find they are referred to a number of services sequentially. The hub model supports these services to integrate, locally, to tailor their support to individual needs. This ensures people access the right service for their needs at the right time. Often people access services too late. Through for example our frailty care management approach we are using local information to identify needs sooner, to maximise people's health and wellbeing. People can feel that their care is uncoordinated and there is duplication. By developing care management people have one person who is their main point of contact. The developing integrated model elements can be summarised as:

- Proactive case finding – to maximise early intervention and co-ordination / complex case management / anticipatory care planning, using Practice data and local clinical intelligence
- Integrated earlier intervention – Practice level multi disciplinary team (MDT) working collaboratively, with co-ordinated local case management or locality level complex case management
- Where there is social complexity – locality MDT working together locally, to plan and deliver integrated care focused on individual outcomes
- Where there is medical complexity – rapid assessment via local complex needs assessment and rehabilitation centres, and if required diagnostics at a locality level with local follow up.

The scope and develop programme to implement the model fully across Fife is in year two of three.

1.3.7 The focus is on working with people earlier to reduce the proportion of people who enter the health and social care 'system' at the orange to red / right-hand end of the spectrum at Figure 1. This maximises people's potential including for rehabilitation, and releases resources to support urgent care, while providing capacity for meaningful planning with people and their families. Initial test data indicates that people with frailty who receive the care management intervention are experiencing fewer unscheduled hospital admissions – the average being 5 in the 12 months pre intervention and an average of 1 in the six months post intervention. Staff describe how they are more able to collaborate and reduce referrals and timescales through the locality MDT model. The assessment and rehabilitation centre model testing is supporting more timely access with reduced waiting times (17 weeks to one week), a reduction in Did Not Attend from 20% to 2% and combining assessments for mental and physical health.

1.3.8 Fife Health & Social Care Partnership (H&SCP hereafter) vision is being delivered by enabling integrated care that reduces the boundaries between primary, community, hospital and social care, with General Practitioners, hospitals, health workers, social workers, social care staff and others working together as one system. This more co-ordinated approach is reducing the need for people to navigate their way through what can be a bewildering maze of specialist services. This is supporting delivery against the Partnerships (draft) revised priorities of:

- Priority 1 – Working with local people and communities to address inequalities and improve health and wellbeing outcomes across Fife.
- Priority 2 – Promoting mental health and wellbeing.
- Priority 3 – Working with communities, partners and our workforce to transform, integrate and improve our services.
- Priority 4 – Living well with long term conditions.
- Priority 5 – Managing resources effectively while delivering quality outcomes

- 1.3.9 The proposal for investment into fit for purpose health and social care facilities in Lochgelly will not only support the delivery of clinical services but also enable the embedding of our community health and wellbeing model delivering these key priorities within the Lochgelly area. The strategic assessment (Appendix 1) outlines how the current facility hampers this, for example there is no capacity for complex multi disciplinary frailty assessments or for the locality multi disciplinary team to meet and plan together.
- 1.3.10 More pressingly the local context in Lochgelly presents immediate challenges with two of the three practices facing major sustainability issues. The significant spacial pressures are hampering the ability to implement both immediate and medium term ameliorative actions and to progress the implementation of the new GMS.
- 1.3.11 The following list identifies key national and local documents that have influenced the development of this proposal, although this is not an exhaustive list.
- 1.3.12 **Quality Strategy** ambitions in relation to:
- Person centred care - through improving access to Primary Care and providing more care closer to home;
 - Safe – reducing risk of infection through provision of modern fit for purpose accommodation;
 - Effective – bringing together wider range of health and care services to make more effective use of resources.
- 1.3.13 **2020 Vision** aspirations are that everyone can live longer healthier lives at home, or in a homely setting with focus on improving quality of care, improving the health of the population and providing better value and sustainability. The **Public Health priorities for Scotland (2018)** support investment for local integrated delivery.
- 1.3.14 The **Public Bodies (Joint Working) (Scotland) Act 2014** aims to improve outcomes for people by creating services that allow people to stay safely at home for longer with focus on prevention, anticipation and supported self-management, and to provide opportunities to co-locate health and care services working together for the local population.
- 1.3.15 The Scottish Government's **Nursing 2030 Vision: Promoting Confident, Competent and Collaborative Nursing for Scotland's Future (2017)** sets the direction for nursing in Scotland through to 2030 and focuses on personalising care, preparing nurses for future needs and roles, and supporting nurses. In particular for community nursing the **Chief Nursing Officer Directorate Transforming Nursing, Midwifery and Health Professions (NMaHP) Roles (Paper Three)** includes shifting the balance of care from hospital to community and primary care settings at or near people's homes. With integrated teams of community and practice nurses providing seamless care.
- 1.3.16 Promoting the wellbeing of children is central to the work of Health Visitors and this is supported by the new **Universal Health Visiting Pathway** and the Named Person role conferred by **Children and Young People (Scotland) Act (2014)**. The Universal Health Visiting Pathway sets the standard for health visiting and the minimum core visits that families with children aged 0-5 years can expect from their Health Visitor, regardless of where they live, this is seeing investment in the workforce to support full implementation.
- 1.3.17 **The 2018 General Medical Services Contract in Scotland** refocuses the role of General Practitioners as expert medical generalists and recognises that General

Practice requires collaborative working with enhanced multidisciplinary teams that are required to deliver effective care, joint working between General Practitioner Practices in clusters and as part of the wider integrated health and social care landscape.

- 1.3.18 The Community Health and Wellbeing Hub programme in Fife has been selected to participate in a national **Local Care Pathfinder Programme**, together with Caithness and Ayrshire's Garvock Valley, sponsored by the Scottish Futures Trust on behalf of the Scottish Government. The goal of the programme is to facilitate the shift in the balance of care to community care. The intention is to produce three projects that deliver transformational change in the provision of care from hospital based care to community based care, so people's health and wellbeing is supported as close to home as possible. The Fife Health and Social Care Partnership is being supported by Scottish Futures Trust and Carnell Farrar (specialist health care planners) to progress the redesign.

1.4 DRIVERS FOR CHANGE, INVESTMENT OBJECTIVES AND OPTIONS APPRAISAL

- 1.4.1 The key drivers for change and investment objectives are summarised below in Table 1:

	Effect of the need for change on the organisation	Investment Objective
1	The locality is experiencing population growth, with significant growth in the older population. Lochgelly experiences significant health inequalities; Lochgelly East is in Decile One of the Scottish Index of Multiple Deprivation. The GP Practices, Community Health and Social Care services do not have the required local infrastructure to support the development of local health and wellbeing focused services to meet the population's needs.	Ensure equal access to integrated Primary Care and Community Services for the whole population. As a national pathfinder site, the Partnership is seeking to realise key service transformation ambitions with modern, fit for purpose infrastructure to allow staff and community partners to better support local community health and wellbeing.
2	Pressure on existing staff, accommodation and services will inevitably increase (current building use is at 100%- with a reserve list process in place).	Ensure the right staff skill mix and service capacity are available to deliver strengthened and tailored local capacity to manage people's health within their local community.
3	Staff facilities and accommodation are severely restricted with staff working in suboptimal conditions, impacting poorly on staff wellbeing and morale and the community's experience of local service delivery.	Improve place experience of people, the community and colleagues. Ensure appropriate workforce can be accommodated, including increased flexibility of roles /development of new roles to support implementation of GMS contract (2018) and Community Health and Wellbeing Hub.
4	The facilities available in the community, combined with significant change in population, restrict the ability to deliver a wider multi disciplinary model locally. There is insufficient capacity in local facilities to deliver group therapy, and the components of care and treatment within the new GMS	Provide the infrastructure to support a more integrated seamless service across health and social care, including the capacity to deliver group based activities locally. This will support timely access and minimise travel and multiple appointments for the community.

Table 1

	Effect of the need for change on the organisation	Investment Objective
5	Services cannot be delivered locally, to meet patient need, but instead are delivered from where it is possible to deliver services.	Improve the patient and user experience - deliver services locally based on local patient need. Reducing the number of referrals to other services and the requirement for additional attendances because there is not the capacity to provide integrated care.
6	The Equality Act (2010) compliance within the building is poor - discriminating between the experiences of service users.	Accommodation that complies with all legal standards and regulatory requirements and gives equality of access for all. Support delivery locally of the National Outcomes for Integration.
7	Some clinical rooms are very small, failing to meet current standards due to the age and design of the building. These can be very restrictive/ unsuitable for patients and staff. Increased safety risk from outstanding maintenance and inefficient service performance.	To deliver safe and effective care with dignity - provide facilities which ensure the safe delivery of healthcare in line with guidelines and standards.
8	There is no scope to enhance the primary and community care services provided in the existing accommodation including transferring the right care closer to patients' homes.	To deliver services more effectively and efficiently through our hub model - facilitate better joint working to ensure right care is delivered at the right time and in the most appropriate setting

1.4.2 A wide range of possible options for investment were considered using the options framework. These were reviewed and the resultant options short list (including indicative costs) is included in table 2 below:

Table 2

Option	Description	Indicative Capital Cost (£)
Option 2	New build in Car Park	7,025,717
Option 3	New Build at Jenny Grey (former care home) site	6,959,207
Option 4	Refurbishment of Jenny Grey (former care home)	
Option 5	New Build at Francis Street	6,835,692
Option 6	New Build at North School	7,244,244

NB Option4 is no longer available, having been demolished since the Option Appraisal.

1.4.3 An options appraisal process was completed with the community, assessing each of the options on its ability to deliver the investment objective. Option 5, Francis Street, was identified as the preferred option from this analysis. Further detailed work will be undertaken during the Outline Business Case (OBC) stage to fully confirm the service scope, costs, phasing and timescales.

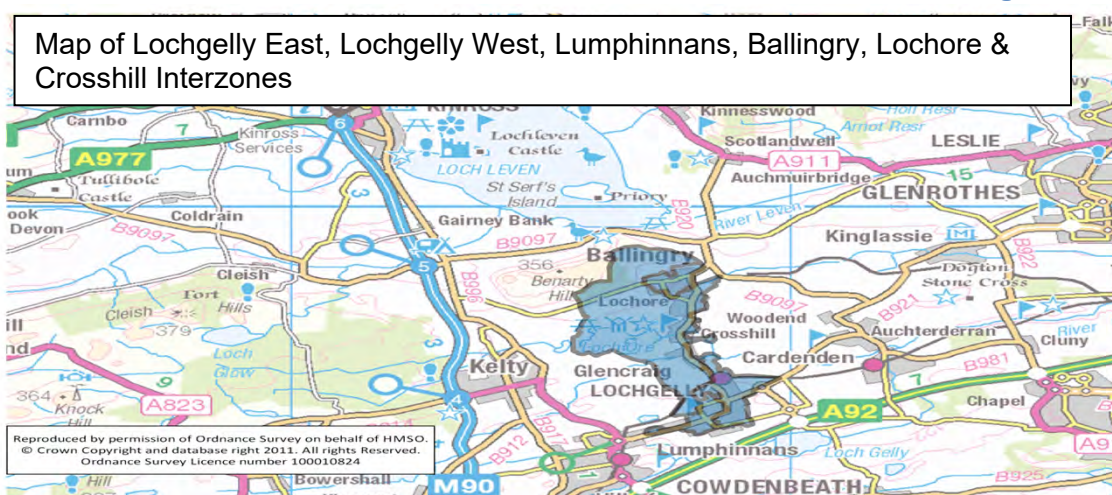
1.4.4 This Initial Agreement Document, the first of three document phases, details our thinking in terms of the most important issues which shape our strategic priorities and how these align nationally and across NHS Fife/Fife Health and Social Care Partnership.

2 STRATEGIC CASE: EXISTING ARRANGEMENTS AND NEED FOR CHANGE

2.1 SERVICE ARRANGEMENTS

- 2.1.1 The holistic multi disciplinary primary and community care services in Lochgelly are currently delivered from the existing Lochgelly Health Centre, a 1970's constructed facility, which has been considerably modified and extended throughout its lifetime. The building is owned by NHS Fife.
- 2.1.2 General Practitioner services in Lochgelly and the surrounding area are delivered by three General Practices operating full time to meet their respective Practice population needs. The General Practitioner Practices are contracted to NHS Fife to provide General Medical Services:
- Lochgelly Meadows General Practitioner Practice (Primary care services) General Medical Services
 - Lochgelly Medical Practice (Primary care services) General Medical Services
 - Lochgelly (Dr Thomson) Medical Practice (Primary care services) General Medical Services
- 2.1.3 Aligned to the Practice there is a wide range of permanent and visiting community health services provided from the current facility. Fife Health and Social Care Partnership and NHS Fife are responsible for the provision of Community Nursing, and Managed Services (treatment room support, Primary Care Nurse, Health Visiting, Clinical Psychology, Sexual Health, Pharmacy, Allied Health Professionals, Child Health, Stop Smoking, Community Midwifery, Mental Health and Addictions, Out-Patient Services and Facility Management), detailed in table 4 below.
- 2.1.4 A constrained range of Voluntary Sector activity is delivered from the Health Centre, including drug and alcohol support services (supporting clinic activity etc). The constraining factor is accommodation availability.
- 2.1.5 The local Community Council supported by local Councillors and Members of Scottish and UK Parliament have a local campaign group to support the realisation of a new health centre. The campaign notes the need for modern infrastructure to enable the local delivery of an integrated model to meet the significant health and wellbeing needs of the community.
- 2.1.6 The services provided from the existing Lochgelly Health Centre are primarily provided in support of the population needs of the people of Lochgelly and surrounding areas, with 79% of the resident population registered (see figure 2 - interzone map) with the Practices. In accordance with NHS Fife's statutory obligation to provide access to Primary Medical Services there is a formal requirement to continue provision of these services within this geographic area.

Figure 2



- 2.1.7 The General Practitioners together with the multi-disciplinary team manage the widest range of health problems; providing both systematic and opportunistic health promotion, diagnoses and risk assessments; dealing with multi-morbidity; coordinating long-term care; and addressing the physical, social and psychological aspects of patients' wellbeing throughout their lives.
- 2.1.8 As figure 1 (page 5) above portrayed the General Practitioners and multidisciplinary team working in the hub model are integrally involved in deciding how health and social services should be organised to deliver safe, effective and accessible care to patients in their community. Practice based multi disciplinary team working is identifying people who could benefit from a case management approach and supporting people to access the right support where there is:
- Complexity in their care and support arrangements through locality multi disciplinary teams, or
 - Clinical complexity providing rapid access to assessment through the locality community health and wellbeing hub teams.
- 2.1.9 The combined Practice population of 10,728 (April 2019), has grown by 1.6% over the past 18 months. The current demographics of the population (based on 2011 census, 2016 SIMD datazone data and ISD Practice data 2019) are:
- 50.9% female: 49.1% male
 - 18.0% are over the age of 65 and 18.2% are 0-15 years (slightly higher than the average for Fife)
 - 45.4% of patients live in the most deprived quintile, with 0.9% living in the least deprived quintile
 - 20.9% of the wider locality population are income deprived, compared to the Fife average of 12.4%, 24.3% of children (under 16) live in poverty compared to the Fife average of 17.9%
 - 27.6% of the Practice's patients have one or more long term condition compared to Fife rate of 7.16%
 - Fife has the highest rate of under 18 and under 20 pregnancy rates in Scotland. The Cowdenbeath locality has the second highest rate of teenage pregnancy under 18 (three year aggregates to 2017) within Fife.
- 2.1.10 Table 3 below notes a range of health indicators for the Lochgelly practice population (where available, or the wider locality where not available) compared to Fife (Fife has seven localities); this demonstrates the relative poor health of the population. The health outcomes for the people supported by the Lochgelly practices are consistently lower than the rates for Fife, in a number of instances these are the highest rates / poorest outcomes in Fife.
- 2.1.11 The Lochgelly area populations' experience higher rates of emergency hospital and multiple admissions. Along with higher rates of admission related to COPD, coronary heart disease and alcohol related hospital stays.
- 2.1.12 In SCOTPHO analysis of QoF data 2017/18 the Lochgelly area comes out in the top three in 12 of 17 measures when compared with the seven Fife localities.

2.1.13 Mental Health is the fourth highest of the health impacts on the population of Fife (after Cancer, Cardiovascular disease and Neurological conditions); those who are socially disadvantaged have an increased probability of experiencing mental ill health. For example, in 2010/2011, there were twice as many GP consultations for anxiety in areas of deprivation than in more affluent areas in Scotland (62 consultations vs. 28 per 1,000 patients). The impact of mental health difficulties in the Lochgelly community is evidenced in the data below and the current range of services seeking to access accommodation in the health centre (detailed in table 4).

Table 3

Indicator	Lochgelly area	Wider Locality	Fife	Comparative notes
Premature mortality		337 per 100,000		(5 th of 7)
Cancer related		180 per 100,000		(2 nd of 7)
CHD related		70 per 100,000		(2 nd of 7)
Patients (65+) with multiple emergency admissions		6,087 per 100,000		(1 st of 7)
New and unplanned repeat A&E attends	297.4 per 1,000.		264 per 1,000	
Potentially avoidable admissions		20.2 per 100,000		(2 nd of 7)
Median 11/15-5/19 Falls related admissions (65+)		2.5 per 1,000	2.05 per 1,000	(1 st of 7)
Cancer rate (QOF)	3.06	2.85	2.85	(Lochgelly has the 3rd highest compared to the 7 localities)

Indicator	Lochgelly area	Wider Locality	Fife	Comparative notes
CHD rate (QOF)	4.65	4.67	3.94	(Lochgelly has the 3 rd highest compared to the 7 localities)
Hypertension rate (QOF)	18.45	17.54	15.36	(Lochgelly has the highest compared to the 7 localities)
Asthma Rate (QOF)	7.17	7.58 (2 nd of 7)	6.94	(Lochgelly has the 3 rd highest compared to the 7 localities)
COPD rate (QOF)	3.4	3.61 (2 nd of 7)	2.58	(Lochgelly has the 3 rd highest compared to the 7 localities)
COPD admissions (standardised rate)	Prac. 1 - 2.7 Prac. 2 - 7.2 Prac. 3 - 5.6	5.3	3.1	Two of the three practices are above Fife levels (Crude & standardised rates).
Diabetes rate (QOF)	7.11	6.51 (2 nd of 7)	5.56	(Lochgelly has the highest compared to the 7 localities)
Alcohol related mortality		17.1 per 100,000		(3 rd of 7)
Mental Health rate (QOF)	0.96	0.85	0.86	(Lochgelly has the highest compared to the 7 localities)
Mental Health Prevalence		5,132 per 100,000 (1 st of 7)		
Psychiatric Admissions (episodes)	29.7 per 1,000 (2018)	25.7 per 1,000 (2018)	24.5 per 1,000 (2018)	Lochgelly levels are above all Fife localities for both patients and episodes
Depression rate (QOF)	12.47	11.57	8.93	(Lochgelly has the highest compared to the 7 localities)
Dementia rate (QOF)	1.00	1.09	0.81	(Lochgelly has the 2 nd highest compared to the 7 localities)
Stroke and TIA rate (QOF)	2.81	2.7	2.46	(Lochgelly has the 2 nd highest compared to the 7 localities)
Developmental disorders		856 per 100,000 (2 nd of 7)		

2.1.14 Projections for future demand for primary care and community services with Lochgelly are driven by the population projections which see the older population growing by 45% by 2041 and by the known negative impact on health of the relative socio economic deprivation the community experiences. Housing developments are seeing the construction of circa 420 new homes by 2025 (potentially an additional 1,050 people). The local development plan includes potential for the development of a further 4070 homes within the Lochgelly Health Centre catchment area. The infrastructure is therefore required to enable services to develop the community health and wellbeing model to support the anticipated increase in the needs detailed in table 3 rather than seeking to continue to do more of the same.

2.1.15 The current workforce delivering services, health, social and voluntary sector activity is outlined below at table 4 along with potential future workforce required to deliver integrated primary care and community services. Recent and continuing changes to the workforce are being phased in line with population growth and service model developments and are taking into account the requirements to implement the GMS (2018) contract and enhance the primary healthcare team, community health and social care teams and health visitor pathway. The Meadows Practice provides training placements for medical students.

Table 4

	Existing Provision (whole time equivalent)	Recent change	Future provision * Incl. new roles
General Practitioners (5)	4.5	- 1wte	
Advanced Nurse Practitioner (2) + trainee	2	+1wte	
Nurse Practitioner (1)	0.8	+0.8wte	
Practice Nursing (3)	1.7	-1.05wte	
Primary Care Mental Health Nurse	1	+1	
Practice Phlebotomist (1)	0.39		
Practice Manager (3)	2.9		
Admin staff (11)	9.6	-0.27	
Community Nursing Team (9+ 2 student/rotational Intermediate Care team colleague)	6.87 (+2)		Redesign of Community Nursing + caseload weighting necessitate change
Community Phlebotomist (1)	0.5		
Community Teams Admin Staff	0.9		
Medical Students	0.2		
Primary Care Pharmacist	1		+4 requiring an office and access to consultation accommodation
Visiting teams	Sessions per month	Future provision * Incl. new roles	
Addiction Services	12		
Clinical Psychology	33		
Fife Intensive Rehabilitation and Substance Misuse Team	16		
Phlebotomy (Bloods)	16		
Respiratory Nurse Base + Clinic	1 wte + 3 clinics		
Paediatric Clinic	6		
Asthma Clinic	4		
Fife Forum	8		
Continence Clinic	4		
ADAPT (Alcohol and drug triage service)	4		
Stop Smoking	4		
Psychiatry	8		
Health Visitors Baby Clinic	4		
Health Visitor Review Clinic	12		
	+ Wellbeing		13 staff and the full range of centre based Health Visiting activity:

	meetings when required	majority currently delivered from an adjacent smaller village
Immunisation Team	8	Potentially evening Flu clinics
Midwife Clinic	12	
Safe Space	4	
Dietician	2	
Orthoptic Clinic	4	
Podiatry	16	
Diabetic Foot Check (DAR's)	6	
Dermatology	4	
Minor Surgery Clinic	As required circa 2 per week	
Depot Clinic (QMH Nurses)	1 hr per week	
Treatment Room	20	
Fife Alcohol Advisory Service	4	
Social Workers / Social Care Workers		MDT time Child Protection meetings
Mental Health Nursing	8	
Contraception and Sexual Health	4	
Alcohol and Drug Drop in	4 (evenings)	
Wider voluntary sector		A wider range of voluntary sector services e.g. citizens advice supporting income maximisation
First Contact Physiotherapist		0.55wte

2.2 SERVICE DETAILS

2.2.1 The accommodation in Lochgelly (Building report at Appendix 1), provided over one level with a total floor area of 760m², supports:

- General Practitioner activity associated with the Lochgelly Meadows Practice (Circa. 19,000 appts PA and a Practice population of circa. 5,011)
- Nurse activity associated with the Lochgelly Meadows Practice (Circa. 4,000 appts PA)
- General Practitioner activity associated with the Lochgelly Medical Practice (Circa. 10,000 appts PA and a Practice population of circa. 3,511)
- Nurse activity associated with the Lochgelly Medical Practice (Circa. 7,000 appts PA)
- General Practitioner activity associated with the Lochgelly (Dr Thomson) Practice (Circa. 5,400 appts PA and a Practice population of circa. 2,206)
- Nurse activity associated with the Lochgelly (Dr Thomson) Practice (Circa. 900 appts PA)
- Community nursing "treatment room" activity (16 appts per day, 22 at busiest times, Circa. 4,100 appts PA), Phlebotomy provide 37 appts 4 days per week, Circa 6,500 PA) with the team visiting about 30 people at home per day.
- Primary Care nursing activity (Average 30 appts per week - 1560 PA)
- Minor surgical procedures undertaken by a specialist General Practitioner (Circa. 100 episodes PA)
- Practice Phlebotomy services (Circa. 5,500 episodes PA)
- Midwifery ante-natal clinic activity (Circa. 750-800 appts PA)

- Psychology out-patient services (Circa. 1000 appts PA)
- Targeted sexual health services for younger people (Circa. 300 appts PA)
- Dietetic consultations (Circa. 204 episodes PA)
- Podiatry services (Circa. 1010 appts PA)
- Stop Smoking sessions (Circa. 470 appts PA)
- Paediatric consultation activity (Circa. 170 appts PA)
- Mental Health: Nursing Psychiatry and Psychology
 - West Fife Community Outreach Team (Circa. 200 appts PA).
 - Addictions – sessions outlined above
 - Psychiatry – sessions outlined above
- Voluntary Sector services – sessions outlined above

2.2.2 General Practitioner Practices have access to a known number of consulting rooms/areas on a daily basis, with visiting services scheduled ahead as far as possible, based on room availability. This situation is complicated by a lack of inter-service flexibility and the particular challenge associated with low patient numbers in a wide range of different clinics, most notably high 'session utilisation' (all rooms are booked all the time they are available) but poor 'in-session utilisation'.

2.2.3 Whilst the General Practitioner Practice and Health and Social Care Partnership are working collaboratively to modernise, integrate and expand services to improve outcomes and support the population growth, development is severely constrained by the existing premises. For example the respiratory nurse would be able to see circa three times more patients if clinic space was available, supporting more proactive case management, with medical colleagues and thereby reduce emergency admissions further.

2.2.4 In summary, baseline data indicates that services delivered from the existing Lochgelly Health Centre amount to a total of circa 70,000 attendances per annum; circa 270 attendances per day or around 15 patients / clinical room activity per day. Whilst this is considerably less than the theoretical capacity associated with these clinical spaces, this situation occurs as a result of an overall lack of administrative / support areas within the building and the resultant extensive use of consulting space for administrative and clinical support activities. For example GPs use their consulting rooms also as office space, meaning the rooms cannot be used by another clinician outwith their clinical sessions.

- 2.2.5 As the Health Centre runs at 100% capacity services often double book rooms in case cancellations arise – this includes clinical services, voluntary sector support groups, teams seeking to deliver mandatory staff training and centre based teams seeking to meet together. The AEDET review exercise confirmed that the layout and fabric of the building place considerable limitations on effective and safe service delivery (page 38).
- 2.2.6 Where services are not / cannot be delivered locally in Lochgelly, patients are referred to different locations that include: Queen Margaret Hospital, Dunfermline; Victoria Hospital, Kirkcaldy; Rosewell Clinic, Lochore. For example the majority of Health Visiting activity including Wellbeing Meetings is delivered from Rosewell Clinic; impacting on access inequities.
- 2.2.7 Out of Hours Primary Care is delivered from four Urgent Care Centres in Fife. The Partnership does not have plans to extend the number of Urgent Care Centres. The Practices and Community Teams offer a small number of clinics / sessions into the evening. The restrictions of the building do not lend themselves to safe and simple access in the evening.
- 2.2.8 The model of care is developing in line with the new General Practitioner Contract, with the Primary Care Development implementation plan progressing along with the Business Planning process. Accommodation is not available to support the local delivery of physiotherapy, mental health nursing, primary care pharmacists, social prescribing, etc. For example the Local Area Co-ordinator (voluntary sector member of the team sign posting people to local community provision) is not able to work from Lochgelly as frequently as required. To meet the areas needs within the GMS (2018) there will be three levels of pharmacotherapy input, this will see the resource based in Lochgelly grow from 1 whole time equivalent to 5.
- 2.2.9 Nationally, a re-provisioning exercise is in process to replace existing GP IT systems, with suppliers having until February 2020 to complete development of their respective systems in line with NHS National Services Scotland requirements. After this, a transition exercise will commence across all boards, with Fife's transition scheduled to commence summer 2020. This will facilitate the Lochgelly practices to be paperlite.

2.3 STRATEGIC CONTEXT

- 2.3.1 NHS Fife Clinical Strategy sets the strategic direction with Fife Health and Social Care Partnership that is focused on local early, preventative care. In working with partners to improve the health of local people and the services they receive, while ensuring that national clinical and service standards are delivered across the NHS system we will strengthen primary care and community services.
- 2.3.2 Our vision requires a flexible and responsive model that works with people to define the outcomes they want to achieve, enabling people to maximise their health and wellbeing by utilising their own and community assets, adding and adapting services responsively to meet and sustain outcomes.
- 2.3.3 Our development of the community health and wellbeing hub model is designed to flexibly and responsively layer services where required, adjusting support and care incrementally, as locally as possible. In light of the changing demography this has focused initially on supporting people to minimise and modify the impact of frailty and factors leading to frailty(including younger people frail because of long term conditions, addictions etc). Providing holistic assessment and care management, focused on individual outcomes, anticipatory planning and supporting a reducing in

unscheduled care. Fife has a population of 371,910 (2018 mid year population estimates, NRS), with slightly above the Scottish average for the over 65's age group described in Table 5.

Table 5

	Total Population	65+	75+	85+
Fife	371,910	20%	9%	2%
Scotland	5,438,100	19%	8%	2%

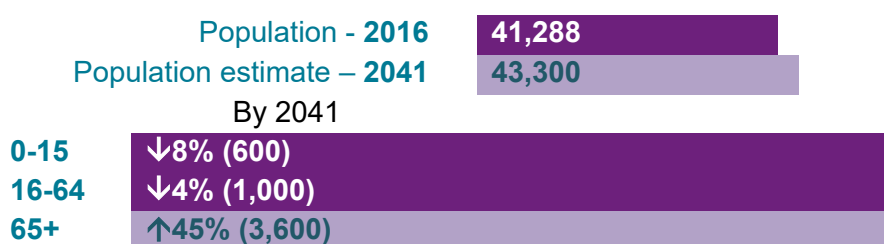
- 2.3.4 Fife H&SCP has seven localities. Lochgelly is within the Cowdenbeath locality. The Cowdenbeath locality sits within the West Division of the (H&SCP). The H&SCP is developing a locality clinical model with General Practitioner Clusters focused on the needs of the locality population. Table 6 demonstrates the percentage of locality populations over 75.

Table 6

	Population over 75	75+
City of Dunfermline	3928	7%
Cowdenbeath	3360	8%
Glenrothes	4109	8%
Kirkcaldy	5549	9%
Levenmouth	3560	10%
North East Fife	7192	10%
South West Fife	3845	8%

- 2.3.5 Figure 3 notes the anticipated change in the localities population over the next 25 years. The total population within Cowdenbeath Locality is projected to increase by 5% by just around 2,000 by the year 2041. Most of the areas' population growth is expected to take place in the older people age group, an increase of circa 45% which will place an increasing demand on health and social care.

Figure 3



- 2.3.6 The local and national goal, supported by NHS Fife's Clinical Strategy (2016-21), and the Fife Health and Social Care Partnership's Strategic Plan for Fife 2019-2022 (draft) is to provide safe, effective and sustainable care at home or as close to home whenever possible. The integrated model being implemented will support robust, holistic health (primary and community) and social care, with third sector services having a strong focus on early intervention, prevention, anticipatory care and supported self management.
- 2.3.7 The proposal for investment into fit for purpose health and social care facilities in Lochgelly will not only address the current restrictions upon local delivery of clinical, community and third sector services and deficiencies in facilities at the existing

Lochgelly Health Centre but also enable the delivery of the above integrated model within the Lochgelly area.

2.3.8 The well rehearsed pressures in General Practice in Scotland can be illustrated by the following indicators:

- 10% of the population consults with a GP Practice clinician every week
- 34% of all GPs are aged 50 and over in 2015, compared with 29% in 2005
- 37% increase in female General Practitioners and 15% decrease in male GPs over the ten-year period to 2015
- 40% of female GPs leave the profession by the age of 40
- 2015 – 1 in 5 GP training posts unfilled

2.3.9 Fife's Primary Care Improvement Plan sets out the ambitions for reshaping primary care and General Practice in implementing the new GMS 2018 Contract. This is facilitating the development of General Practitioners as expert medical generalists within expanded Primary Health Care Teams, by implementing new roles and ways of working. This is underpinned by the guiding principles of:

- Contact: accessible care for individuals and communities
- Comprehensiveness: holistic care of people – physical and mental health
- Continuity: long term continuity of care enabling an effective therapeutic relationship
- Co-ordination: overseeing care from a range of service providers

2.3.10 Care pathways are patient (not disease) centred to meet the challenge of shifting the balance of care, realising Realistic Medicine and enabling people to remain at or near home wherever possible. Local accessibility and the need to provide a wider range of services to people in their local communities and to develop greater local integration is being hampered by the accommodation available within the Lochgelly area. The effect of which is evidenced in the continued reliance upon the traditional medical model of relatively high acute hospital attendance and admission rates.

2.3.11 Local accessibility and improved joint working with other health and social care partners as part of a wider whole system will facilitate integration of health and social care and enable more effective delivery of health and wellbeing outcomes. This will be underpinned by Practice multi disciplinary team working, supported by responsive wider locality teams in reaching to deliver local care.

2.3.12 Key national and local documents have influenced the development of our health and care model and thereby this proposal, although this is not an exhaustive list. It should be noted that along with Caithness and Ayrshire Fife's Community Health and Wellbeing Hub programme has been selected as a national pathfinder site to support a Once for Scotland approach to delivering the shift in the balance of care from hospital to community.

National

- Commission on the Future Delivery of Public Services (The Christie Report) (June 2011)
- 2020 Vision for Health and Social Care (September 2011)
- Healthcare Quality Strategy (2012)
- A National Clinical Strategy for Scotland (February 2016)

- Health and Social Care Delivery Plan (December 2016)
- Property Asset Management Strategy (2017)
- NHS in Scotland 2016 – Audit Scotland Report (October 2016)
- Achieving Excellence in Pharmaceutical Care: A Strategy for Scotland (August 2017)
- General Medical Services Contract (2018)
- Health and Social Care Integration – Audit Scotland (November 2018)
- Nursing 2030 Vision: Promoting Confident, Competent and Collaborative Nursing for Scotland's Future (2017)

Local

- Health and Social Care Partnership Strategic Plan for Fife Plan (draft 2019-2022)
- NHS Fife Clinical Strategy (2016-21)
- NHS Fife Estates Rationalisation Strategy (2017)
- NHS Fife Operational Delivery Plan (2018/19)
- Let's really raise the bar: Fife Mental Health Strategy (draft) (2019-2023)

2.3.13 This proposal interacts with these key local and national strategies in terms of:

Quality Strategy ambitions in relation to:

- Person centred care - through improving access to Primary Care and providing more care closer to home;
- Safe – reducing risk of infection through provision of modern fit for purpose accommodation;
- Effective – bringing together a wider range of health and care services to make more effective use of resources.

2020 Vision aspirations are that everyone can live longer healthier lives at home, or in a homely setting with focus on improving quality of care, improving the health of the population and providing better value and sustainability.

Technology Enabled Care projects are being tested within the current service model to modernise primary care, support earlier identification and self management.

NHS Fife's Clinical Strategy and **Operational Delivery Plan** are focused on delivering person centred care, closer to home where possible. The proposed development will support the local provision of health and social care services within Lochgelly, facilitating person centred care and support.

The **2018 General Medical Services Contract** refocuses the role of General Practitioners as expert medical generalists and recognises that general Practice requires collaborative working, with enhanced multidisciplinary teams that are required to deliver effective care, joint working between General Practitioner Practices in clusters and as part of the wider integrated health and social care landscape. Better care for patients will be achieved through:

- Maintaining and improving access;
- Introducing a wider range of health professionals to support the expert medical generalist;
- Enabling more time with the General Practitioner for patients when it is really needed; and
- Providing more information and support to patients.

The **Public Bodies (Joint Working) (Scotland) Act 2014** aims to improve outcomes for people by creating services that allow people to stay safely at home for longer with a focus on prevention, anticipation and supported self-management, and provide opportunities to co-locate health and care services working together for the local population. Fife's local Health and Social Care Strategy describes how the nine National Outcomes for Integration can be met through prevention, local earlier integrated working focused on peoples own outcomes.

Promoting the wellbeing of children is central to the work of Health Visitors and this is supported by the new Universal Health Visiting Pathway and the Named Person role conferred by the **Children and Young People (Scotland) Act (2014)**. The Universal Health Visiting Pathway sets the standard for health visiting and the minimum core visits that families with children aged 0-5 years can expect from their Health Visitor, regardless of where they live. This will require an increase in the Health Visiting establishment and new ways of working for full implementation.

The Scottish Government's **Nursing 2030 Vision: Promoting Confident, Competent and Collaborative Nursing for Scotland's Future** (2017) sets the direction for nursing in Scotland through to 2030 and focuses on personalising care, preparing nurses for future needs and roles, and supporting nurses. Within this framework redesign in community nursing is supporting the implementation of the Chief Nursing Officer Directorates paper on Practice and Community Nursing to integrate locally to support prevention and early intervention.

Fife Health and Social Care Partnership, established on 1st April 2016, is refreshing its strategic plan, this includes revised Vision, Mission and Values. The plan is focused on delivering proactive, integrated support and therefore will seek to secure an outcome focused model delivered locally aimed at securing improved outcomes through early identification and intervention:

- **The Vision is** To enable the people of Fife to live independent and healthier lives.
- The **Mission** is "We will deliver this (vision) by working with individuals and communities, using our collective resources effectively. We will transform how we provide services to ensure these are safe, timely, effective and high quality and based on achieving personal outcomes."
- Our **Values** are: Person-focused - Integrity – Caring - Respectful - Inclusive - Empowering

2.3.14 This will support local delivery of the national outcomes for integration.

2.4 DRIVERS FOR CHANGE

2.4.1 The following is a full list of the main drivers causing the need for change, the effect that these issues are having on the current service provision and an assessment of why it is believed action is required now.

Table 7

Driver for change:	What effect is it having, or likely to have, on the organisation?	Why action now:
The clinical and social care model have developed and implementation is being circumscribed	Primary, Community and Voluntary sector services cannot provide the integrated model of care they and the community recognise is required now and for the future. Existing facilities lack the number and range of support areas necessary to	The model of integrated care is being undermined now: preventing locally based, proactive care. Lack of essential support areas (e.g. clean and dirty utility areas) represents a real and unacceptable risk to the Board in key areas such as Healthcare Associated

Driver for change:	What effect is it having, or likely to have, on the organisation?	Why action now:
	deliver safe and effective services, the physical capacity of the building is 100% utilised and oversubscribed.	Infections and patient safety that can only be addressed through significant investment. Time from Initial Agreement to occupation of a new facility could take circa 4 years.
	Services cannot be delivered locally for local patient need; Existing physical capacity is unable to deliver essential baseline change and re-design.	Local health inequality issues will continue to be difficult to support. NHS Fife/Fife H&SCP will fail to deliver the GMS (2018) and the community health and wellbeing hub model within Lochgelly unless this is planned for.
	Pressure on existing staff, accommodation and services will inevitably increase.	Sustainability of primary care is a key priority for the Partnership and NHS Fife. There is a need to plan to provide a sustainable service for the future
Poor clinical and non clinical functionality and space restrictions in existing accommodation (configuration)	Existing facilities fall far below the required standards in terms of how they are configured and laid out. The Equality Act (2010) compliance within the building is poor.	Existing facility configuration and layout presents unacceptable risks, as well as poor local performance, functional inefficiency and suboptimal patient experience. Wheelchairs, mobility scooters and double buggies cannot access parts of the building, including the waiting area. The waiting areas are too small.
	Premises are functionally inadequate and compromise pro-active patient care.	No scope exists to re-organise parts of the service to improve the experience.
	Some consulting rooms are very small and do not meet current standards. These are very restrictive / unsuitable for patients and staff.	Poor patient and staff experience. Does not meet current recommended standards.
Clinical and social care functionality (capacity) issues	Capacity is unable to cope with current, let alone future projections of need. Patients are required to make repeated appointments to meet with different members of their multi disciplinary team and to access healthcare out-with the local area.	Service sustainability and development is at risk and an increasing number of patients will travel to other venues for appointments.
	Facilities lack the number and range of support areas necessary to deliver modern, integrated, safe and effective services	There are no rooms available to deliver training, accommodate local multi disciplinary team meetings, etc. There is no accommodation to support local access to a wider range of visiting community services to support for example income maximisation.
Building issues (Including statutory compliance and backlog maintenance)	Existing facilities fall far below the required standards in terms of how they are configured and laid out.	Building configuration and layout present unacceptable risks as well as poor performance and functional inefficiency.
	Physical characteristics of the building prevent safe and effective patient care: small treatment rooms below minimum standards.	Redesign of building will allow for improved care, staff experience and financial performance.

Driver for change:	What effect is it having, or likely to have, on the organisation?	Why action now:
	Increased safety risk from outstanding maintenance and inefficient service performance.	Building condition, performance and associated risks will continue to deteriorate if action is not taken now.

2.5 INVESTMENT OBJECTIVES

2.5.1 This section identified the 'business need' in relation to the current arrangements described in section 2.1. These were discussed at the Architecture & Design Scotland (A&DS) facilitated workshop to develop the project design statement. A wide range of stakeholders including clinical and managerial staff along with community representatives were involved in a workshop to describe the difference between 'where we are now' and 'where we want to be'.

Table 8

Effect of the need for change on the organisation:	Investment Objectives
Existing service arrangements are affected by lack of clinical support service facilities.	Ensure equal access to a patient centred approach by enabling delivery of and access to local integrated anticipatory and preventative care for patients. Secure accommodation to deliver required group based activities.
Implementation of integrated models of care is undeliverable locally in the current environment	Ensure equal access to modern integrated care with provision driven by patient need rather than limitations in capacity.
Pressure on existing staff, accommodation and services will inevitably increase.	Ensure the right staff skill mix and service capacity are available to deliver and strengthen local capacity to manage people's health within the local community.
The facilities available, 100% occupancy, combined with significant population change, restrict the ability of the parties to deliver the full range of integrated services locally.	Enable earlier access to proactive and anticipatory care through local delivery via integrated seamless service across health and social care. This will reduce referrals to other services. Care will be driven by patient need rather than limitations on capacity.
Existing configuration, as a result of a circa 1970's building, which has been modified and extended with a 'best fit' approach means poor accommodation e.g. service users who rely on wheelchair access or have a mobility problem have extreme difficulty in both accessing and traversing the facility.	Delivery of safe and effective care with dignity by providing facilities which comply with all legal standards and regulatory requirements and gives equality of access for all. Improved staff wellbeing.
Increased safety risk from outstanding maintenance and inefficient service performance.	Improve safety and effectiveness of accommodation by improving the physical condition, quality and functional suitability of the healthcare estate.

2.6 PROPOSED BENEFITS

- 2.6.1 There is a clear emphasis on General Practice provision and the development of the community health and wellbeing hub model within the Partnership's Strategic Plan and NHS Fife Clinical Strategy. The proposed investment in infrastructure will enable the Lochgelly Medical Practices to fully participate in the required programmes of care, enable full access to the development of Primary Care Improvement Plan and thereby improve outcomes for individuals, their families and the community, experience of staff and the reputation of the organisation.
- 2.6.2 Benefits for each of the investment objectives described in section 2.5 above are mapped to the expected benefits in the context of the Scottish Government's five Strategic Investment Priorities (Safe; Person-Centred; Effective Quality of Care; Health of Population; Efficient: Value and Sustainability).
- 2.6.3 To ensure that resources are effectively exploited and that any investment made provides agreed benefits a benefits register has been developed. This register (see appendix 3) identifies the expected benefits, indicates a baseline and target measurement and also gives a priority level to each benefit. A Benefits Realisation Plan will be developed as part of the Outline Business Case.

Table 9

	Investment Objective	Benefit	Investment Priority
1.	Ensure equal access to a patient centred approach by enabling delivery of and access to local integrated anticipatory and preventative care for patients. Secure accommodation to deliver required group based activities.	General Practitioner Practice Multi Disciplinary Team, wider community hub team and voluntary sector have access to accommodation to meet population needs locally.	Person-Centred Health of Population Integrated Care
2.	Ensure equal access to modern integrated care with provision driven by patient need rather than limitations in capacity.	Services delivered locally based on need.	Person Centred Efficient Effective Integrated Care
3.	Ensure the right staff skill mix and service capacity are available to deliver and strengthen local capacity to manage people's health within the local community.	Higher staff retention levels. Higher staff morale/lower absence rates. Increased flexibility of roles. Career progression. Improved workforce planning across the health and social care pathway. Supports training, education and development. Improved patient centred communication within the wider team.	Person Centred Efficient Effective Value and Sustainability Integrated Care
4.	Enable earlier access to proactive and anticipatory care through local delivery via integrated seamless service across health and social care. This will reduce referrals to other services. Care will be driven by	Access to wider staff skills, support and experience on one site. Reduces unnecessary hospital referrals. Reduces patient risk.	Effective Quality of Care Person Centred Integrated Care

	patient need rather than limitations on capacity.		
5.	Delivery of safe and effective care with dignity – by providing facilities which comply with all legal standards and regulatory requirements and gives equality of access for all. Improved staff wellbeing.	Improves patient experience addressing privacy and dignity issues. Improves staff safety through provision of primary care & community services on one site allowing for available support for patients and staff. Ease of compliance with standards e.g. Equality Act (2010), HAI Fit for purpose flexible accommodation meeting all guidelines e.g. room sizes.	Safe Person Centred Quality of Care Integrated Care
6.	Improve safety and effectiveness of accommodation by improving the physical condition, quality and functional suitability of the healthcare estate.	Increased local provision and access to treatment making best use of available resources by having the infrastructure to deliver more proactive prevention and early intervention focused support, maximising MDT working to facilitate access for people and thereby reducing the call upon unscheduled care.	Effective Quality of Care Efficient: Value and Sustainability

1 STRATEGIC RISKS, CONSTRAINTS AND DEPENDENCIES

1.1 RISKS

- 1.1.1 Recognising that one of the main reasons when change projects are unsuccessful in terms of cost and time overruns and/or failing to deliver the expected benefits is the failure to properly identify and manage the project risks, a Project Risk Register has been developed. Risks at the Initial Agreement Stage of the Project have each been assigned an owner and mitigation action identified (appendix 3).
- 1.1.2 The key areas of risk relate to:
- Capital envelope does not support the preferred way forward.
 - Clinical and care models may change and not be adequately planned for
 - The programme may be delayed: further impacting on service delivery
 - Engagement: in terms of maintaining positive stakeholder engagement
 - Acquisition of land: initial discussions have been held with Fife Council in relation to the possible purchase of land.

1.2 CONSTRAINTS AND DEPENDENCIES

- 1.2.1 Financial: given the current climate it is recognised that the project is likely to be constrained financially. The affordability of the project will continue to be fully tested through each of the approval stages; this will include the development of a fully detailed revenue model within the Outline Business case. Once the project budget is set, the project will require to be delivered within this.
- 1.2.2 Programme: given the risks associated with the current arrangements, there is a need to deliver the project as quickly as possible.
- 1.2.3 Quality: the project will require to comply with all applicable healthcare guidance and achieve the Achieving Excellence Design Evaluation Tool (AEDET) pre-defined target criteria across all categories.
- 1.2.4 Sustainability: as the preferred option is a new build there will be a requirement to achieve British Research Establishment Environment Assessment Method (BREEAM) 'excellent'.
- 1.2.5 Site: as the preferred option is a new build within a built-up area delivery of the project will be restricted and constrained. Careful planning will be required to plan how the project can be delivered efficiently and safely with minimal disturbance to surrounding residents and local businesses.
- 1.2.6 Dependencies associated with the build phase will be tested in development of the Outline Business Case.
- 1.2.7 These risks will then be reviewed in more detail at the Outline Business Case stage. The process of risk management will continue throughout the life of the project and then transfer to the operational management of the organisation.

1.3 CRITICAL SUCCESS FACTORS

1.3.1 In addition to the Investment Objectives set out in section 2, the stakeholders have identified several factors which, while not direct objectives of the investment, will be critical for the success of the project.

Table 10

Requirement	Description	Critical Success Factor
Strategic fit	Meets agreed clinical and investment objectives, related business needs and service requirements	<ul style="list-style-type: none"> • From Patient perspective: <ul style="list-style-type: none"> • a facility that is easily accessible, bright, welcoming and airy. • designed so that patients can be treated with dignity particularly in terms of confidentiality. • Promotes sustainability of Primary Care provision, Realistic Medicine and delivery of 2018 GMS Contract • Consistent with NHS Board's Clinical Strategy • Supports delivery of NHS Scotland Quality Strategy • Facilitates integration of health and social care services, delivered locally
Value for money	Maximise the return on the required investment and minimise risks	<ul style="list-style-type: none"> • Service model maintains or reduces revenue costs in the longer term through earlier intervention • Service model enables effective decision making in allocation of resources • Building design maximises efficiency and sustainability
Potential achievability	<p>Is likely to be delivered in relation to the required level of change</p> <p>Matches the available skills required for successful delivery</p>	<ul style="list-style-type: none"> • The skills and resources are available to implement new ways of working • The Partnership and the Practice are able to embed new ways of working • NHS Fife are able to deliver the programme to agreed budget and timescales • Technology enablers are available and utilised
Supply side capacity and capability	Matches the ability of service providers to deliver required services	<ul style="list-style-type: none"> • Service providers are available with skills, materials and knowledge • The project is likely to attract market interest from credible developers
Potential affordability	Available capital and revenue resources are sufficient to support the successful delivery of the proposed facility and services	<ul style="list-style-type: none"> • Solution is affordable to all stakeholders

1 ECONOMIC CASE

1.1 DO NOTHING/ DO MINIMUM OPTION:

- 1.1.1 It is not feasible to continue with the existing arrangements ('Do Nothing') as outlined in Section 2, because the building is not fit for purpose. The do nothing option scored lowest throughout the option appraisal process. The building and footprint likewise mean that a do minimum option is not feasible.

Table 11

Strategic Scope of Option	Do Nothing
Service Provision:	Primary Care services in Lochgelly are delivered from the existing Lochgelly Health Centre. The facility has previously been considerably modified and extended.
Service Arrangements:	Three separate Primary General Medical Services practices, Community Health and Voluntary Sector services
Service Provider and workforce arrangements:	For the services detailed above at section 2 the workforce arrangements will continue with General Practitioner services Community Health and Social Care and Voluntary Sector services delivered in the building. The developing integrated multi disciplinary model will be circumscribed with inequity of access and travel implications for patients. Poor accommodation will continue to be managed as a risk in terms of staff health and safety.
Supporting assets:	<ul style="list-style-type: none"> The existing Lochgelly Health Centre has a baseline area of 760m² and features a mixture of traditional General Practitioner/consulting spaces that includes: 4 x restricted separate reception and records areas at a total of 100m² (Associated with the 3 x separate Practices and NHS consulting elements) 2 x waiting areas (total 26m²) with inadequate space to meet even baseline needs and no age-specific provision 17 x (reasonably sized but poorly configured) consultant/treatment rooms located throughout the facility with little/no functional relationship to each other or the different patient groups they relate to 1 x interview room 1 x group room, although this is in effect a former waiting area with no windows that is far from fit for purpose and can consequently only be used for very short periods, therefore this has virtually no capacity for e.g. staff meetings, staff training and group work (e.g. breastfeeding support) 5 x small and disparate offices (total 74m²) 1 x staff room (23m²) servicing the whole facility and all staff groups <p>Clinical Functionality Capacity issues have been identified as those problems associated with a lack of local space (area) that is essential to safe, effective and appropriately compliant service delivery.</p> <p>Areas originally designed to provide essential support functions have been lost in a drive to maximise clinical consultation space. Whilst the facility technically has sufficient space to support baseline clinical activity, in reality it is unable to do this as a consequence of a chronic lack of storage, waiting, quiet / interview, phlebotomy, administrative and office space. In addition, the existing facility lacks any form of clean utility room, dirty utility room, disposal hold, Domestic Services Room (DSR) or clinical storage facilities.</p> <p>There is no dedicated teaching, group space nor consulting rooms capable of supporting a GP training function. There are no administration areas capable of supporting wider staff teaching and learning or undertaking on-line training and assessment packages.</p> <p>The facility has nowhere that a patient can be managed should their visit become protracted; they become unwell; and / or they require acute management prior to transfer out to another facility by ambulance. This results in delays to clinical activity as it means consultations being delayed or suspended and is compounded due to the extremely poor access to all existing clinical areas. (None of these can be accessed by a trolley through the main entrance should this be required, with the only other entrance – at the rear – only being</p>

	accessible by a number of steps. This impacts poorly on patient dignity and confidentiality). The building configuration is poor from access, service configuration, safety and security perspectives.
Public & service user expectations:	Delivery of effective General Practitioner and Primary Care, physical and mental health services in Lochgelly from one building in a good central location which is all on one level. Services delivered by a wide range of professionals. Strong desire to increase 'targeted' delivery to address inequalities. Single shared staff room Access to adjacent car parking spaces in a free Council car park.

1.2 ENGAGEMENT WITH STAKEHOLDERS

- 1.2.1 It was key to have the support of key stakeholders from health and social care staff and also leaders from the local community to define the change required and create the vision for change.
- 1.2.2 Stakeholders supported this through their participation in the Option Appraisal Exercises, Achieving Excellence Design Evaluation Toolkit AEDET and Design Statement workshops.
- 1.2.3 This will ensure that the vision is shared, is communicated to all who will be impacted by the change and the support from those who have an emotional commitment to the services provided in their community.
- 1.2.4 Further detailed information on the engagement and involvement with stakeholders completed to date, and proposed throughout the programme is included at section 7.

1.3 SERVICE CHANGE PROPOSALS

- 1.3.1 The initial scope for the Lochgelly Health Centre project was to explore design and scope options to provide a suitable health and social care facility in Lochgelly which was of a suitable size and condition to meet with the growing needs of the existing Practices, community health and social care team and voluntary sector services.

Long List

- 1.3.2 The theoretical long-list of options was initially generated by the NHS and Local Authority teams with the support of Hubco and its advisers, and reviewed throughout the process. This long-list was based on the cross-referencing of strategic theoretical service options available with local site / facility considerations.
- 1.3.3 Strategic theoretical option themes included:

Table 12

Strategic Scope	Summary
1 Service Provision	<ul style="list-style-type: none"> Do nothing (The status quo) Build entirely new, minimise any use of existing buildings (full build)
2 Service Arrangements	<ul style="list-style-type: none"> Don't have any specific General Practitioner / health facilities locally
3 Service provider/ workforce	<ul style="list-style-type: none"> Utilise only 'operational' solutions to address existing problems
4 Supporting Assets	<ul style="list-style-type: none"> Build new but also make use of existing facilities to support the overall model (reduced build) Combine a new build or refurbishment proposal with other new / existing developments across the public sector Use and/or refurbish one or more existing local buildings/facilities
5 User Expectations	<ul style="list-style-type: none"> The expectations of the public and service users

- 1.3.4 The following core long-list of options, in addition to Option 1 do nothing/minimum described above at Table 11, was agreed:

Option	Description	Commentary
Option 2	Don't have any Health Centre building – use existing available public sector estate.	This option was not short-listed as it was completely incapable of delivering the preferred service model, would not deliver the health & social care hub required and result in an even more fragmented service than at present. It was also reliant upon making use of existing spaces that lack both the capacity and functionality to deliver any of the services being delivered now and in the future.
Option	Description	Commentary
Option 3a	An operational solution utilising only the existing Health Centre	Whilst a number of operational solutions are being considered by the Board to address acute short-term crises – and this option is not mutually exclusive – it is not capable of addressing anything other than capacity concerns in the very short-term and certainly not any of the physical/facility issues identified. It was consequently not short-listed.
Option 3b	An operational solution utilising the existing Health Centre plus space in the adjacent Lochgelly Centre	This option was assessed as a variation on option 3a), with space in the Lochgelly Centre providing potential additional scope to improve capacity concerns in the short-term. It was not short-listed for the same reasons.
Option	Description	Commentary
Option 4a	Refurbish & extend the existing Health Centre facility	This option was originally agreed for short-listing and was subsequently developed into drawings. Unfortunately this work-up highlighted that there was insufficient space to support the required extension (which would have to be on a single level on the adjacent car park site). It was consequently proven unfeasible and not short-listed.
Option 4b	Refurbish the existing Jenny Grey facility	In contrast to the previous option, refurbishment of the Jenny Grey facility was not initially thought feasible, however architect work up developed a scheme that appeared credible with good use of space and only minimal compromise. This option was consequently short-listed.
Option	Description	Commentary
Option 5a	Reduced new build on existing Health Centre site (plus use of space in existing Health Centre facility)	This option involved building a reduced new facility on the existing site that retained the existing facility. It was a theoretical option only and clearly not feasible as the existing Health Centre occupies its entire curtilage. The option was consequently not short-listed.
Option 5b	Reduced new build on existing Health Centre site (plus use of space in Lochgelly Centre)	This option involved building a reduced new facility on the existing site that also made use of space in the adjacent Lochgelly Centre. The option was not short-listed as it offered no benefits over a reduced new build on the adjacent car park site but introduced significant cost, disruption and operational challenges associated with decant to support demolition and re-building. The option was consequently not short-listed.

Option 5c	Reduced new build on adjacent (car park) site (plus use of space in Lochgelly Centre)	This option involved a reduced new build on the adjacent car park site that made use of space (primarily group rooms) in the adjacent Lochgelly Centre. It was deemed feasible and consequently short-listed.
Option 5d	Reduced new build on Lochgelly North School site (plus use of space in shared new development)	This option involved a reduced new build on the existing (disused) Lochgelly North School site that would be aligned to potential (very early stage) local authority proposals relating to the construction of a pre-school nursery on the site. It was deemed feasible and consequently short-listed.
Option 5e	Reduced new build on Jenny Grey site (plus use of space in <u>other</u> facilities TBC)	This option involved building a reduced new facility on the existing Jenny Grey site that also made use of space in appropriate existing local facilities. In the event, no such facilities could be found and consequently the option was not short-listed
Option 6a	Description	Commentary
Option 6a	Full new build on existing site	This option involved a full new build on the existing site that was entirely self-contained. It was not short-listed as it offered no benefits over a full new build on the adjacent car park site but introduced significant cost, disruption and operational challenges associated with de-cant to support demolition and re-building
Option 6b	Full new build on adjacent car park site	This option involved a full (self-contained) new build on the adjacent car park site. It was deemed feasible and consequently short-listed.
Option 6c	Full new build at Lochgelly North School site	This option involved a full (self-contained) new build on the Lochgelly North School site. It was deemed feasible and consequently short-listed.
Option 6d	Full new build at Jenny Grey	This option involved a full (self-contained) new build on the existing Jenny Grey site. It was deemed feasible and consequently short-listed
Option 6e	Full new build at Francis Street	This option involved a full (self-contained) new build on the Francis Street site. It was deemed feasible and consequently short-listed.

- 1.3.5 The benefits criteria against which the long list were assessed were initially drafted by the wider planning team in light of the strictures placed upon the clinical model by the facility associated challenges identified. These were refined during the option appraisal events into an agreed list based on global stakeholder opinion.
- 1.3.6 Importantly, this list was also developed with the support of the stakeholder group reviewing options related to a similar business case being developed for Kincardine in order to ensure that both projects, which have similar objectives and timescales, were able to benefit from each other's work through the development of an agreed list of benefits criteria that were weighted independently.
- 1.3.7 In summary, the benefits criteria reflected the ability of each identified option to, noted in order of highest to lowest weighting:

- Deliver an optimal physical environment
 - Be readily accessible
 - Support flexibility and sustainability
 - Support local and national service strategies
 - Deliver wider community & public benefits
- 1.3.8 The Partnership is committed to delivering services that are integrated and maximise opportunities for local delivery. It has been formally confirmed that there is an on-going requirement to continue to deliver General Practitioner, primary care and local clinical services from Lochgelly.
- 1.3.9 Specific site/facility considerations included:
- The existing NHS owned Health Centre site in Lochgelly
 - The adjacent Local Authority owned (car park) site in Lochgelly
 - A site at the Local Authority owned Lochgelly North School
 - The Jenny Grey site (A Local Authority care home recently reprovided)
 - A Local Authority owned site at Francis Street
- 1.3.10 Whilst a number of other potential sites were raised and considered, they were all excluded at this stage as they were either demonstrably too small and / or not in public sector ownership. On this latter point it was noted that a site that was not currently in the ownership of the public sector would only be considered if none of the public sector sites was deemed appropriate based on the appraisal process.

Short List

- 1.3.11 The short list initially included Options 1, 4b, 5c, 5d, 6b, 6c, 6d and 6e.
- 1.3.12 In reflection of the complexity of the process and relatively early stage in the development it was however agreed to combine a number of these options. Specifically:
- Option 6b was combined with option 5c for evaluation purposes, with the amended option 5c becoming new build on adjacent (car park) site plus/minus use of space in Lochgelly Centre. This combined option referenced the fact that the required land take for both options was the same, with only the volume of accommodation required on a second floor different, whilst acknowledging the significant additional work still required to understand the actual opportunities and threats associated with potentially accessing the Lochgelly Centre.
 - Option 6c was combined with option 5d for evaluation purposes, with the amended option 5d becoming new build on the Lochgelly North Schools site that 'had the potential to make use of space in a shared new development' if this is taken forward by the Local Authority. This combined option referenced the fact that the area available was capable of delivering both options whilst acknowledging that the nursery proposal was still only embryonic.

1.3.13 The short list options finally agreed and short-listed for scoring (by location) were:

Site	Option	Commentary
Current Site/Adjacent Car Park Area:	Option 1	Do nothing (The status quo)
	Option 5c	Build a new Health Centre on the adjacent (car park) site (plus/minus make use of space in Lochgelly Centre)
Jenny Grey Site	Option 4b	Create a new Health Centre by refurbishing the existing Jenny Grey facility Option no longer available as demolished
	Option 6d	Build a new Health Centre on the Jenny Grey site by demolishing the existing facility
Lochgelly North School Site	Option 5d	Build a new Health Centre on the Lochgelly North School site (with potential to make use of space in a shared new nursery development)
Francis Street Site	Option 6e	Option 6e) Build a new Health Centre on the Francis Street site

1.4 INDICATIVE COSTS

1.4.1 Indicative costs for each of the options on the Short List have been prepared as per guidance in the Scottish Capital Investment Manual by Hubco. The non preferred options are based on BCIS Tender Price Indices – updated to 4th quarter 2020. The preferred option is based on elemental cost/m2 from other recent health centre projects and the current Schedules of Accommodation (updated to 4th quarter 2020), Figures are calculated over a 60 year period.

Description	Capital Costs (£)	Whole Life Capital Costs (£)	Whole Life Operating Costs (£)	Est. NPV (£)	Est. EUV (£)
1 (1) Do Nothing/Base	-	-	5,465,940	2,311,661	91,099
2 (5c) Car Park	7,025,717	1,639,332	19,613,953	11,871,118	467,823
3 (6d) Jenny Grey	6,959,207	1,623,802	19,526,538	11,799,393	464,996
4 (4b) Jenny Grey Refurbishment	-	-	-	-	-
5 (6e) Francis Street	6,835,692	1,594,962	19,364,198	11,666,192	459,747
6 (5d) North School	7,244,244	1,690,358	21,488,830	12,763,618	502,995

1.5 OPTION APPRAISAL

1.5.2 The following table 13 outlines how the advantages and disadvantages of the short list were assessed against the benefits criteria through an Option Appraisal exercise undertaken with representatives of all stakeholder groups. Stakeholders worked in groups, and through a process of discussion / debate within groups, with the intention of seeking consensus agreement around the relative merits of each option and scores to be applied. Table 14 then summarises the options relationship to the investment objectives.

Table 13

Option	Advantages: Strengths & Opportunities	Disadvantages: Weaknesses & Threats
Option 1: Status Quo	Established location	Building and curtilage no longer fit for purpose. Not suitable for further development Is no longer an option.
Option 5c: Car Park	Central, established location. Accessible site. Overlooked- supports security. Visible site. Community setting. Improves town landscape. Community setting.	Two storey. Further site investigations required due to mining. Constrained town centre site. Loss of car parking during construction. Reduced car parking Access roads may be unsuitable for construction traffic. Site ground conditions make development very expensive. Infrastructure issues – sewers do not support new development /network issues.
Option 4b: Refurb. Jenny Grey	Relatively close to town centre. Reuse of existing public sector estate. Space for optimum parking / site servicing. Good access. Overlooked- supports security. Potential capital savings. Community setting. Flexibility of expansion options on site. Potential complimentary use of site. Potential to have segregated staff access.	Decant costs. Possibly too overlooked. Further site investigations required due to mining. Access roads may be unsuitable for construction traffic. Does not meet more detailed briefing requirements due to restrictions of existing structure.
Option 6d: New Build Jenny Grey	Relatively close to town centre. Large flat site, optimum parking/site servicing. Good access. Overlooked- supports security. Adjacent to open amenity site. Community setting. Flexibility of expansion options on site. Potential complimentary use of site. Potential to have segregated staff access.	Overlooking could impact on patient privacy. Further site investigations required due to mining. Access roads may be unsuitable for construction traffic. Perceived impact on local amenity space.
Option 5d: North	Relatively close to town centre. Large flat site, optimum parking/site servicing.	Further site investigations required due to mining. Access roads may be unsuitable for

Option	Advantages: Strengths & Opportunities	Disadvantages: Weaknesses & Threats
School	<p>Good access. Overlooked - supports security. Potential complimentary use of site.</p> <p>Uses a site with established community function</p> <p>Uses infrastructure of potentially suitable capacity of site.</p>	<p>construction traffic.</p> <p>Site ground conditions make development very expensive.</p> <p>Infrastructure issues – sewers do not support new development /network issues.</p> <p>Hidden from primary routes.</p> <p>Demolitions required on site. Potential impact on programme/approvals from adjacent developments</p>
Option 6e: Francis St	<p>Central location.</p> <p>Accessible, ample site.</p> <p>Overlooked- supports security.</p> <p>Visible site.</p> <p>Community setting.</p> <p>Increased flexibility.</p> <p>Enables segregated access</p>	<p>Possibly too overlooked.</p> <p>Further site investigations required due to mining.</p> <p>Access roads may be unsuitable for construction traffic.</p> <p>Site ground conditions make development very expensive.</p> <p>Infrastructure issues – sewers do not support new development /network issues.</p>

Table 14

Investment Objectives	Option 1: Status Quo	Option 5c: Car Park	Option 4b: Refurb. Jenny Grey	Option 6d: New Build Jenny Grey	Option 5d: North School	Option 6e: Francis St
Ensure equal access to Primary Care and Community Services for the whole population.	No	Yes	No	Yes	Yes	Yes
Ensure the right staff skill mix and service capacity are available to deliver strengthened and tailored local capacity to manage people's health within their local community.	No	Yes	No	Yes	Yes	Yes
Ensure appropriate workforce including increased flexibility of roles /development of new roles to support implementation of GMS (2018) and Community Health and Wellbeing Hub.	No	Yes	No	Yes	Yes	Yes
Provide a more integrated seamless service across health and social care, including the capacity to deliver group based activities locally.	No	Yes	No	Yes	Yes	Yes
Improve the patient and user experience - deliver services locally based on local patient need. Reducing the number of referrals to other services and the requirement for additional attendances because there is not the capacity to provide integrated care.	No	Yes	No	Yes	Yes	Yes
Accommodation that complies with all legal standards and regulatory requirements and gives equality of access for all. Support delivery locally of the National Outcomes for Integration.	No	Yes	No	Yes	Yes	Yes
To deliver safe and effective care with dignity - provide facilities which ensure the safe delivery of healthcare in line with guidelines and standards.	No	Yes	No	Yes	Yes	Yes
To deliver services more effectively and efficiently - facilitate better joint working to ensure right care is delivered at the right time and in the most appropriate setting.	No	Yes	No	Yes	Yes	Yes
Weighted score	256	431	435	632	431	879
Preferred / Possible / Rejected						Preferred

1.6 THE PREFERRED OPTION

- 1.6.1 The Option 6e) (listed as Option5) New Build at Francis street, represents a clearly favoured option for all stakeholders, with 6d) a clear 2nd place.
- 1.6.2 The proposal has the support of representative service users, carers, staff, the General Practitioner Practice and all other key stakeholders.
- 1.6.3 It is recommended that NHS Fife proceeds to Outline Business Case, exploring Option 6e (option 5): New Build at Francis street site in more depth.

Figure 4



Indicative Site Plan for New Build at Francis Street.

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1.7 DESIGN QUALITY OBJECTIVES

- 1.7.1 A key part of the development of the Initial Agreement Document was to ensure that stakeholders were fully engaged in the NHS Scotland Design Assessment Process (NDAP).
- 1.7.2 There were two key strands to this work;
 - 1) A multi-stakeholder event where the Achieving Excellence, Design Evaluation Tool (AEDET) was completed for the existing unit.
 - 2) An NDAP Design Statement was developed to capture the 'non-negotiable' points that need to be addressed by the project.

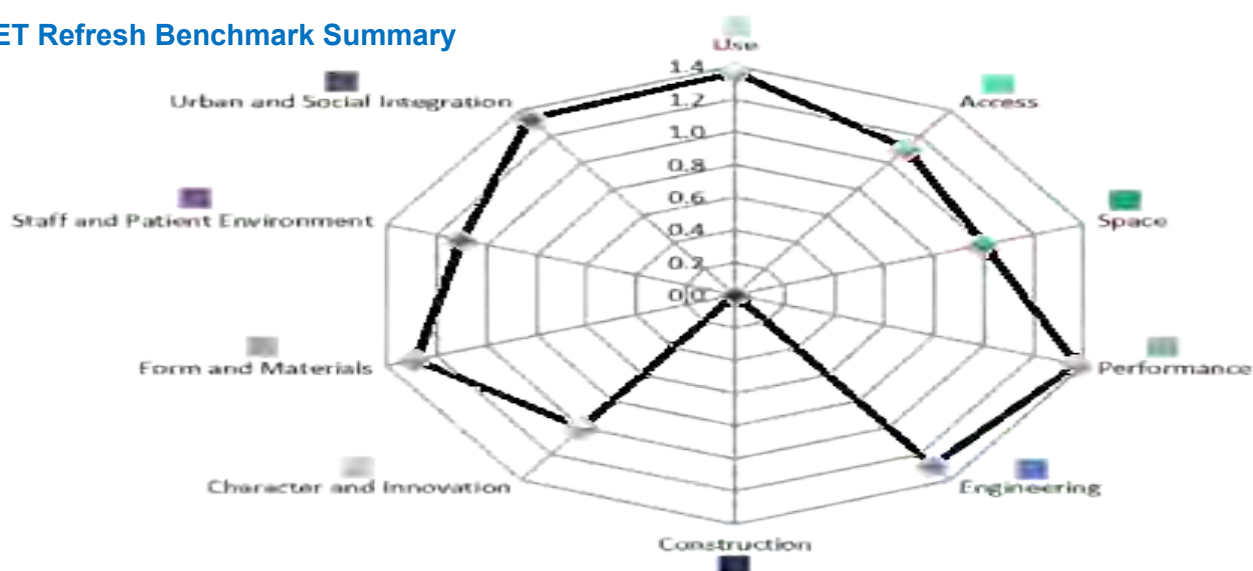
1.7.3 AEDET on Existing Property: An AEDET Workshop was held on 21 February 2017.

1.7.4 The existing unit at Lochgelly was reviewed. A Benchmark Score was achieved with the resultant Target Score as below.

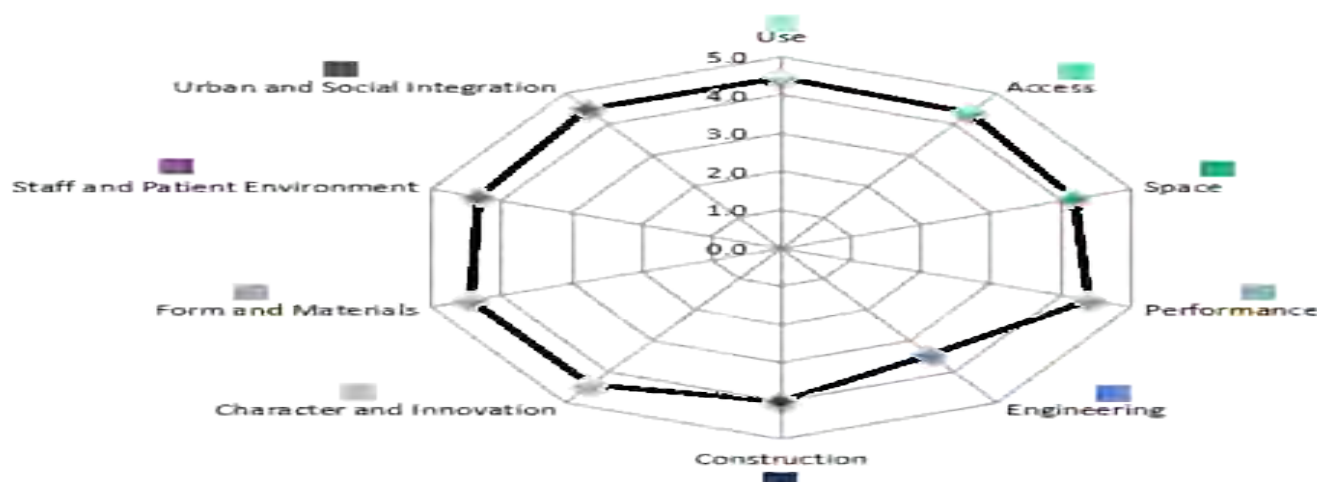
Table 15

Descriptor		Benchmark	Target
Functionality	Use	1.4	4.5
	Access	1.1	4.4
	Space	1.0	4.2
Build Quality	Performance	1.4	4.4
	Engineering	1.3	3.4
	Construction	0.0	4.0
Impact	Character and Innovation	1.0	4.4
	Form and Materials	1.3	4.4
	Staff and Patient Environment	1.1	4.3
	Urban and Social Integration	1.3	4.5

AEDET Refresh Benchmark Summary



AEDET Refresh Target Summary



- 1.7.5 NDAP Design Statement: A multi-stakeholder event was held on Friday 3 March 2017.
- 1.7.6 This event was facilitated by Architecture and Design Scotland (A&DS) where the group discussed the non-negotiable in terms of requirements from the perspective of patients, staff and visitors. These are summarised below:

The Patients Perspective

The patient's perspective was reviewed in terms of their initial approach to the centre through to waiting for their appointment. There was a consensus on the expectations for a facility that was easily accessible, bright, friendly and airy. It was agreed that the facility should be designed so that patients could be treated with dignity particularly in terms of confidentiality.

The Staff Members Perspective

Staff groups were clear that they would want the facility to enable different staff groups' paths to cross. Staff want to feel safe in accessing and egressing the facility. Suitable investment in information technology and teaching facilities is also expected as well as staff change, shower and communal staff room facilities.

The Visitor / Carer Perspective

It was agreed that carer's should be able to accompany patients and be easily accommodated in the waiting and consulting spaces with access to support information at hand.

A smaller private waiting space is required to support patients and carers who are challenged by open spaces or who themselves are exhibiting challenging behaviours.

1.8 DESIGN STATEMENT

- 1.8.1 The event enabled participants to clearly describe the attributes the building must possess, this will support the development of the detailed business case. The business objectives the project seeks to achieve are:
- To provide current clinical service requirements locally and reduce the number of referrals to other service providers and additional attendances required.
 - Deliver group based activities. A key strand of NHS Fife's Clinical Strategy is to reduce health inequalities by reconfiguring services and resources so that there is equity of access to services across Fife and across all patient groups. Care should be provided at home or as close to home as possible. Delivering services in a group environment will allow a greater number of NHS Fife residents to be supported in their management of their own well-being.
 - To meet Outcome 3, 5 and 9 of the National Outcomes for Integration, i.e. that people who use Health and Social Care Services have positive experiences of those services, and have their dignity respected; health and social care services contribute to reducing health inequalities; and resources are used effectively and efficiently in the provision of health and social care services
 - Improve safety and effectiveness of accommodation by improving the physical condition and quality of the healthcare estate.

2 COMMERCIAL CASE

2.1 OUTLINE COMMERCIAL CASE

- 2.1.1 The indicative costs for the preferred option at this stage are £6,835,692 excluding VAT. The current building is owned by NHS Fife, it is therefore anticipated that NHS Fife will lead on the procurement, supported by the IJB, through the Scottish Futures Trust hub initiative.
- 2.1.2 Hub East Central is the designated procurement vehicle for health projects in excess of £750k in the NHS Fife Board area.
- 2.1.3 The East Central HubCo can deliver projects through one of the following options:
- Design and Build contract (or build only for projects which have already reached design development) under a capital cost option
 - Design, Build, Finance and Manage under a revenue cost option
- 2.1.4 Design and Build, using NHS Capital is likely to be the most suitable vehicle for this project.

3 THE FINANCIAL CASE

- 3.1 Based on the current costs and assumptions identified in Section 4.5 below, NHS Fife considers the project to be affordable within the current available capital resources estimated within the Local Delivery Plan. This builds in a significant contingency into the scheme to cover optimism bias and other possible infrastructure and enabling costs. Should Capital costs increase over the agreed budget, the Board would require to acquire Capital funding from elsewhere within the Board's Capital Programme.
- 3.2 Fife Health & Social Care Partnership has agreed to fund the revenue consequences; which are affordable within the revenue resources available. Should Revenue costs increase, then these additional costs would require to be funded within the Partnership's overall revenue resource envelope.
- 3.3 In order to make this assessment an overall affordability model has been developed covering all aspects of projected costs including estimates for:
- Capital costs for preferred option (including construction and equipment);
 - Non-recurring revenue costs associated with the project;
 - Recurring revenue costs (pay and non-pay) associated with existing services i.e. baseline costs;
 - Changes to revenue costs associated with service redesign as a direct result of the development.

3.4 CAPITAL AFFORDABILITY

- 3.5 The total capital cost comprises the projected construction cost, supplied by HubCo, plus optimism bias and professional fees.
- 3.6 The estimated capital cost associated with each of the short listed options is detailed in table 16 below:

Table 16

	Option 5c: Car Park	Option 4b: Refurb. Jenny Grey	Option 6d: New Build Jenny Grey	Option 5d: North School	Option 6e: Francis St
Construction Cost	3,669,025		3,634,025	3784025	3,569,025
Preliminaries	660425		654,125	302,722	642,425
Fees Stage 1 & 2 & Construction	293,522		290,722	143,793	285,522
Hubco Items	139,423		138,093	124,873	135,623
Contractor OHP	121,078		119,923	283,802	117,778
Contingency / Risk	275177		272,552	20,000	267,677
Planning & Warrant (Inc Mark Ups	20,000		20,000	16,000	20,000
Survey Fees (Inc Mark Ups)	16,000		16,000	126,403	16,000
Inflation BCIS TPI 3Q19 - 4Q20 @ 347	122,588		121,426	681,125	119,270
Optimum bias	1276137		1264048	1315858	1241597
Professional fees	242507		240257	249899	236078
Decant	26370		26120	27191	25657
eHealth	15241		15275	15901	15004

Equipment	148044		146641	152652	144037
Total	7025717		6959207	7244244	6835692
VAT	1356642		1343790	1398869	1319923
Total capital costs	8382359		8302997	8643114	8155615

3.7 To provide the above Indicative Costs at this Initial Agreement Stage, the following assumptions have been made:

1. The options are based on elemental cost/m2 from other recent health centre projects and the current Schedules of Accommodation (updated to 4th quarter 2020)
2. The optimum bias % applied is based on the Green Book recommendation of 24% for a standard build
3. For the Jenny Grey Refurbishment option it had been assumed that this building was at least 30 years old. Life cycle adjustments have been made downwards to reflect this.
4. No costs identified for council requirements e.g. bus stops, crossings.
5. Land will be available on a long-term lease from Fife Council therefore no costs for land purchase have been included.
6. No costs included for demolition as assuming Fife Council would demolish existing buildings and clear land where appropriate with a corresponding adjustment on any lease costs.
7. Advisers' costs (included within the Capital Cost figures) are based on recent Hubco calculations.
8. Discounted Cash Flow (used to calculate NPV and EUV) - after 30 years the discount rate adjusts to 3%
9. Life cycle costs are based on maximum life for a new build

3.8 For comparison, the present backlog maintenance costs recognised for Lochgelly Health Centre are £255,000. This represents the estimated cost (excl. VAT, professional fees and enabling costs) to complete all presently recognised backlog maintenance to bring the asset up to 'satisfactory condition'. It does not allow for replacing of any assets due to functionally unsuitability.

3.9 REVENUE AFFORDABILITY

3.9.1 The estimated revenue cost for both the baseline (do nothing) and the short list options are included below:

Table 17

Revenue Cost	Cost per Annum (£k)					
	Option1: Status Quo			All Options		
Non Pay						
Equipment	260			1,500		
Heating Fuel and Power	17,336			35,097		
Property Maintenance	10,577			13,518		
Property Rates	30,032			54,072		
Water Charges				5,132		
Facilities Costs						
Pay: Support services	23,946			58,256		

Revenue Cost	Cost per Annum (£k)					
	Option1: Status Quo			All Options		
Non Pay:						
Bedding and Linen	710			1,369		
Cleaning	482			929		
Equipment	942			1,816		
General Services	684			1,385		
Post Carriage and Telephones	70			142		
Printing and Stationery	222			449		
Property Maintenance	959			2,034		
Surgical Sundries	50			256		
Other misc non pay	4,831					
Total Estates & Facilities Costs	91,099			175,956		
Depreciation charge	30,449			266,435		
Notes/Assumptions	Actual costs	1) Revenue Costs for proposed site are based on current plans of a two storey build of 1502m2.				
	2018/19	2) One-off equipment purchases required in year 1 of £8,400.				

- 3.9.2 The H&SCP estimates that the ability to deliver a more integrated, proactive model locally will support revenue efficiencies. It is not expected that there will be any revenue implication for overall GMS costs on NHS Fife and so has been excluded from this table.
- 3.9.3 Any changes General Practitioners make to the provision of services within the General Practitioner Practice are being developed through Primary Care Improvement Fund.
- 3.9.4 A full affordability analysis will be undertaken at OBC stage to confirm whether the Capital and Revenue costs associated with the new facility are affordable within the available funding levels.

4 THE MANAGEMENT CASE

4.1 GOVERNANCE ARRANGEMENTS

- 4.1.1 Governance will be taken forward in line with the Scottish Capital Investment Manual (SCIM) guidelines, through the NHS Fife Capital and Investment Group and Finance, Performance and Resources Committee.
- 4.1.2 As the estimated costs of this project are outwith the Board's delegated limited for capital expenditure of £1.5m, there is a requirement to seek the Scottish Governments approval through the Capital Investment Group (CIG).
- 4.1.3 Under the SCIM guidelines, approval of this Initial Agreement will lead towards developing an Outline Business Case (OBC) to enable the preferred way forward to be identified.

4.2 PROPOSED PROJECT RESOURCES

- 4.2.1 Fife HSCP, together with NHS Fife and the Lochgelly Medical Practices, will utilise a Project Board to develop the business case and manage the process through to approval. The Project Board will comprise:

Table 18

Role	Individual	Capability and Experience
Project Sponsor	Nicky Connor, Interim HSCP Director	Experience in leading and ownership of developments.
Project Owner	Claire Dobson, Divisional General Manager	Experience from delivery of range of capital redesign programmes
Belinda Morgan	Clinical Services Manager	Experience in modernisation of service delivery models in community care and in project management
Facilities Manager NHS Fife	Jim Rotherham	Experience in delivering similar projects such as Linburn Rd.
Head of Estates	Appointee pending	Experience from delivery of range of capital redesign programmes
Finance Business Partner	Gordon Cuthbert, Finance Business Partner	Responsible for providing financial guidance and scrutiny
Capital Finance/ Planning	Individuals will be identified from a pool of staff who have experience of similar projects	
NHS Fife eHealth	Representatives will be invited to sit on the project team to ensure collaborative working and identification of any risks and opportunities with regard to technology.	
Lochgelly Medical Practices	The Partners and Practice Managers provide Primary Care expertise and have sound understanding of local community needs	
Other health care professionals will be consulted / co opted as required		

- 4.2.2 The remit of the Project Board is:
- To assist the Project Sponsor and Project Owner with the decision-making process and ongoing implementation of the project.
 - To assist the Project Owner with preparing to meet the assurance needs of the Finance, Performance & Resources Committee, as well as any further enquiries from IJB / NHS Fife's Board with regard to the project.

- 4.2.3 The Project Team will be further developed at OBC stage when key suppliers have been procured.
- 4.2.4 Those individuals identified in table 14 above have been heavily involved in developing this Initial Agreement Document and they will continue to be involved in leading the project through subsequent stages, providing continuity and a stable environment for the project to achieve its objectives. Users of the Health Centre / Practice have been consulted and will continue to be involved as the project progresses.
- 4.2.5 A blend of resources will be utilised to deliver this project. The Project Board, Project Director, Stakeholders and Clerk of works will be internal resources, whilst the Project Manager and Cost Advisor are likely to be procured through utilisation of external suppliers. The Board has used this blend of resource successfully on other projects and feels that it creates a good balance between control, risk transfer, capability and availability. The Board is experienced in delivering projects of this nature within the selected procurement route and is ready to move the project forward to the next stage upon IAD approval.

4.3 PROJECT PLAN

- 4.3.1 A detailed Project Plan will be produced for the OBC. At this stage, the Project Board is aiming to achieve the milestones shown in table 19 below:

Table 19

Key Milestones	Date
Appointment of Advisors by SFT	January 2016
Appointment of Local Care Consultants / Local Care Pathfinder	May 2017
Initial Agreement approval	October 2019
First Project Board	December 2019
Outline Business Case approval	February 2020
Full Business Case approval	October 2020
Construction Commences	December 2020
Construction completion	May 2022
Commence service	July 2022

4.4 STAKEHOLDER ENGAGEMENT AND SUPPORT

- 4.4.1 This proposal impacts on adults, children and young people and their carers who live in the Lochgelly area who require access to Primary Medical Services, community health and social care and voluntary sector services. It also impacts upon clinical and support staff currently working within the Health Centre, Medical Practice and locality teams who cannot currently access accommodation in Lochgelly.
- 4.4.2 Table 20 below details the engagement that has taken place to date and the support for the proposal, including the identified preferred solution, received from the stakeholders.
- 4.4.3 Further engagement with the identified stakeholders in line with SCIM guidance will be undertaken as the project progresses.

Table 20

Stakeholder Group	Engagement that has taken place	Confirmed support for the proposal
NHS Fife	The Health Board is fully supportive of this	The Health Board agreed

Stakeholder Group	Engagement that has taken place	Confirmed support for the proposal
Board	proposal, with Michael Kellet, HSCP Director, taking the lead role in its development.	priority for development in May 2017. The Initial Agreement was previously approved by the NHS Fife Board in May 2017.
Patients / service users	<p>Service user and carers representatives have been informed to support their full engagement in the option appraisal. Patients have identified a range of 'non-negotiables' that cannot be supported from the current accommodation.</p> <p>Ongoing engagement and specific engagement to support the development of the Clinical Strategy and through the Health and Social Care Joining Up Care Proposal consultation informed the development of the model of care.</p>	<p>There is a preference from service users for the development to be accessible, bright, friendly and supportive of their dignity and confidentiality.</p> <p>Community groups, individuals and stakeholder groups have shaped the community health and wellbeing hub model.</p>
Medical Practices	The Medical Practices deliver Primary Medical services to their Practice population under a 17J contract. The Practice Managers and General Practitioners have been actively involved in the process of developing options and plans for the proposal.	The Practices fully support the Initial Agreement and intend to continue service provision in accordance with the developments within the new GMS.
Staff / Resource	Staff affected by this proposal include: Lochgelly Medical Practice, Meadows Practice and Dr Thompson Medical Practice, Nursing and Administrative staff. Community service staff including District Nurses, Health Visitors, AHPs, Clinical Psychology, Mental Health Nursing, Psychiatry, Pharmacy, Physiotherapy, Partner Voluntary Sector services, admin and clerical, Social Work and staff from partner health and social care services.	There is support for the proposal from all staff groups.
General public	<p>The general public will be affected by this proposal as potential service users or by being neighbours of the existing or proposed future facility. The public were supportive of the Community Health and Wellbeing model within the Joining Up Care Consultation.</p> <p>A Communication and Engagement Plan is being developed to ensure ongoing Stakeholder communication.</p>	Lochgelly area Community Councils have been engaged and are supportive of this development

5 CONCLUSION

5.1 REVIEW OF STRATEGIC ASSESSMENT

5.1.1 The Project Team have reviewed the Strategic Assessment (Appendix 1) and the position in terms of the need for change, the benefits that need addressed, the links with National Investment Priorities and the prioritisation scoring, the position remains unchanged.

5.2 PREFERRED OPTION

5.2.1 Overall, the non-financial option appraisal process has identified that the current preferred strategic option is for the service to be delivered from a new build facility.

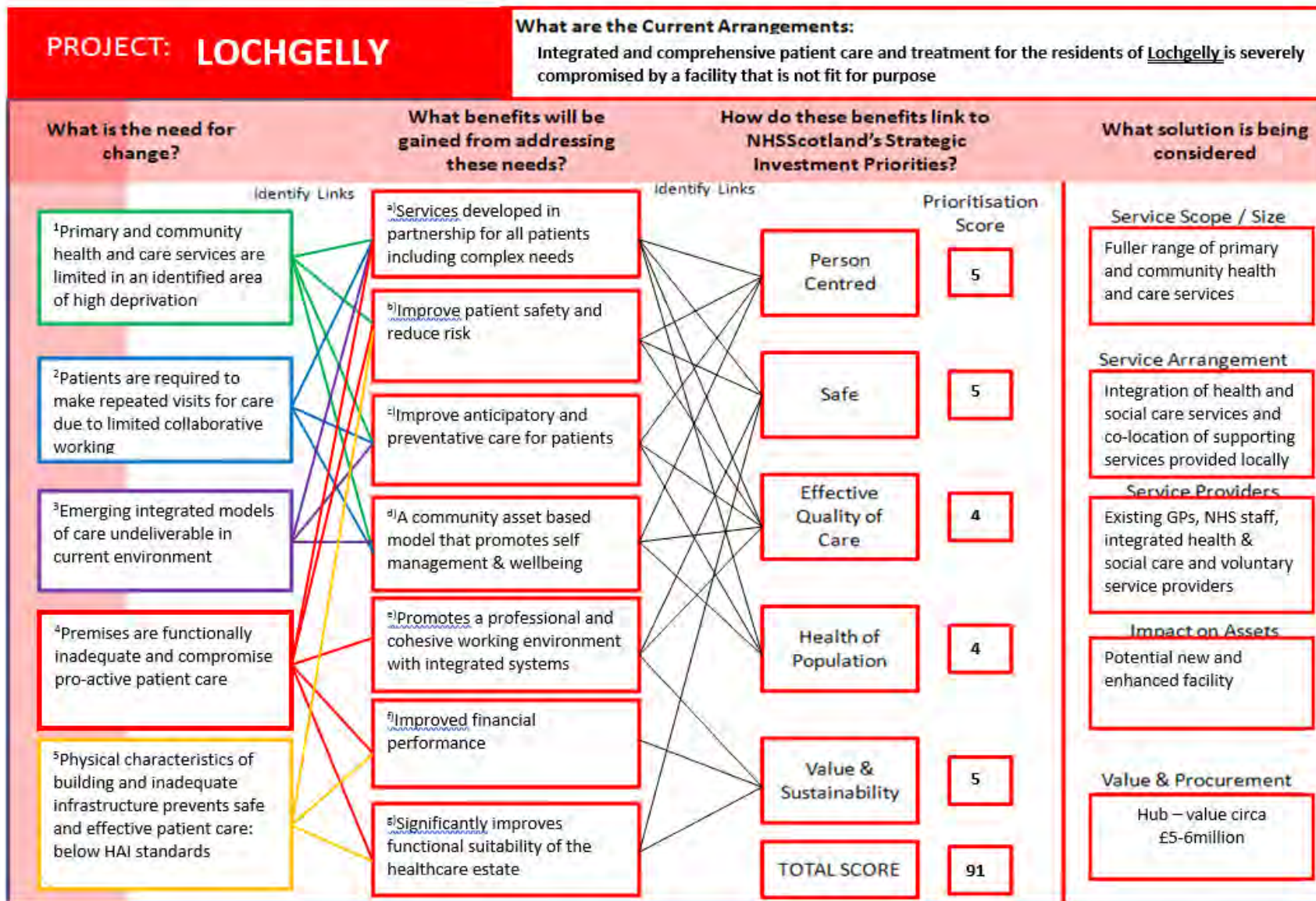
5.2.2 All of the stakeholder groups engaged in this process:

- Are likely to support Option **6e)** as an overall preferred option, unless something radical changes.
- Do not support the “do nothing” option in any way.
- See little difference between the relative merits of options 5b), 5d) and 4b).

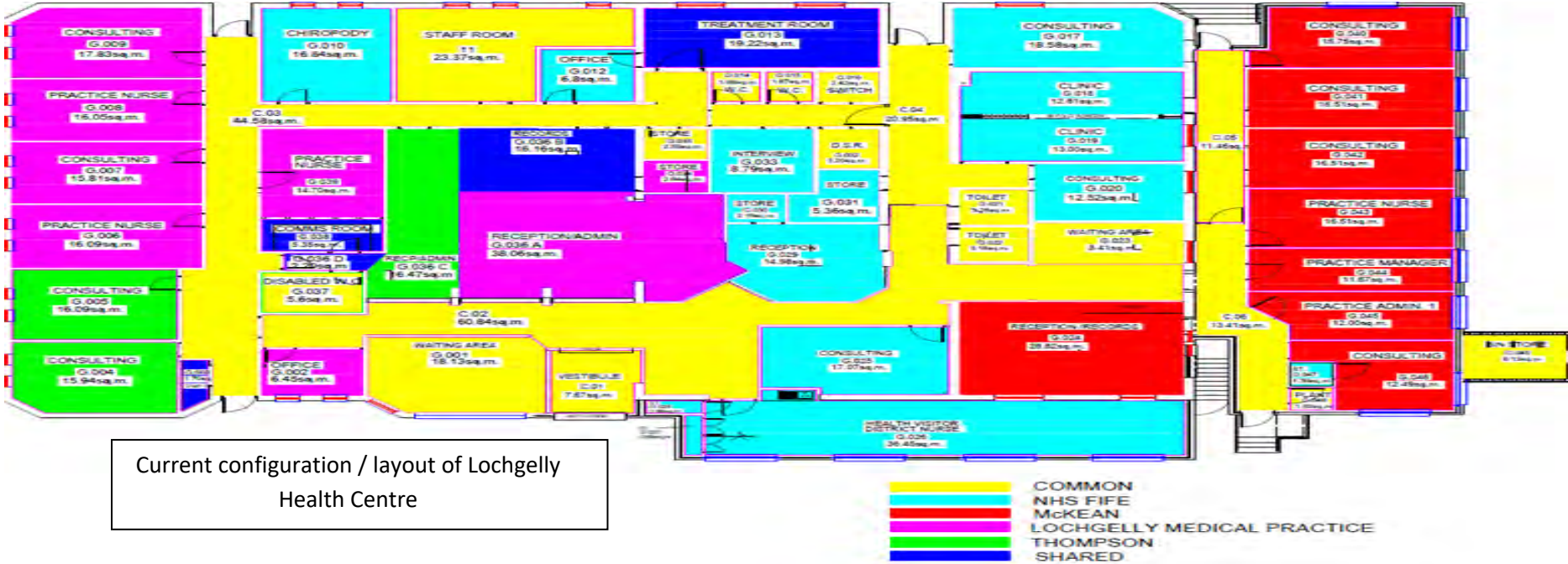
5.2.3 NHS Fife and Fife Health and Social Care Partnership have summarised the need for change in and around the facilities in Lochgelly under a number of defined headings within the IAD. These are:

- Integrated clinical and care functionality (capacity) issues which have been identified as those problems associated with a lack of local space (area) that is essential for safe, effective, timely and appropriately compliant service delivery, e.g., a lack of clinical support, administrative support, group, sanitary, teaching, group work and specialist areas
- Service capacity related issues that predicate the need for change based on a lack of available physical capacity across the service delivery model that are hampering the delivery of integrated care locally
- Clinical functionality (configuration) issues that seriously challenge the delivery of safe and effective modern services, e.g., access issues, room design, sound attenuation, security, patient flow, etc
- Building and fabric issues including overall condition, suitability, statutory compliance issues and backlog maintenance

Appendix 1 – Strategic Assessment



Lochgelly Health Centre Condition Report



NHS Fife Estates maintain records on the suitability and condition of buildings in its estate. Below is the current information relating to the Lochgelly Health Centre building.

Status	Occupied
GIA (m²)	779
Land Value	£70,200
Net Book Value	£560,353
Tenure	Owned

	Building	Engineering	Statutory	Fire
Backlog (C and Below)	£121,746	£0	£133,280	£0
Quality	C (Not Satisfactory)			
Space Utilisation	O (Overcrowded)			
Functional Suitability	C (Unsatisfactory)			

- Figure used from surveys were complete in December 2012

Appendix 2 - Benefits Register

Benefits Register						
1. Identification						2. Prioritisation (RAG)
Ref No.	Benefit	Assessment	As measured by:	Baseline Value	Target Value	Relative Importance
	Person-centred Benefits					
P1	Supports people in looking after and improving their own health and wellbeing.	Quantitative	Maintenance of PC team consultation rate/1,000 population	4852	4852	4
P2	Ensures that people who use health and social care services have positive experiences and their dignity respected.	Qualitative	Targeted client questionnaire designed to measure overall experience of health and social care delivery	Current patient experience questionnaires	Future patient experience questionnaires	4
P3	Improves the physical condition of the healthcare estate	Quantitative	Estate physical condition survey assessment	C	A	5
P4	Improves utilisation of the healthcare estate	Quantitative	Estate utilisation assessment	Over-crowded (100% utilisation)	80%	5
P5	Improves functional suitability profile of the healthcare estate	Quantitative	Estate functional suitability assessment	C	A	5
P6	Reduces the age of the Healthcare Estate	Quantitative	Estate age/life expectancy	77 Years/<5 Years	<10 years/>25 years	4
P7	Improves access to all clinical areas - in particular for those with mobility issues	Qualitative	Measured accessibility to all patient/clinical areas	Baseline issues as identified in SA, IA and design brief	Equality Act (2010) Compliance and AEDET scores	5
P8	Improves access to age appropriate waiting areas	Qualitative	Availability of a child-specific waiting area that is appropriate to the size of the facility	No child-specific waiting	Child-specific waiting available	4
P9	Improves way-finding and access to a main reception point	Qualitative and Quantitative	(i) IA AEDET Score (ii) Number of reception points	(i) 1.1 (ii) 4	(i) 4.4 (ii) 1	4
P10	Addresses confidentiality concerns related to hearing private conversations, between rooms, associated with existing facility	Quantitative	Ability to hear normal volume conversations from adjacent rooms or outside with windows open	Possible to hear conversations at normal volume	Only possible to hear raised voices or shouting	5
P11	Address confidentiality concerns at Reception	Qualitative	Ability to hear conversations at reception area from waiting area	Conversations currently take place in public at reception	Provision of private spaces for sensitive conversations	5

P12	Increases the number and range of services available on-site, thereby reducing hand-off's and additional attendances	Quantitative	(i) Access to social care services on site (ii) Access to social work services on site (iii) Access to LA services on site (iv) Access to voluntary (sign-posting) services on site (v) Access to other relevant targeted clinical services on site	(i) No access (ii) No access (iii) No access (iv) Minimal access (v) Minimal access	(i) Sessional access (ii) Sessional access (iii) Sessional access (iv) Daily access (v) Sessional access	5
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1. Identification						2. Prioritisation (RAG)
Ref No.	Benefit	Assessment	As measured by:	Baseline Value	Target Value	Relative Importance
	Safety Benefits					
S1	Reduces adverse harmful events	Quantitative	(i) Number of adverse incidents recorded on Datix(ii) Severity of adverse incidents recorded	<p><u>2015/2016</u></p> <p>(i) 3</p> <p>(ii) 1 minor harm (falling ceiling tiles) 2 no harm (verbal abuse no appts; leak from skylight)</p> <p><u>2016/2017</u></p> <p>(i) 2</p> <p>(ii) 1 no harm (verbal abuse from patient - lone worker receptionist); 1 minor harm (IT system failure - different system to other Practices - no adequate available rooms, full day clinic cancelled)</p> <p><u>2017/2018</u></p> <p>(i) 2</p> <p>(ii) 2 no harm (2 children running around after close and heavily pregnant colleague tripped twice on raised lino flooring within staff cupboard)</p> <p>Incidents and ongoing risks practices have relayed to Project Team:</p> <ul style="list-style-type: none"> • Patient collapse blocking door way – no screens or privacy (2013) • Uneven flooring in Office area/Room 1 since 2016 • Reception ceiling tiles fell onto PC due to water ingress 2018 • Display materials fell off wall onto patient 2018 	Zero events relating to the building / facilities	5
S2	Increases safety of people receiving care and support e.g. feeling safe and secure	Qualitative and quantitative	Addressing baseline issues as identified in SA, IA and design brief	Baseline issues as identified in SA, IA and design brief	All issues addressed	5
S3	Improves statutory compliance	Quantitative	Backlog maintenance costs/m2 associated with statutory compliance elements	72%	100%	5
S4	Reduces backlog maintenance	Quantitative	Backlog maintenance	£335/m2	Zero	5

			costs/m2			
S5	Reduces significant and high risk backlog maintenance	Quantitative	Significant and high risk backlog maintenance costs/m2	£191/m2	Zero	5
S6	Reduces Infection risk through addressing design, area, fabric and equipment issues	Quantitative	(i) Domestic Monitoring Tool (ii) Compliance with local HAI audits	(i) 97% (ii) Several non-compliant issues	(i) 100% (ii) Zero non-compliant issues	5
S7	Increasing facility flexibility by rationalising IT systems.	Quantitative	Number of different Practice-based IT systems in use	3	1	2

1. Identification						2. Prioritisation (RAG)
Ref No.	Benefit	Assessment	As measured by:	Baseline Value	Target Value	Relative Importance
	Effective Quality of Care Benefits					
E1	Improve the capacity to deal with emergency clinical incidents	Qualitative and quantitative	Reduces the impact of clinical emergencies by providing suitable space and equipment	0	1	4
E2	Improves the Functional Suitability of the Healthcare Estate	Quantitative	Estate functional suitability assessment	C	A	5
E3	Supports increased local access to pharmacy support.	Quantitative	Number of pharmacist hours available per Practice/week	1wte	5wte	3
E4	Increases access to group opportunities.	Quantitative	(i) The number of group work sessions held locally (ii) The number of people attending group work sessions held locally	(i) 0 (ii) 0	(i)10 (ii) 15 (per group)	5

1. Identification						2. Prioritisation (RAG)
Ref No.	Benefit	Assessment	As measured by:	Baseline Value	Target Value	Relative Importance
	Health of the Population Benefits					
H1	Supports smoking cessation initiatives (12 weeks post quit)	Quantitative	(i) Number of smoking cessation appts delivered locally (ii) Number of clients still not smoking 12 week after session completion	(i)470 (ii) 40	(i)500 (ii) 50	3
H2	Supports antenatal access	Quantitative	(i) Number of ante-natal appointments held locally (ii) DNA rates	i) 902 ii) 100	i) 950 ii) 50 (enabling to patient-led care model where more care will be delivered in the community)	4
H3	Supports the integration of general and mental health services	Quantitative	Number of mental health appts held locally PA	1200	2000	4
H4	Supports child healthy weight interventions	Quantitative	(i) Number of child healthy weight appts held locally PA	Zero currently provide from the HC - interventions are provided on an outreach basis	Option available of providing interventions from the HC	4
H5	Supports sexual health interventions	Quantitative	Number of sexual health appts held locally PA	300	480	4

1. Identification						2. Prioritisation (RAG)
Ref No.	Benefit	Assessment	As measured by:	Baseline Value	Target Value	Relative Importance
	Value & Sustainability Benefits					
V1	Optimises resource usage	Quantitative	(i) Consultations/clinical room/day (ii) Number of staffed reception points	(i) 12 (ii) 4	(i) 24 (ii) 1	4
V2	Optimises service delivery model parameters by staff group	Quantitative	Overall consultation rate/1,000 population	4852	4852	4
V3	Optimises overall running cost of buildings	Quantitative	Facility running costs/m2 and per appt	£67.44/m2	< national average	5
V4	Optimises cleaning costs	Quantitative	Cleaning costs/m2 and per appt	£30/m2	< national average	3
V5	Optimises property maintenance costs	Quantitative	Property maintenance costs/m2 and per appt	£10.27/m2	< national average	5
V6	Optimises energy usage costs	Quantitative	Energy usage & associated costs/m2 and per appt (Kj & £)	£25.92/m2	< national average	5
V7	Optimises FM & support services costs	Quantitative	FM and support services costs/m2	Contained in V5	Contained in V5	3
V8	Optimises waste costs	Quantitative	Waste costs	£835 per annum	In line with Waste Action Plan	4
V9	Reduces financial burden of backlog maintenance and/or future lifecycle replacement expenditure	Quantitative	Backlog maintenance costs/m2	£335/m2	Zero	5
V10	Reduces carbon emissions and/or energy consumption	Quantitative	(i) Detailed energy/building assessment (ii) BREEAM rating	(i) G (ii) N/A	(i) A (ii) 'Excellent'	5
V11	Reduces local medicine/prescribing costs	Quantitative	Medicines cost/registered patient	Lochgelly: £125 Meadows: £122 Thompson: £118	Move towards the Scottish average	5
V12	Paper records storage area/capacity minimised on site	Quantitative	Area (m2) associated with paper records storage	80m2	0m2	5

1. Identification						2. Prioritisation (RAG)
Ref No.	Benefit	Assessment	As measured by:	Baseline Value	Target Value	Relative Importance

	Wider/Social Benefits					
W1	Supports wider town and community planning		Fits with Local Authority planning.	Zero	Actively contributes to Lochgelly Plan within project boundaries.	3

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

Appendix 3 Risk Register

Project Risk Log										
Project Title: LOCHGELLY HEALTH CENTRE										
Project Manager:										
Last Revised date: Junly 2019										
Version Number: V4.1										
Identification			Assessment			Control		Monitoring		
Ref #	RISK DESCRIPTION	FINANCIAL NON-FINANCIAL UNQUANTIFIABLE	CONSEQUENCE	LIKELIHOOD	RISK SCORE	PROPOSED TREATMENT	ACTION TAKEN	OWNER		Status
			01-May	01-May		MITIGATION		INDIVIDUAL	TYPE	
IA Stage										
1	May fail to identify all stakeholders.		3	2	6	All Stakeholders who need to be engaged will be identified by the Project Board. Board will continue to ensure ongoing stakeholder engagement through a range of tailored methods.	All Stakeholders who need to be engaged have been identified.	Project Chair	NHS	
2	May fail to engage with Stakeholders.		4	3	12	Engagement arranged as required. All User Group Workshops to be arranged to include Key Stakeholders. Communication regarding Local Care Consultancy shared with practices and involvement in workshops.	Procedures arranged for engaging with wider stakeholders e.g. Option Appraisal and AEDET. Attendance monitored to ensure consistent engagement.	Clinical Services Manager	H&SCP	
3	Stakeholders have different aspirations.		3	4	12	Groups arranged to ensure key stakeholders discuss aspirations. Core team to manage discussions and agree project aspirations with Project Board decision if required	All discussions facilitated to ensure stakeholder involvement with discussion on aspiration versus need.	Project Chair	NHS	
4	May fail to define appropriately the clinical and service needs, particularly as these change over time with specific practice sustainability and GMS contract developments.		4	3	12	Ensure clinical and other service stakeholder involvement, including representation on Project Board, to allow effective modeling of multiple scenarios resulting in an agreed Clinical Output Specification and Accommodation Schedule	Clinical land other services representation requested and delivered where necessary. Fife wide representative sought	Project Chair	NHS	
5	The brief/requirement may suffer from scope creep.		3	3	9	Ensure continual review of requirements/needs	Project leads monitoring development of project with project board involvement where required.	Project Chair	NHS	
6	May fail to adequately determine the overall programme.		4	5	20	Project team to identify programme at initial stage	Initial programme dates being developed for Initial Agreement	Project Chair	NHS	
7	Stakeholder review / acceptance /governance timescales may affect the programme.		4	3	12	Ensure appropriate governance arrangements adhered to with realistic timescale for acceptance.	Project leads developing indicative programme that ensure governance structure followed.	Project Chair	NHS	
8	There may be insufficient funds to deliver the full Clinical / Service Requirement.		4	3	12	Indicative costs for options to be developed based on Schedule of Accommodation required	Costs being developed Developing clinical model is utilising existing resources in a different way. Project Team will ensure proposal compliments GMS Contract	Head of Finance	NHS	
9	Preferred site acquisition may be time consuming causing delay.		4	3	12	Ensure early engagement with Local Authority	Local authority representatives involved in workshops and meetings. Ongoing engagement with local authority colleagues.	Project Chair	NHS	
10	Support from the local community could diminish causing a reputational risk.		3	2	6	Public involvement to be secured	Community representation agreed for all workshops where appropriate e.g. AEDET and NDAP. Extensive on-going public consultation.	Clinical Services Manager	NHS	
11	Project development does not allow for future expansion of local community resulting in service delivery not being appropriate.		4	5	20	Ensure all proposed plans are flexible and allow for future expansion.	All proposed sites chosen with future expansion capability	Project Chair	NHS	
12	Insufficient management to lead and project support capacity support delivery of the project		4	3	12	Ensure responsibilities clearly identified. Roles and responsibilities assigned and governance structure agreed. Seeking support from HUBco Central as per original contract for business case.	Project Board developed.	Project Chair	NHS	
13	Project may be required to incorporate elements/all of services delivered from Rosewell Clinic resulting in increased costs and time		4	3	12	Explore possible alternative accommodation.	Tentative discussions planned	Project Chair	NHS	

Finance, Performance & Resources Committee

DATE OF MEETING:	10 September 2019
TITLE OF REPORT:	Procurement Strategy 2019-2024
EXECUTIVE LEAD:	Carol Potter Director of Finance
REPORTING OFFICER:	Andy Hay Procurement Planning Manager NHS Tayside/Lothian

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

SBAR REPORT
<p><u>Situation</u></p> <p>A procurement strategy allows a contracting authority to set out how it intends to ensure that its procurement activity delivers value for money and contributes to the achievement of the authority's broader aims and objectives.</p> <p>Publication of a procurement strategy and annual procurement report will help promote the positive impacts public procurement can have on Scotland's economy and public services.</p> <p>The NHS Fife Procurement Strategy 2019 to 2024 sets out how NHS Fife will procure as well as address the sustainable procurement opportunities laid out in the Procurement Reform (Scotland) Act 2014. The Strategy also sets out the Procurement Team's intention to be a customer focussed, business partner to the organisation.</p>
<p><u>Background</u></p> <p>The following sections of the Procurement Reform (Scotland) Act 2014 outline when a contracting authority must prepare and publish a Procurement Strategy and an annual Procurement Report.</p> <p>Section 15(1) of the Act:</p> <p><i>"A contracting authority which expects to have significant procurement expenditure in the next financial year must, before the start of that year:</i></p> <p><i>(a) prepare a procurement strategy setting out how the authority intends to carry out regulated procurements, or</i></p> <p><i>(b) review its procurement strategy for the current financial year and make such revisions to it as the authority considers appropriate."</i></p> <p>Section 18(1) of the Act:</p> <p><i>"A contracting authority which is required to prepare or revise a procurement strategy in relation to a financial year must also prepare an annual procurement report on its regulated procurement activities as soon as reasonably practicable after the end of that financial year."</i></p>

Assessment

The NHS Fife Procurement Strategy 2019 to 2024 and subsequent annual reports should give the organisation assurance that Procurement is well governed within NHS Fife in line with Procurement Regulations at all levels.

Recommendation

Members are asked to:

- **Approve** the NHS Fife Procurement Strategy 2019 to 2024; and thereafter
- **Agree** publication of the Procurement Strategy on the NHS Fife website to comply with the Procurement Reform Act (Scotland) 2014.

Objectives: (must be completed)

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

Further Information:

Evidence Base:	Best practice in other NHS Boards
Glossary of Terms:	-
Parties / Committees consulted prior to FP&R Committee:	Chief Executive Executive Directors Group

Impact: (must be completed)

Financial / Value For Money	Robust and effective delivery of the procurement service will ensure appropriate governance across all areas and minimise any negative impact.
Risk / Legal:	
Quality / Patient Care:	
Workforce:	
Equality:	

Procurement Strategy for NHS Fife 2019 to 2024

Executive Director	Carol Potter	Signed	
Responsible Officer	Andy Hay	Signed	
Committee Approval	Finance, Performance and Resources Committee	Date	10 September 2019
Review Date	April 2024		
Version	4.0		
Author	Andy Hay		

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Introduction

The proper management of procurement is an important factor contributing towards the efficient operation of NHS Fife and the attainment of corporate objectives. In order to support steps already underway to deliver better healthcare, it is vital to staff and patients that products and services are delivered at the highest quality and optimum value, within systems tested as fit for purpose at point of delivery, whilst managing risk and due diligence. NHS Fife currently expends over £104million each year on core trade spend non-pay expenditure.

This Procurement Strategy sets out how NHS Fife intends to ensure that its regulated procurements will

- Contribute to the carrying out of its functions and the achievement of its purposes
- Deliver value for money
- Be carried out in compliance with its duties under section 8 of the Procurement Reform Act Scotland 2014

This Procurement Strategy seeks to position procurement activity visibly within the organisation establishing Board level commitment to and involvement in the management of the Board's procurement deliverables. It additionally sets out clear, measurable objectives and priorities for improvement which will be closely monitored.

Progress against strategic objectives will be reported to the NHS Fife Board through the Finance, Performance and Resources Committee annually. A Procurement Governance Board will be established and held quarterly. Draft terms of reference are attached at Appendix A.

Procurement is also a key strategic work stream to support the NHS Fife Financial Plan and the joint strategic transformation programme. It is essential therefore that all related activity and plans are visible across the organisation, Board level commitment is strengthened and the procurement function is recognised as a driver for change. Vitally, clinicians will be increasingly sighted on how procurement support can help improve clinical pathways and allow barriers to improvement to be subject to test of change.

The strategy will be pursued through the line management accountability structures with clear targets and timescales being established in relation to improvement in procurement activity undertaken at strategic and operational levels. These targets will in turn be reflected within the individual performance plans of appropriate Service and General Managers across all budget areas.

The strategy will additionally shape the Board's procurement procedures which set out the detailed operational controls governing procurement activity in a manner which meets the requirements of the Board's Standing Financial Instructions and relevant procurement legislation.

Like many corporate support areas across the NHS in Scotland, the Procurement function is part of the National Shared Service Review Programme. The Programme will determine the future shape of Logistics and Procurement functions across Scotland to meet the improving health objectives as well as driving efficiency and best practice. As these plans develop this strategy will be reviewed and updated.

The emerging picture of Health and Social Care Integration across NHS Scotland will be kept under review and the Strategy will be updated accordingly.

Scope

The principles of this strategy encompass all procurement activity undertaken by the Board.

Role and Responsibilities

The Director of Finance is accountable to the Board for the achievement of the objectives associated with the procurement strategy. Specific responsibility for the delivery of the strategic objectives is vested in managers who are professionally accountable in relation to procurement activity. The Head of Procurement is expected to influence all non-pay spend and develop formal plans to ensure spend is appropriately managed through a single procurement gateway, in line with public procurement reform best practice, for the delivery of the strategic objectives.

Strategic Alignment

To ensure effective alignment through organisational strategies the following national and local strategies are referenced and have been taken into consideration in this strategy.

NHS Fife's Aim, Values and Mission

- Values
 - NHS Fife
 - Safety First
 - Dignity & Respect
 - Care & Compassion
 - Excellence
 - Fairness & Transparency
- Vision
 - NHS Fife - The people of Fife live long and healthy lives
- Mission
 - NHS Fife - Transforming health and care in Fife to be the best

NHS Scotland Procurement Framework

The purpose of the NHS Scotland Procurement Framework is to provide NHS Scotland service stakeholders and procurement professionals with an overview of how the procurement service can support the delivery of key NHS Scotland and Scottish Government strategic ambitions. The document provides a 'mapping' of strategic aims against two primary sources:

- A '2020 Vision' published by SGHSC in Sep 2011
- Scottish Procurement Policy Handbook published by Scottish Procurement and Commercial Directorate 2008.

Procurement Reform Act 2014

The [Procurement Reform Act](#) is a significant element of the continuing Public Procurement Reform Programme. The Programme centres on the [Scottish Model of Procurement](#), which puts procurement at the heart of Scotland's economic recovery. It sees procurement as an integral part of policy development and service delivery. It is a simple concept - business friendly, socially responsible. Looking at outcomes not outputs, it uses the power of public spend to deliver genuine public value beyond simply cost/quality in purchasing.

The Procurement Reform (Scotland) Act builds on the work achieved so far in the reform of public procurement in Scotland. It will establish the laws regarding sustainable public procurement and allow us to maximise the economic benefit brought to Scotland from effective and efficient public procurement activity.

Scottish Sustainable Procurement Action Plan

The [Scottish Sustainable Procurement Action Plan](#) outlines a whole organisation approach to successful sustainable procurement. A whole organisation commitment to making more sustainable choices is required to deliver sustainable procurement. This means identifying more sustainable ways of meeting requirements and designing sustainable procurement specifications accordingly. The approach should address the social, economic and environmental implications of product and service choices. It should embrace whole life

costing and address how aspects such as design, manufacturing materials, operating costs, energy consumption, waste and recycling options support a more sustainable approach.

Chief Executives Letter 05 (2012)

[CEL 05 2012](#) The purpose of this CEL is to refresh the guidance issued within [HDL\(2006\)39](#) in order to clearly mandate the use of national, regional and local contracts where such contracts exist; and provide a series of supporting principles which should be adopted by all Health and Special Boards in Scotland in order to support the aim of achieving best value from procurement activity.

How We Will Procure

Definition of a regulated contract

A regulated contract is a public contract which (other than a public works contract) is equal to or greater than;

Type	Threshold
Public contract (other than a public works contract)	£50,000
Public works contract	£2,000,000

Contributing to the carrying out of NHS Fife's functions and achievements of its purposes

Effective Procurement makes a key contribution to improving health by optimising the resources available for health priorities. This includes, but not limited to;

- Seeking best value through competitive procurement exercises
- Whole Life Costing products and services
- Cost avoidance
- Reduce Waste and Variation
- Process efficiencies
- Lower operating costs

Value for Money

NHS Fife will seek value for money from all procurement exercises by utilising all the relevant legislation and guidance available. This combined with highly trained Procurement Professionals ensures the best value for money outcome is achieved by the board.

Sustainable Procurement

Sustainable procurement can be defined as: "A process whereby organisations meet their needs for goods, services, works and utilities in a way that achieves value for money on a whole life basis and generates benefits not only to the organisation, but also to society, the economy and the environment".

NHS Fife recognises that Sustainable Procurement is a fundamental backbone of all procurements. NHS Fife will utilise all the legislation and guidance available to, where possible, deliver Sustainable Procurement Outcomes

Fair Work Practices and the Living Wage

Public Procurement is a key driver of policy development and service delivery which supports sustainable economic growth. The delivery of high-quality services can impact on users of public services and can help create a fairer, more equal society. Service levels are often critically dependent on the quality and engagement of the workforce through fair work practices for those engaged in delivering public contracts.

NHS Fife will apply the [Statutory Guidance on the Selection of Tenderers and Award of Contracts](#) to all relevant contracts in a proportionate and transparent manner.

Community Benefit Clauses

NHS Fife is committed to maximising Community Benefits from its procurement activities. This will be achieved through the inclusion of specific clauses within procurement contracts known as Community Benefit Clauses.

Community Benefit Clauses are contractual requirements which deliver wider benefits in addition to the core purpose of the contract. These clauses can be used to build a range of economic, social or environmental conditions into the delivery of contracts.

The Public Contracts (Scotland) Regulations 2012 and European Procurement Directives enable public bodies to include Community Benefits in the procurement process, in certain circumstances.

- NHS Fife will assess all regulated procurements for inclusion of Community Benefit Clauses.

Ethical Procurement

NHS Fife understands the importance of ensuring its acts ensure the promotion and maintenance of high standards of social, ethical and environmental conduct. We are also committed to ensuring that our suppliers and Contractors on our contracts are encouraged to adopt a similar responsible approach. NHS Fife's Ethical Procurement Policy has been developed to take into account the Global Compact, a widely adopted United Nations standard for responsible business practice, covering human rights, labour rights, the environment and anti-corruption. As a globally recognised and universally applicable set of standards, the Ten Principles of the Global Compact form the basis of the Supplier Code of Conduct. The 10 principles are:

Human Rights

- Principle 1: Businesses should support and respect the protection of internationally proclaimed human rights; and
- Principle 2: make sure that they are not complicit in human rights abuses.

Labour Standards

- Principle 3: Businesses should uphold the freedom of association and the effective recognition of the right to collective bargaining;
- Principle 4: the elimination of all forms of forced and compulsory labour;
- Principle 5: the effective abolition of child labour; and
- Principle 6: the elimination of discrimination in respect of employment and occupation.

Environment

- Principle 7: Businesses should support a precautionary approach to environmental challenges;
- Principle 8: undertake initiatives to promote greater environmental responsibility; and
- Principle 9: encourage the development and diffusion of environmentally friendly technologies

Anti-Corruption

•Principle 10: Businesses should work against corruption in all its forms, including extortion and bribery.

Supported Business

What is a supported business?

A supported factory or business is an establishment where over 50 per cent of the employees are people with a disability. In addition to employment, supported businesses offer training opportunities for more many other individuals each year.

Why are supported businesses important?

The value of on-going employment, training, social interaction and mentoring offered to people with disabilities is central in enabling them to become more independent and active in the workplace and their communities.

Legislation and supported businesses

Public sector buyers have the ability, within EU procurement Regulations (Article 19), to decide to reserve contracts to supported businesses only.

NHS Fife aspire to

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| • Utilise the National Supported Business Framework |
| • Consider Supported Business wherever possible |
| • Increase Supported Business expenditure year on year. |

Social Enterprise

Social enterprises are businesses with primarily social objectives whose surpluses are principally reinvested for that purpose in the business or in the community, rather than being driven by the need to maximise profit for shareholders and owners. As such they are an important part of the enterprising third sector in Scotland.

NHS Fife aspire to

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| • Consider Social Enterprises wherever possible |
| • Apply Community Benefits Clauses wherever possible |
| • Increase Social Enterprise Expenditure year on year. |

Recycle/Reuse

As a major consumer of products and services NHS Fife are committed to recycling/re-using resources wherever possible.

Reuse

NHS Fife promote the circular economy by encouraging staff to reuse resources through the [WARPit](#) tool. This allows staff to advertise unwanted resources including equipment and furniture to the rest of the organisation. Should this resource no longer be required by NHS Fife then WARPit advertises it to the wider local public sector and charities.

Buying Standards

By following the Buying Standards across the whole public sector, we can specify recycled products or ensure they come from sustainable sources.

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| • NHS Fife will utilise these in specifications wherever possible in line with our Sustainable Procurement agenda. |
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For more information, please visit the [Government Buying Standards website](#).

Recycling

In order to support the Zero Waste Scotland Agenda,

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| <ul style="list-style-type: none">• NHS Fife will specify recyclable product/packaging from contracted suppliers. |
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Consulting and Engaging (Technical User Groups)

Chief Executives Letter 05 2012 (CEL05 2012) stipulates that;

Technical User Groups (TUGs) should be established by each Health Board for key projects with decision making powers from their Executive Board through a scheme of delegation. Each TUG will be responsible for supplier award and product selection decision making within their Board for local contracts and will provide representation to national CAP (Clinical/Commodity Advisory Group) panels for national contract activity. The decision of the TUG will be mandatory across the Board and will be made prior to development of national contract tendering activities.

NHS Fife will

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| <ul style="list-style-type: none">• Implement Technical User Groups for all key procurement projects |
| <ul style="list-style-type: none">• Ensure public/patient participation is used wherever appropriate |
| <ul style="list-style-type: none">• Provide representation to National Clinical/Commodity Advisory Groups |

Health and Safety at Work Act

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| <ul style="list-style-type: none">• NHS Fife will promote compliance of contractors and subcontractors to the Health and Safety at Work Act 1974 with our Terms and Conditions of contract and or specific contract clauses where appropriate. |
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Food

Improving Health, Wellbeing and Education

NHS Fife Procurement will support the improvement of health, wellbeing and education of communities in relation to food by.

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| <ul style="list-style-type: none">• Engaging Public Health and Dietician colleagues onto Technical User Groups for food procurements |
| <ul style="list-style-type: none">• Ensuring Healthy Choices are available to patients and staff |

Animal Welfare

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| <ul style="list-style-type: none">• NHS Fife will promote the highest standards in animal welfare in the supply chain by way of contract Terms and Conditions and specific clauses where appropriate. |
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Payments to Sub Contractors

NHS Fife aspires to pay all contractors and suppliers within ten days of receiving an invoice. In order to support the wider supply chain.

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| <ul style="list-style-type: none">• NHS Fife will by way of Terms and Conditions specify that<ul style="list-style-type: none">◦ all subcontractors are paid by no later than thirty days from date of receiving an |
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| <ul style="list-style-type: none">invoice○ subcontractors pay their subcontractors no later than thirty days from date of receiving an invoice |
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Public Contracts Website including Publication of Contract Notices and Awards

The [Public Contracts Scotland](#) website is currently used by NHS Fife to

- Publish Contract Notices
- Publish Award Notices
- Seek quotations through Quick Quote

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| <ul style="list-style-type: none">• NHS Fife will continue to use Public Contracts Scotland as above and utilise the Public Contracts Scotland Tender (PCST) tool for regulated procurements |
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Procurement Journey

The [Procurement Journey](#) is intended to support all levels of procurement activities and to help manage the expectations of stakeholders, customers and suppliers alike and facilitates best practice and consistency across the Scottish public sector.

The Procurement Journey provides one source of guidance and documentation for the Scottish public sector which can be updated on a continual basis with any changes in legislation, policy and facilitates best practice and consistency.

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| <ul style="list-style-type: none">• NHS Fife will use the Procurement Journey process and documentation for all regulated procurements |
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How We Operate

People

Talent

The [Procurement People of Tomorrow](#) programme was launched to address a recognised skills gap in both private and public sectors with a history of challenges across industry in attracting, recruiting and retaining talent. This is an opportunity to work together to grow our own talent, support youth employment and raise the profile of procurement and supply chain as a career of choice.

- NHS Fife will continue to seek opportunities to nurture Procurement Talent wherever possible.

Workforce Training and Development

All staff have a Personal Development Plan and annual review as part of the Turas process in NHS Scotland. This is used in conjunction with Procurement Competency Framework to ensure training is focussed on core competencies for the appointed role.

There is a commitment to improving the level of professionally qualified staff in line with the recommendations of the Review of Public Procurement in Scotland report. Staff undertaking the Chartered Institute of Procurement and Supply (CIPS) professional qualifications will be given full support.

- NHS Fife will ensure that Procurement staff can perform to their full potential and ensure activity undertaken is compliant with the most current regulation and governance, formal and informal training will be encouraged and supported.

Review of Public Sector Procurement in Scotland

Continuous Improvement

The annual Procurement Commercial Improvement Programme (PCIP) identifies and depicts performance in terms of the attributes outlined in the Review of Public Sector Procurement in Scotland report. NHS Fife retained an overall Procurement Status of Superior Performance and demonstrated year on year improvement, systematic use of improvement action plans and associated work sessions on specific areas will continue to ensure continuous improvement and innovation. NHS Fife will continue to assist other Boards in achieving improvement.

- NHS Fife will maintain and improve performance within the PCIP status of “Superior Performer” using a single improvement plan and demonstrate making evidence and resource available to assist peer organisations at regional and national level

Pharmacy/Construction/Estates

Pharmacy/Construction and Estates Teams in NHS Fife will carry out Procurements in line with this strategy and using the Procurement Journey.

Assurance and continuous improvement in these areas will be maintained by the bi-annual PCIP assessments carried out by the central Procurement Team. This action plans from

assessment are managed by way of bi-monthly work sessions where Procurement and the area assessed work through the agreed actions.

<ul style="list-style-type: none"> NHS Fife will carry out bi-annual PCIP assessments of Pharmacy/Construction and Estates
<ul style="list-style-type: none"> NHS Fife will support Continuous Improvement of these areas with targeted work sessions and ongoing support and advice.

Collaboration

NHS Scotland aims to focus on cost reduction workstreams, reducing unwarranted variation across high volume, high cost services and the balance of support and challenge available to NHS Boards. NHS Fife has agreed to lead a procurement project workstream in detail and to identify high impact changes that will deliver real savings and create capacity.

The East and North Procurement Programme has been created to formalise the East and North collaborative group that has existed loosely for a number of years. The NHS Fife Head of Procurement has committed a degree of time to develop and implement a consortium business model in an approach that is sensitive to conventional project management structures and local organisational change processes. The following Health Boards are partners in the programme: -

- NHS Tayside
- NHS Forth Valley
- NHS Grampian
- NHS Highland
- NHS Lothian
- NHS Orkney
- NHS Fife
- NHS Western Isles
- NHS Shetland

Other associated partners will be consulted as the programme progresses and are as follows;

- SGHSCD Delivery Directorate
- West of Scotland Procurement Group
- National Procurement (NP)
- Procurement Steering Group
- NSS Shared Support Services Programme – Procurement Transformation Programme.

The major advantage of this approach is that each Board, as a willing partner, will agree to re-model and share resources that would excel on behalf of all partners on a Centre of Expertise basis. For example, one locality team may manage the entire equipment expenditure; there would be a single systems team; single customer service and business assurance streams, etc. Vacancy control will be managed collectively, and resultant saving opportunities will have minimal service impact due to resource and expertise share.

This approach will save time that would be inevitably associated with using a centralised shared services model and achieve organic economies and cash efficiencies which can be reinvested in improving front-line patient services faster.

Looking to the longer term, the option to create a single Procurement Organisation for the NHS in Scotland, or indeed for the wider Public Sector, will likely be appraised. This

proposal will enhance readiness for such an outcome and will fit well with any hub and spoke redesign.

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| <ul style="list-style-type: none">• NHS Fife Head of Procurement will ensure the Executive Director's Group are informed of progress and positioning of the East and North Procurement Programme, and will include a progress update in a formal annual report to the Finance, Performance & Resources Committee (to be introduced by year end 2019/20). This will be in addition to the conventional East and North Procurement Programme Board reporting structure to SGHSCD, Boards and associated national partners. |
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Customers

Customer Service

NHS Fife will continue to support and react to changes in organisational structure and systems in customer functions. An enhanced Customer Services function will be developed to improve responsiveness and support self-service.

Automation and the application Artificial Intelligence can undoubtedly provide opportunities to serve customers quicker and focus on value releasing activities.

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| <ul style="list-style-type: none">• NHS Fife will implement and optimise the online Self Service approach for Procurement |
| <ul style="list-style-type: none">• NHS Fife will continue to consider the One-Touch/Automation agenda when designing internal procurement processes. |

National Procurement

The National Procurement (NP) organisation is tasked with procuring and delivering a wide range of products and services to support Health Boards in providing the highest levels of patient care and with promoting procurement reform within the sector, all underpinned with effective e-enabled technology solutions to allow Health Boards visibility and control of expenditure.

NHS Fife will collaborate with NP and take an active and lead role in the Hospital Procurement Delivery Group.

Optimisation of the National Distribution Centre (NDC) model continues in order to ensure the model is sustainable and benefits NHS Fife product requirements.

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| <ul style="list-style-type: none">• NHS Fife will ensure local, regional, and national collaboration is optimised, joint working of National Procurement (NP) and NHS Fife officers should be evident, and implementation and compliance systems embedded as business as usual. |
| <ul style="list-style-type: none">• NHS Fife will work with the NDC to optimise throughput through regular work sessions |

Strategic Commodity Management

Strategic Commodity Management defines the concept and principles of a cross functional and commodity team approach and how it differs from treating commodities, products, users and buyers in isolation. By leveraging skills and expertise as well as economies of scale, greater saving opportunities and value benefits can be achieved.

At a strategic level, comprehensive sourcing group strategies convert NHS Fife's objectives into tangible plans that outline the current and future business changes required. Developing and documenting individual category or sourcing group plans enables all sourcing strategies

to be considered together, allowing NHS Fife to prioritise those that yield the greatest benefit across the organisation where a number of clinical areas may be impacted.

The approach followed identifies and quantifies opportunities and then develops a strategy to realise the benefits from the opportunities. Benefits are recorded in monetary terms and time-phased. In parallel, the team will consider the costs and investment associated with realising the benefits. When considered together, this will build a value-driven outlook across all procurement expenditure.

At an operational level, a documented sourcing group strategy underpins successful implementation. It converts robust analysis into actionable plans. The category group lead will include the high-level plan in the strategy, which identifies the main activities, timescales and cross-functional team member responsibilities, for both part and full-time members. In this instance, a documented sourcing group strategy acts as a consistent frame of reference on the approach being taken.

Technical user engagement is a key success factor and sourcing will be supported by user groups at appropriate local, regional and national levels. Whilst procurement must respond to user demand, the sourcing group teams also need to review how the supply market will change over the same period. The strategy defines what actions they need to take, in terms of relationship strategies and supplier development to ensure they are working with those suppliers that will support achievement of long-term business plans.

The team will gain a clear understanding of how product/service specifications meet customer and both clinical and business needs. The potential rationalisation and standardisation of specifications may generate savings locally, regionally and nationally.

The foundation for this is an understanding of the cost drivers for both the supplier and NHS Fife. One feature of the sourcing group strategy will be the improvement and integration of processes between NHS Fife and its suppliers. This will be realised through the implementation of supplier capability and improvement initiatives.

Clear, consistent, categorised spend profiles that identify non-compliant spend, including existing wholesaler pricing agreements will be developed.

- NHS Fife will ensure consistent and professional management of expenditure across the three best value supply chain dimensions; Purchase Demand Management; Supply Base Management; and Total Cost Management, the Procurement Journey toolkit will be used to manage all expenditure.

Hospital Acquired Infection and Infection Control (HAI)

In recognition of the vital importance and priority of strategic objectives associated with HAI, specific actions have been developed in conjunction with the Infection Control Team.

In addition, all Procurement staff have a clear commitment in working with the service in supporting the Organisation's drive for on-going improvement on HAI and Infection Control. This commitment will include management responsibilities, personal objectives, action plans and regular review.

- NHS Fife will ensure that clinical stakeholders are fully supported in the achievement of their HAI objective, the Procurement Team will respond to any needs and change as priority tasks.

Capital

The Head of Procurement is a permanent member of the NHS Fife Capital Investment Group (FCIG). This group reports to the Executive Directors Group and onwards to the Finance, Performance & Resources Committee, and as such, in addition to being accountable for the procurement of all capital equipment, is jointly responsible for scrutiny and approval of all Capital Business Cases.

Business Assurance

Procurement Governance Board

A Procurement Governance Board will be established, with multi-disciplinary membership including Partnership representation. The Procurement Governance Board will provide assurance on all aspects of the procurement process including the NHS Fife position within the national Procurement Commercial Improvement Programme. The PCIP Programme has been adopted as the Quality Management System which is scrutinised independently and audited by Audit Scotland.

Risk

Risk registers are maintained in line with the Procurement Journey and the organisational DATIX risk assessment system is supported. Risk management will be scrutinised in the Audit, Legislation and Risk monthly work sessions to ensure the entire scope of activity is scrutinised and that all Critical Systems and risks are being managed effectively.

Supplier Risk is managed through both the application of the Supplier Relationship Management process (SRM) and High Risk/Critical Suppliers are reviewed annually by way of a Financial Health Check carried out by the Procurement Team. This Health Check utilises Dun and Bradstreet reporting and any other public information where appropriate.

Audit

On a five-year rolling cycle Internal Audit review procurement positioning, performance and controls and advises the Audit and Risk Committee appropriately.

Business Assurance Work Sessions

All external improvement plans/strategies and audit actions are fed into the Business Assurance Work Programme within the Procurement Department. In these sessions, programme actions and continuous improvement areas are tracked and monitored. These sessions will be implemented and held each month, covering:

- Audit, Legislation and Risk
- Supplier and Contract Management
- Key Performance Indicators
- Procurement Commercial Improvement Programme
- Shared Learnings
- Procurement Strategy
- Sustainable Procurement
- Spend Aggregation and Non-Pay

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| <ul style="list-style-type: none">• NHS Fife will maintain a programme of Business Assurance and ensure reporting is timeous and accurate by maintaining Action Logs to track continuous improvement. |
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Key Performance Indicators and Balanced Scorecard

To ensure the department's performance is visible to service users across Fife, a comprehensive set of KPI's and Balanced Scorecard will be maintained. Progress will be reviewed at a monthly KPI work session and reported to the Director of Finance by the Head of Procurement. In addition, through the Performance & Accountability Review Framework already in place across NHS Fife, KPIs will be reported to the Chief Executive and wider Executive Directors Group on a quarterly basis (the procurement function is reported via the wider Finance Directorate). This is a key component of the governance and assurance process across NHS Fife. In order to ensure we measure our performance according to any changing needs of the organisation, the KPIs and Scorecard will be reviewed annually.

- NHS Fife will ensure performance measurement matches the needs of the organisation and our stakeholders at local, regional, and national level, KPIs and the Balanced Scorecard will be subject to annual review.

Management Information

NHS Fife continue to utilise the Spend Analyser tool, developed from the original Procurement Dashboard by NHS Fife.

Focussing budget holders on the information they need to be aware of i.e. volume and price changes allows them to work collaboratively with their staff and Procurement to develop solutions to counter the changes.

- NHS Fife will continue to deliver Spend Analyser to budget holders and invest time in supporting them in getting maximum value from the tool.

The Future

Opportunities to harness new technologies will ensure Procurement provide both;

- A better service to our customers
- Value creating Opportunities through assessing our rich seam of Procurement Data

- The Procurement Team will harness these new technologies by continuing to offer to be a pathfinder for national initiatives such as;
 - Scan for Safety
 - Blockchain Logistics
 - Artificial Intelligence
 - Automation of Processes and Logistics

Strategy Management

Reporting

An annual report on this strategy is required to be published on the NHS Fife website as set out in the Procurement Reform Act.

The annual report will be prepared by the Head of Procurement and presented to the Finance, Performance and Resources Committee for approval before publication following the end of each Financial Year.

Communication

This Procurement Strategy will be published on the NHS Fife website as set out in the Procurement Reform Act. The Procurement Strategy/Annual Report will also be shared with all members of the Procurement Team each year by the Head of Procurement.

Strategic Action Management

Actions will be tracked in the Business Assurance Work session dedicated to the Procurement Strategy.

Number	Action	Timescale
1	NHS Fife will assess all regulated procurements for inclusion of Community Benefit Clauses.	Progress to be reported in Annual Procurement Report for 2019 2020 Published in Q3 2020.
2	Utilise the National Supported Business Framework	Progress to be reported in Annual Procurement Report for 2019 2020 Published in Q3 2020.
3	Consider Supported Business wherever possible	Progress to be reported in Annual Procurement Report for 2019 2020 Published in Q3 2020.
4	Increase Supported Business expenditure year on year.	Progress to be reported in Annual Procurement Report for 2019 2020 Published in Q3 2020.
5	Consider Social Enterprises wherever possible	Progress to be reported in Annual Procurement Report for 2019 2020 Published in Q3 2020.
6	Apply Community Benefits Clauses wherever possible	Progress to be reported in Annual Procurement Report for 2019 2020 Published in Q3 2020.
7	Increase Social Enterprise Expenditure year on year.	Progress to be reported in Annual Procurement Report for 2019 2020 Published in Q3 2020.
8	NHS Fife will utilise these in specifications wherever possible in line with our Sustainable Procurement agenda.	Progress to be reported in Annual Procurement Report for 2019 2020 Published in Q3 2020.
9	NHS Fife will specify recyclable product/package from contracted suppliers.	Progress to be reported in Annual Procurement Report for 2019 2020 Published in Q3 2020.
10	Implement Technical User Groups for all key procurement projects	Progress to be reported in Annual Procurement Report for 2019 2020 Published in Q3 2020.
11	Ensure public/patient participation is	Progress to be reported in Annual

	used wherever appropriate	Procurement Report for 2019 2020 Published in Q3 2020.
12	Provide representation to National Clinical/Commodity Advisory Groups	Progress to be reported in Annual Procurement Report for 2019 2020 Published in Q3 2020.
13	NHS Fife will promote compliance of contractors and subcontractors to the Health and Safety at Work Act 1974 with our Terms and Conditions of contract and or specific contract clauses where appropriate	Progress to be reported in Annual Procurement Report for 2019 2020 Published in Q3 2020.
14	Engaging Public Health and Dietician colleagues onto Technical User Groups for food procurements	Progress to be reported in Annual Procurement Report for 2019 2020 Published in Q3 2020.
15	Ensuring Healthy Choices are available to patients and staff	Progress to be reported in Annual Procurement Report for 2019 2020 Published in Q3 2020.
16	NHS Fife will promote the highest standards in animal welfare in the supply chain by way of contract Terms and Conditions and specific clauses where appropriate.	Progress to be reported in Annual Procurement Report for 2019 2020 Published in Q3 2020.
17	NHS Fife will by way of Terms and Conditions specify that <ul style="list-style-type: none"> all subcontractors are made by no later than thirty days from date of receiving an invoice subcontractors pay their subcontractors no later than thirty days from date of receiving an invoice 	Progress to be reported in Annual Procurement Report for 2019 2020 Published in Q3 2020.
18	NHS Fife will continue to use Public Contracts Scotland as above and utilise the Public Contracts Scotland Tender (PCST) tool for regulated procurements	Progress to be reported in Annual Procurement Report for 2019 2020 Published in Q3 2020.
19	NHS Fife will use the Procurement Journey process and documentation for all regulated procurements	Progress to be reported in Annual Procurement Report for 2019 2020 Published in Q3 2020.
20	NHS Fife will continue to seek opportunities to nurture Procurement Talent wherever possible.	Progress to be reported in Annual Procurement Report for 2019 2020 Published in Q3 2020.
21	NHS Fife will ensure that Procurement staff can perform to their full potential and ensure activity undertaken is compliant with the most current regulation and governance, formal and informal training will be encouraged and supported	Progress to be reported in Annual Procurement Report for 2019 2020 Published in Q3 2020.
22	NHS Fife will maintain and improve performance within the PCIP status of "Superior Performer" using a single improvement plan and demonstrate making evidence and resource available to assist peer organisations at regional and national level	Progress to be reported in Annual Procurement Report for 2019 2020 Published in Q3 2020.

23	NHS Fife will carry out bi-annual PCIP assessments of Pharmacy/Construction and Estates	Progress to be reported in Annual Procurement Report for 2019 2020 Published in Q3 2020.
24	NHS Fife will support Continuous Improvement of these areas with targeted work sessions and ongoing support and advice.	Progress to be reported in Annual Procurement Report for 2019 2020 Published in Q3 2020.
25	NHS Fife Procurement will ensure the Board are informed of progress and positioning of the East and North Procurement Programme; the Head of Procurement will include a progress update (from the Programme Lead) in the formal annual report to the Finance, Performance & Resources Committee. This will be in addition to the conventional Programme Board reporting structure to SGHSCD, Boards and associated national partners.	Progress to be reported in Annual Procurement Report for 2019 2020 Published in Q3 2020.
26	NHS Fife will optimise the online Self Service approach for Procurement	Progress to be reported in Annual Procurement Report for 2019 2020 Published in Q3 2020.
27	NHS Fife will continue to consider the One-Touch/Automation agenda when designing internal procurement processes.	Progress to be reported in Annual Procurement Report for 2019 2020 Published in Q3 2020.
28	NHS Fife will ensure local, regional, and national collaboration is optimised, joint working of National Procurement (NP) and NHSF officers should be evident and implementation and compliance systems embedded as business as usual.	Progress to be reported in Annual Procurement Report for 2019 2020 Published in Q3 2020.
29	NHS Fife will work with the NDC to optimise throughput through regular work sessions	Progress to be reported in Annual Procurement Report for 2019 2020 Published in Q3 2020.
30	NHS Fife will ensure consistent and professional management of expenditure across the three best value supply chain dimensions; Purchase Demand Management; Supply Base Management; and Total Cost Management, the Procurement Journey toolkit will be used to manage all expenditure.	Progress to be reported in Annual Procurement Report for 2019 2020 Published in Q3 2020.
31	NHS Fife will ensure that clinical stakeholders are fully supported in the achievement of their HAI objective, the Procurement Team will respond to any needs and change as priority tasks.	Progress to be reported in Annual Procurement Report for 2019 2020 Published in Q3 2020.
32	NHS Fife will maintain a programme of Business Assurance and ensure reporting is timeous and accurate by maintaining Action Logs to track continuous improvement.	Progress to be reported in Annual Procurement Report for 2019 2020 Published in Q3 2020.
33	NHS Fife will ensure performance	Progress to be reported in Annual

	measurement matches the needs of the organisation and our stakeholders at local, regional, and national level, KPIs and the Balanced Scorecard will be subject to annual review.	Procurement Report for 2019 2020 Published in Q3 2020.
34	NHS Fife will continue to deliver Spend Analyser to budget holders and invest time in supporting them in getting maximum value from the tool	Progress to be reported in Annual Procurement Report for 2019 2020 Published in Q3 2020.
35	The Procurement Team will harness these new technologies by continuing to offer to be a pathfinder for national initiatives such as; <ul style="list-style-type: none"> • Scan for Safety • Blockchain Logistics • Artificial Intelligence • Automation of Processes and Logistics 	Progress to be reported in Annual Procurement Report for 2019 2020 Published in Q3 2020.

PROCUREMENT GOVERNANCE BOARD

TERMS OF REFERENCE

1 Introduction

- 1.1 The 2019 – 2024 Procurement Strategy includes a set of actions which will be reported on in the annual Procurement reports. A governance group is required to ensure that these actions and other actions/objectives set by the organisation are being monitored through to a satisfactory conclusion.
- 1.2 It is vital to staff and patients that projects, supplies and services of the highest quality within optimum commercial arrangements are delivered on time to NHS Fife. The proper management of procurement activity is an important factor contributing towards the efficient operation of NHS Fife and the attainment of corporate objectives as identified within the Procurement Strategy. Within the scope of the Procurement Governance Board is non-pay expenditure procured under commercial terms of trade, through the central Procurement Department, part of the Finance Directorate, as well as the following devolved areas of procurement managed by other Departments:
- Pharmacy
 - Capital
 - Facilities, Construction and Maintenance
 - eHealth
- 1.3 Non-pay budget areas out of scope are rates, water charges, payments to other public organisations and payments for GP services.

2 Purpose

- 2.1 The purpose of the Procurement Governance Group is:
- To ensure that departments with procurement responsibility deliver consistent application of best procurement practice and Board Standing Financial Instructions to support the optimisation of savings.
 - To develop and maintain a Board wide Procurement Strategy which takes account of the latest National, Regional and professional procurement developments and trends.
 - To maintain procurement standards based on published best practice and ensuring that the organisation has the capability of delivering compliance with these standards.
 - To establish a supportive peer review process which will allow the continuous quality improvement of procurement in the organisation.

- To ensure that technology is used effectively to improve efficiency and productivity across the procurement function and its relationship with users and other stakeholders.
- To maintain a strategy for effective engagement with the procurement service users and the board's supplier base and to ensure that open and transparent processes are in place to encourage participation and competition.
- To ensure that appropriate capabilities and accreditations are maintained to provide a procurement service that achieves the Procurement and Commercial Improvement Program (PCIP) A+ rating.
- To maintain a set of key performance indicators (KPIs) which will allow the overall procurement performance to be understood and monitored.
- To monitor progress on the Regional Procurement Programme.
- To provide escalation points in the service to achieve procurement savings.

3 Membership

- 3.1 The Procurement Governance Board will be chaired by the Director of Finance, with the Head of Procurement providing management and oversight of the administration of the Board.
- 3.2 Membership of the Procurement Governance Board comprises representatives of the following areas:
- Service / General Managers (Acute and Health & Social Care Partnership)
 - Medical Directorate
 - Nurse Directorate
 - Public Health
 - Human Resources
 - Financial Management
 - Financial Services
 - Estates & Facilities
 - Capital Planning
 - eHealth
 - Pharmacy
 - Staff side
- 3.3 It is the responsibility for the relevant Director / heads of these departments to nominate a senior representative with delegated authority to make decisions on their behalf at the Procurement Governance Board meetings.
- 3.4 Members should make every effort to attend all meetings of the Group. In the event a member cannot attend a particular meeting, they may nominate a deputy to represent them.

- 3.5 Any other individual deemed appropriate by the Chair may be invited to attend for specific meetings or agenda items.

4 Meetings

- 4.1 The Procurement Governance Board will meet quarterly.
- 4.2 The Chair shall preside at meetings of the Procurement Governance Board. If the Chair is absent from any meeting, the Chair will nominate an Executive Director to chair the meeting in their absence.
- 4.3 The meeting will be quorate with at least five members in attendance.
- 4.4 The agenda and supporting papers will be sent out at least five working days before the meeting. All papers will require a cover paper in the form of the standard SBAR template, clearly indicating if a decision is required, or if the information is for discussion or noting only.
- 4.5 The Head of Procurement will ensure there are appropriate administrative support arrangements in place, including agreement of the agenda with the Chair, collation of papers, taking minutes and maintaining an action log and forward planner.

5 Authority and Governance Arrangements

- 5.1 The Procurement Governance Board has been established to assist with the development of health services, service change and strategic planning in Fife.
- 5.2 In order to fulfil its remit, the Procurement Governance Board may obtain professional advice as deemed necessary.
- 5.3 The Procurement Governance Board will agree an annual workplan reflecting the priorities of the Procurement Strategy and any 'business as usual' matters.
- 5.4 The Procurement Governance Board will provide a key component of overall assurance in support of the organisational financial governance arrangements.
- 5.5 The Procurement Governance Board is accountable to the Executive Directors Group for the achievement of the objectives associated with the Procurement Strategy.

Last update: September 2019

Next update: September 2020

DATE OF REPORT:	10/09/2019
TITLE OF REPORT:	Winter Plan 2019/20
EXECUTIVE LEAD:	Ellen Rybov, Chief Operating Officer, Acute Nicky Connor, Chief Officer, H&SC
REPORTING OFFICER:	Susan Fraser, Associate Director of Planning and Performance Claire Dobson, Divisional General Manager Andy MacKay, Deputy Chief Operating Officer

Purpose of the Report (delete as appropriate)		
		For Information

SBAR REPORT
<p><u>Situation</u></p> <p>This paper provides the Committee with an update to the draft Winter Plan for 2019/20.</p>
<p><u>Background</u></p> <p>The Winter Plan aims to:</p> <ul style="list-style-type: none"> • Describe the arrangements in place to cope with increased demand on services over the winter period. • Describe a shared responsibility to undertake joint effective planning of capacity. • Ensure that the needs of vulnerable and ill people are met in a timely and effective manner despite increases in demand. • Support a discharge model that has performance measures, a risk matrix and an escalation process. • Ensure staff and patients are well informed about winter arrangements through a robust communications plan. • Build on existing strong partnership working to deliver the plan that will be tested at times of real pressure. <p>The focus will primarily be on the winter period covering October 2019 to March 2020.</p>
<p><u>Assessment</u></p> <p>This draft of the Winter Plan 2019/20 has been agreed following a winter planning event on 22 August 2019 with H&SCP and Resilience colleagues and a follow up meeting with Acute colleagues on 23 August. A small working group has been taking forward the actions from the Winter Review 2018/19 over the summer months including actions included in the Winter Plan 2019/20.</p> <p>The top 5 planning priorities for winter 2019/2020 identified at the Winter Review workshop 18/19 are:</p> <ol style="list-style-type: none"> 1. Review of the integrated escalation plan including developing a fuller understanding of the requirements of demands into social care

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

These priority areas were the key actions for the Winter Plan 2019/20.

Boards are required to submit draft Winter Plans to Scottish Government by end September 2019. We, therefore, have opportunity to present draft plans to the committees before going to the NHS Fife Board and IJB in September 2019, prior to submission to Scottish Government

The self assessment guidance from the Scottish Government and the Escalation Plan are still being refined and will be circulated when completed. It continues being developed as an integrated plan between with NHS Fife and Health and Social Care.

Weekly winter monitoring reports will commence at the beginning of October 2019 when general managers from NHS Fife and Health and Social Care Partnership will meet to review the report and take action when necessary.

Recommendation

The Committee is invited to:

- **Note and discuss** the Winter Plan 2019/20

Objectives: (must be completed)

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

Further Information:

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

Impact: (must be completed)

Financial / Value For Money	Promotes proportionate management of risk and thus effective and efficient use of scarce resources.
Risk / Legal:	Inherent in process. Demonstrates due diligence. Provides critical supporting evidence for the Annual Governance Statement.

Quality / Patient Care:	NHS Fife's risk management system seeks to minimise risk and so support the delivery of safe, effective, person centred care.
Workforce:	The system arrangements for risk management are contained within current resource. e.g.
Equality:	The arrangements for managing risk apply to all patients, staff and others in contact with the Board's services.

Fife Winter Plan 2019/20



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1 Introduction

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

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

This plan is supported by:

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

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

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

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

2 Key Deliverables

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

The Winter Plan aims to:

- Describe the arrangements in place to cope with increased demand on services over the winter period.
- Describe a shared responsibility to undertake joint effective planning of capacity.

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

Key principles to the winter plan are:

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

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

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

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

3 Planning Priorities Winter 2019/20

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

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

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

Additionally, the following actions were also identified:

- Community Hospital re-design should provide community beds at the right level and in the right place
- Review capacity planning ICASS, Homecare and Social Care resources throughout winter
- Multidisciplinary short life working groups to take actions forward across Acute and HSCP
- Estimated Discharge Date process to be further developed and clear instructions in place
- Have a discharge lead to enhance Criteria Led Discharges and get earlier discharges and plans in place
- Enhance weekend discharge planning with further development of the weekend discharge team and enhanced clinical support
- Consider the introduction of planned outpatient appointments for medically fit in-patients awaiting diagnostic tests
- Explore a sustainable model for discharge lounge
- Proactive and dynamic planning that follows predicted problems with use of system watch and better use of data
- Full review of how and when surge capacity is used
- Consideration of impact of individual decisions made which will affect the whole system
- Produce a winter surgical program plan that includes use of the short stay surgical unit, and distribute the surgical programme, taking into account the periods of higher demand from emergency patients
- Consider an enhanced ambulatory model for surgical and medical patients
- Proactive infection control and learning for Fife Care homes
- Continue the success of the staff flu campaign into its 3rd year
- Urgent Care model will be up and running by winter 2019 and implemented in a staged approach

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

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

4 Winter Planning Process

4.1 Clear alignment between hospital, primary and social care

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

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

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

Ref	Action	Timescales	Lead/s		Status
			NHS Fife	HSCP	
1	Ensure adequate Community Hospital capacity is available supported by community hospital and intermediate care redesign	October 2019		DGM East and West	
2	Review capacity planning ICASS, Homecare and Social Care resources throughout winter	August 2019		DGM West	
3	Focus on prevention of admission with further developments into High Health Gain, locality huddles to look at alternatives to GP admissions	March 2020		DGM West	

4	Reduce length of stay as a winter planning group and being progressed through BAU	September 2019	GMs, DCOO, Ass Dir PP	DGM West	
5	Test of Change for use of the community hub during Winter.	November 2019		DGM West	
6	Test of change to reconfigure STAR bed pathway.	November 2019		DGM West	
7	Urgent Care ED enhanced direction model	November 2019		DGM West	
8	Implementation of model for discharge lounge through tests of change	November 2019	GMs, DCOO		
9	Explore third sector transport over winter months	October 2019	GMs, DCOO		
10	Weekly senior winter monitoring meeting to review winter planning metrics and take corrective action.	October 2019	GMs, DCOO, Ass Dir PP	DGM West	

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

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

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

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

Ref	Action	Timescales	Lead/s		Status
			Acute	HSCP	
1	Secure Social Work staffing in the Discharge Hub and community hospitals over the festive period.	October 2019		DGM West	
2	Test of change of a rota of senior decision making capacity in OOH/weekends to promote 7 day discharges	November 2019	GM EC		
3	Agree Urgent Care workforce levels and secure staffing as early as possible.	October 2019		DGM West	
4	Enhance Clinical Co-ordinator role	November		DGM West	

	within the Urgent Care service.	2019			
5	Consideration of a Hospital Ambulance Liaison Officer (HALO) role to further plan and arrange efficient discharges	October 2019	GMs DCOO		
6	Enhance weekend discharge planning with further development of the weekend discharge team	October 2019	GMs DCOO		
7	Explore augmenting IAT/MSK resource at front door with a view to reducing admission rate	October 2019	GM WC		
8	Proactive recruitment and a joined up workforce plan to utilise staff intelligently across the year as well as winter	October 2019	GMs, DCOO	DGM West	

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

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

- A communication plan was put in place for the public and staff.
- Advanced Nurse Practitioners are in place to focus on nurse led/criteria led discharges within GI and Respiratory.
- A flexible bed base was utilised within community hospitals with an additional 20 beds in use and locum cover secured for QMH hospital.
- A winter placement and activity tracker for HSCP was created and monitored throughout winter.
- A review of discharge transport options has taken place.
- An assessment of delayed discharges due to medicines has been completed. A focus on discharge medicines being available within 2 hours to aid discharges has been implemented.
- A winter ready section of the website and intranet was developed and completed.
- Weekly meetings between Corporate, Acute and HSCP management teams.
- A reconfiguration of beds was complete by December 2018.
- A revised weekly winter planning report was devised, as well as winter plan rag status reporting.
- An escalation plan for surge capacity was agreed.
- An acute site management structure was agreed and put in place.
- Daily community service huddles took place to flexibly manage demand and capacity across community services.
- “Black Box” testing has been invested in for front door staff.

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

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

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

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

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

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

Ref	Action	Timescales	Lead/s		Status
			Acute	HSCP	
1	Produce a winter surgical program plan that includes use of the short stay surgical unit, and distribute the surgical programme, taking into account the periods of higher demand from emergency patients	October 2010	GM PC		
2	Review the ambulatory model for surgical and medical patients and implement any enhancements	October 2019	GM EC GM PC		
3	Test the introduction of planned outpatient appointments for medically fit in-patients awaiting diagnostic tests	October 2019	GM WCCS		
4	Review theatre requirements for SHDU cases to smooth activity over the week	November 2019	GM EC GM PC		

4.5 Escalation plans tested with partners

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

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

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

Ref	Action	Timescales	Lead/s		Status
			Acute	HSCP	
1	A review of the integrated escalation plan with action cards including training and testing, and agreement of the surge capacity model over winter, including opening and closing of surge beds	August 2019	GMs DCOO Ass Dir PP	DGM West	
2	Review and improve business continuity plans for services	September 2019	GMs DCOO	DGM West	
3	Tabletop exercise to be arranged to test Major Incident plans	November 2019	Ass Dir PP		
4	Multi Agency meeting to discuss winter arrangements across Fife	November 2019	Ass Dir PP		
5	Update Corporate Business Continuity	November 2019	Ass Dir PP		

	Plan and Response and Recovery Plan				
6	Ensure that community services have access to 4x4 vehicles in the event of severe weather and that staff have received an appropriate level of training to drive such vehicles.	September 2019		DGM West	
7	Review the full capacity protocol	September 2019	GMs DCOO Ass Dir PP	DGM West	

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

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

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

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

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

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

4.7 Delivering seasonal flu vaccination to public and staff

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

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

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

Ref	Action	Timescales	Lead/s		Status
			Acute	HSCP	
1	Continue the success of the staff flu campaign into its 3 rd year	October 2019	GMs DCOO	DGM West ADoN	
2	Monthly review of progress against seasonal flu action plan	October 2019	GMs DCOO	DGM West	
3	Deliver staff communications campaign across Acute & HSCP, in order to achieve 60% uptake in healthcare workers (national target) and 50% uptake in social care workers (local target)	October 2019	GMs DCOO	DGM West	
4	Develop & distribute Information pack to independent care sector in Fife, covering staff vaccination, winter preparedness and outbreak control measures	October 2019	GMs DCOO	DGM West	
5	Redesign consent form and data collection methods to enable more detailed & timely monitoring of staff vaccination against targets	October 2019	GMs DCOO	DGM West	
6	Promotion of community flu vaccination for <65 at-risk groups via health promotion community networks and workplace team.	October 2019	GMs DCOO	DGM West	
7	Review and agree options for inclusion of flu vaccination messaging for at-risk groups in out-patient letter template	October 2019	GMs DCOO	DGM West	
8	Flu/Respiratory testing at the front door as in 18/19	October 2019	GMs DCOO	DGM West	

5 Summary

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

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

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

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

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

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

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

Appendices

Appendix 1: Fife Integrated Escalation Plan (To be added)

Appendix 2: Local Procedure for Escalation Plan Level

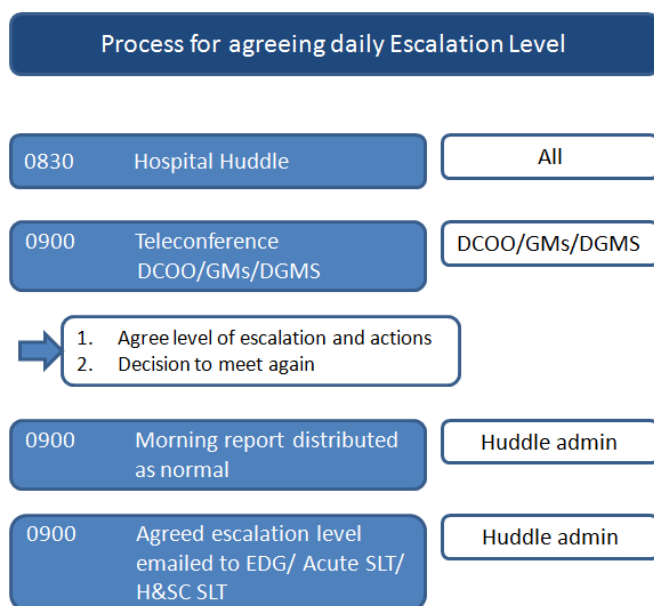
Appendix 3: HSCP Winter Discharge Model (To be added)

Appendix 4: Winter Plan Financial Table (To be added)

Appendix 5: Weekly Winter Monitoring Report

Appendix 6: Preparing for Winter 2018-19 Supplementary Checklist (To be added)

Appendix 2: Local Procedure for Escalation Plan Level



Appendix 5: Weekly Winter Monitoring Report

Weekly Winter Monitoring Scorecard																							
Area	Indicator	RAG Criteria	17-Mar	24-Mar	31-Mar	07-Apr	14-Apr	21-Apr	28-Apr	05-May	12-May	19-May	26-May	02-Jun	09-Jun	16-Jun	23-Jun	30-Jun	07-Jul	14-Jul	21-Jul	28-Jul	04-Aug
OOH	Contacts		1904	1945	1774	1796	1869	2016	2218	2990	2948	2002	1944	1824	1851	1949	1978	1987	1851	1952	1860	1751	1877
	OoT Home Visits		26	21	8	0	19	25	24	46	22	37	32	25	13	18	24	11	15	15	9	7	16
Emergency Department	Attendances		1304	1347	1285	1292	1286	1381	1425	1372	1386	1410	1405	1346	1273	1286	1381	1356	1288	1335	1335	1398	1413
	Av LoA		168	181	163	177	172	172	167	156	170	165	165	173	159	154	175	165	163	191	149	164	172
	Performance		93.4%	91.1%	94.9%	91.5%	93.2%	92.3%	93.0%	94.6%	91.3%	91.7%	92.5%	91.5%	94.7%	95.3%	88.9%	94.1%	95.0%	88.3%	96.4%	94.5%	92.9%
	> 8 hours		0	10	1	0	0	5	0	1	1	0	3	3	2	0	2	0	0	0	0	0	2
	>12 hours		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	% Admitted		31.9%	30.0%	31.5%	32.3%	31.3%	30.9%	28.1%	27.0%	31.7%	28.5%	27.9%	29.0%	32.1%	29.5%	28.8%	29.7%	30.0%	29.6%	27.3%	29.8%	27.7%
VHK Admissions	Total		866	928	882	896	849	874	890	868	909	901	892	851	855	848	874	858	831	847	834	876	889
	Emergency		425	468	424	450	459	456	453	441	452	468	436	432	446	450	453	413	414	440	437	445	443
	Elective		441	460	458	446	390	418	437	427	457	433	456	419	409	398	421	445	417	407	397	431	446
AU1ax	Admissions		173	202	178	191	203	221	198	196	203	221	191	196	190	237	186	177	187	192	203	194	204
	%transferred		77.5%	69.8%	63.5%	71.2%	67.5%	64.7%	67.2%	64.0%	68.0%	70.6%	66.0%	63.3%	68.4%	65.8%	69.4%	70.6%	66.8%	67.7%	66.0%	68.6%	70.1%
	% to AU1		67.1%	62.4%	53.4%	61.8%	54.2%	52.0%	60.1%	62.8%	58.1%	55.7%	58.6%	56.6%	58.4%	55.7%	60.8%	62.1%	60.4%	61.5%	55.2%	58.8%	60.8%
	LoS		04:32	06:17	05:29	04:52	05:18	05:09	04:56	04:52	06:50	06:52	05:46	06:18	05:24	06:27	07:40	06:21	04:00	04:46	04:38	06:08	04:26
AU1	Admissions		318	339	287	328	318	298	324	313	323	317	302	298	323	300	306	293	288	296	286	297	301
	%transferred		65.4%	63.4%	66.2%	64.9%	63.5%	64.1%	63.6%	61.7%	68.4%	62.1%	69.2%	58.7%	63.5%	62.3%	60.1%	63.5%	69.1%	64.9%	69.2%	61.3%	65.8%
	LoS		19:20	20:08	18:55	20:10	16:08	17:39	18:51	16:48	17:31	19:46	19:05	18:35	18:27	19:13	18:49	18:43	17:27	17:25	16:11	15:44	16:54
AU2	Admissions		146	154	132	142	130	156	139	134	137	143	142	146	138	124	151	146	119	158	137	140	137
	%transferred		47.3%	37.7%	51.5%	41.5%	47.7%	42.9%	42.4%	29.1%	36.5%	42.7%	39.4%	40.4%	38.4%	37.9%	37.1%	49.3%	34.5%	53.8%	35.0%	36.4%	40.9%
	LoS		22:29	24:02	21:20	22:06	20:24	24:15	22:49	18:21	15:27	23:21	25:23	22:56	24:32	24:54	21:07	20:50	20:30	22:49	21:10	20:08	20:44
VHK Bed Utilisation	Occupancy		93.1%	93.4%	96.5%	99.6%	95.5%	93.2%	93.3%	95.1%	94.3%	102.9%	98.6%	95.5%	93.2%	93.3%	95.1%	94.3%	102.9%	98.6%	95.5%	93.2%	93.3%
	Boarding Bed Days Lost		291	414	363	282	305	317	293	280	531	431	366	375	360	365	405	375	278	205	210	254	198
	Delay Bed Days Lost		49	63	42	49	28	35	28	7	7	35	35	42	28	42	35	49	56	42	42	28	28
VHK Discharges	Total		887	967	844	897	847	883	876	891	862	923	906	866	852	891	851	857	851	824	824	872	870
	to Community		55	42	51	38	42	31	47	40	51	39	42	40	44	53	36	34	46	36	37	40	37
	% 84 Noon		13.8%	16.1%	14.2%	14.2%	15.5%	16.4%	15.7%	18.6%	17.9%	16.9%	15.3%	18.2%	18.3%	15.6%	16.3%	15.7%	18.1%	18.4%	18.1%	14.0%	15.5%
	WDWE Ratio		1.7	1.7	1.8	2.1	1.7	1.6	2.0	1.7	1.5	2.1	2.2	1.7	1.6	1.8	2.1	2.1	2.0	2.3	2.1	1.6	2.0
	LoS		4.9	4.7	4.9	4.6	5.0	4.9	5.0	5.0	5.2	5.0	5.0	5.5	5.4	5.3	5.5	5.5	4.8	4.9	4.6	5.8	5.3
	Admissions		87	100	83	90	83	96	91	95	91	91	89	83	97	107	73	85	88	83	88	91	113
Community Hospital	Occupancy		94.0%	95.2%	94.2%	94.5%	93.9%	94.7%	94.4%	91.9%	94.2%	101.0%	100.9%	101.7%	102.4%	101.3%	101.4%	101.3%	102.2%	102.0%	101.1%	101.8%	100.2%
	Delay Bed Days Lost		553	591	567	477	470	615	708	611	642	671	666	687	674	638	594	599	617	637	644	617	560
	Discharges		108	83	94	78	85	78	91	86	90	86	86	84	78	92	102	68	80	83	78	83	86
	LoS		24.3	23.5	27.3	27.4	23.8	28.8	21.7	25.4	24.1	26.0	26.0	24.5	26.7	22.5	31.8	30.3	21.3	25.5	20.9	26.2	21.1

DATE OF REPORT:	10/09/2019
TITLE OF REPORT:	Review of Integrated Performance Report and Quality Report
EXECUTIVE LEAD:	Carol Potter, Director of Finance Chris McKenna, Medical Director Helen Buchanan, Director of Nursing and AHPs
REPORTING OFFICER:	Susan Fraser, Associate Director of Planning and Performance

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

SBAR REPORT

Situation

Performance reporting to the board has been in the form of separate Integrated Performance Report and Quality Report. A review was requested to bring these two reports together into one document (IPQR).

This paper provides the committees with an overview of the changes that have been made to the reporting of performance and quality in NHS Fife.

Background

The Integrated Performance Report (IPR) in its current state was introduced 3 years ago and brought together performance and finance reporting to the board. Alongside the development of the IPR, a Quality Report (QR) was developed by Clinical Governance to report on quality and safety issues across NHS Fife.

There is some duplication across the two reports with only 2 quality measures being reported in the IPR, namely, SABs and Complaints. However, the Quality Report contains more information than reporting against agreed measures, so an exercise was undertaken to explore what information was suitable and relevant for the new report. This exercise also covered existing content that could not be reported in this way.

The existing format of the IPR and QR has been well received by the committee but the time has come to refresh the reports. A review was commissioned by the Chief Executive with the outcome of the production of a report that highlighted the key performance, finance and quality issues that the board should be aware of. Work has been ongoing since early 2019 to develop and produce a fully integrated performance and quality report that presents information accurately, succinctly and issues are escalated as appropriate.

This review was carried out in full consultation with the lead directors for the reports and the non executive chairs of the committees at every stage of development.

Assessment

The approach taken for the review was to develop a report that has presented information in a consistent manner that was readable and easy to interpret. The format will be the same with a full scorecard at the beginning of the document, with a further drill down for measures that are not being met.

A standard one page template for the drill down analysis was designed that provides the board with a consistent look and feel including a trend graph, a table with further breakdown and, when available, Scotland benchmark. This was straightforward for the performance measures and some of the financial measures.

However, the content of the Quality Report was reviewed and alternative reporting considered. It is proposed that the following indicators are reported in the new report regardless of their status.

- Adverse events
- HAI
- Complaints
- Hospital Standard Mortality Rates (HSMR) (new dataset)
- Deteriorating Patient (in development)
- Patient Experience (in development)

HSMR is included in the first version of the IPQR, as the data was published on 13 August 2019. The drill down is not fully completed due to the time pressure but a fuller analysis will be in the next version in September. As the data is published on a quarterly basis, HSMR will only be included in the IPQR when new data is published unless there are follow up actions.

For the topics in the QR that are not covered in the above list, the Clinical Governance Oversight Group has been identified as the key group that these topics will be reported. The following are the topics that will be reported through the Clinical Governance Oversight Group and escalated if necessary or reported to Clinical Governance Committee in a different manner:

- Care Opinion
- Safer Use of Medicines Policy and Procedures
- Duty of Candour
- Participation Standards
- Clinical Policies and Procedures Compliance
- More detailed analysis of Quality measures

Separate reports with accompanying SBARs will be presented at the Clinical Governance Committee:

- HAIRT Report
- Duty of Candour Annual Report

The scorecard at the beginning of the IPQR will contain all the measures that are being monitored on a monthly basis but it was agreed with the committee chairs that only those measures that are deteriorating should be drilled down within the report and additional information provided. In order to clarify when measures can be added or removed from the IPQR, guidance has been written to ensure any movement in performance is sustained and not due to random variation. Initially, all measures in the quality section will be reported regardless

of performance.

The new design of the IPQR has been agreed in collaboration with the Medical Director and Director of Nursing and AHPs throughout the development phase as well as the Chairs of the Clinical Governance Committee and Finance, Performance & Resources Committee. A board development session has been arranged for 28 August 2019 with the non executive directors to share the new design and to discuss the data analysis.

Recommendation

The Committee is invited to:

- **Note** the new Integrated Performance and Quality Report

Objectives: (must be completed)

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

Further Information:

Evidence Base:	N/A
Glossary of Terms:	N/A
Parties / Committees consulted prior to Health Board Meeting:	Transformation key stakeholders (NHS Fife and H&SCP) Executive Directors

Impact: (must be completed)

Financial / Value For Money	Transformation Programmes support the effective and efficient use of resources.
Risk / Legal:	Risks of not delivering transformation programmes are well documented
Quality / Patient Care:	Purpose of programmes is to improve patient care and experience.
Workforce:	Impact on workforce is well documented in transformation programmes.
Equality:	Changes in services are all impact assessed.



Fife Integrated Performance & Quality Report

Produced in August 2019



Introduction

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

The IPQR comprises of the following sections:

I. Executive Summary

- a. LDP Standards & Local Key Performance Indicators (KPI)
- b. National Benchmarking
- c. Indicatory Summary
- d. Assessment

II. Performance Assessment Reports

Clinical Governance

Finance, Performance & Resources
Operational Performance
Finance

Staff Governance

Section II provides further detail for indicators of continual focus or those that are currently underperforming. Each report contains data, displaying trends and highlighting key problem areas, as well as information on current issues with corresponding improvement actions. The latter, along with trajectories, are taken as far as possible from the 2019/20 Annual Operational Plan (AOP). For indicators outwith the scope of the AOP, improvement actions and trajectories were agreed locally following discussion with related services.

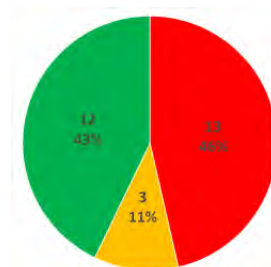
A summary report of the IPQR, the Executive Summary IPQR (ESIPR), is presented at each NHS Fife Board Meeting, while Board members are sent a courtesy copy of the IPQR each month.

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 including current and previous performance and benchmarking against other NHS Boards.

a. LDP Standards & Key Performance Indicators

The current performance status of the 28 indicators within this report is 12 (43%) classified as **GREEN**, 3 (11%) **AMBER** and 13 (46%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits or considerably below standard/trajectory.

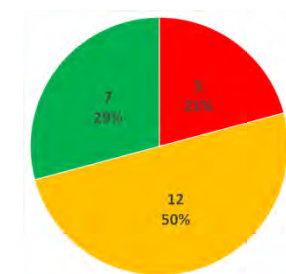


There are four indicators that consistently exceed the Standard performance; C Diff infection rate, IVF Treatment Waiting Times (regional service), Antenatal Access and Drugs & Alcohol Waiting Times. Other areas of success should also be noted...

- Inpatients Falls with Harm, consistently below the target level, at 1.47 per 1,000 Occupied Bed Days
- The SAB infection rate (measured on a rolling 3-month basis) is significantly lower than the Improvement Trajectory for 2019/20
- New Outpatient Waiting Times achieved above Standard performance for third month in succession with 95.4% waiting less than 12 weeks
- Patient TTG (Patients Waiting at Month End), continuing to be above the Improvement Trajectory for 2019/20
- Cancer 31-Day DTT achieving the Standard in June




























b. National Benchmarking

National Benchmarking is based on whether indicator is in upper quartile (▲), lower quartile (▼) or mid-range (◀▶); based on 11 mainland NHS Boards. The current benchmarking status of the 24 indicators within this report has 5 (21%) within upper quartile, 12 (50%) in mid-range and 7 (29%) in lower quartile. There are indicators where national comparison is not available or not directly comparable.



c. Indicator Summary

Performance											
meets / exceeds the required Standard / on schedule to meet its annual Target											
behind (but within 5% of) the Standard / Delivery Trajectory											
more than 5% behind the Standard / Delivery Trajectory											
Section	LDP Standard	Standard	Target 2019/20	Reporting Period	Year Previous		Previous		Current		
Clinical Governance	N/A	Major and Extreme Adverse Events	N/A	Month	Jun-18	49	May-19	60	Jun-19	55	↑
	N/A	HSMR	N/A	Year Ending	Mar-18	N/A	Dec-18	N/A	Mar-19	1.01	
	N/A	Inpatient Falls with Harm	2.16	Month	Jun-18	2.45	May-19	1.57	Jun-19	1.47	↑
	N/A	Pressure Ulcers	0.42	Month	Jun-18	0.82	May-19	0.55	Jun-19	0.68	↓
	N/A	Caesarean Section SSI	2.5%	Quarter	Mar-18	3.3%	Dec-18	1.7%	Mar-19	6.5%	↓
	0.32	HAI - C Diff	0.32	Quarter Ending	Jun-18	0.17	May-19	0.18	Jun-19	0.16	↑
	0.24	HAI - SABs	0.34	Quarter Ending	Jun-18	0.45	May-19	0.30	Jun-19	0.26	↑
	N/A	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Jun-18	73.6%	May-19	75.7%	Jun-19	70.9%	↓
	N/A	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Jun-18	32.1%	May-19	48.0%	Jun-19	51.8%	↑
		Patient Experience									
Operational Performance	90%	IVF Treatment Waiting Times	90%	Month	Jun-18	100.0%	May-19	100.0%	Jun-19	100.0%	↔
	95%	4-Hour Emergency Access	96%	Month	Jun-18	96.8%	May-19	94.5%	Jun-19	94.9%	↑
	N/A	Delayed Discharge (% Bed Days Lost)	7%	Month	Jun-18	3.5%	May-19	8.5%	Jun-19	6.8%	↑
	95%	New Outpatients Waiting Times	95%	Month	Jun-18	92.0%	May-19	96.4%	Jun-19	95.4%	↓
	100%	Diagnostics Waiting Times	100%	Month	Jun-18	95.8%	May-19	99.5%	Jun-19	99.5%	↔
	100%	Patient TTG (Patients Waiting)	80%	Month	Jun-18	86.2%	May-19	88.2%	Jun-19	87.0%	↓
	90%	18 Weeks RTT	84%	Month	Jun-18	80.3%	May-19	82.6%	Jun-19	83.4%	↑
	95%	Cancer 31-Day DTT	95%	Month	Jun-18	93.8%	May-19	93.3%	Jun-19	95.0%	↑
	95%	Cancer 62-Day RTT	94%	Month	Jun-18	86.2%	May-19	86.6%	Jun-19	82.9%	↓
	29%	Detect Cancer Early	27%	Year Ending	Dec-17	22.4%	Sep-18	27.9%	Dec-18	27.6%	↓
	80%	Antenatal Access	80%	Month	Apr-18	83.0%	Mar-19	90.9%	Apr-19	92.8%	↑
	100%	Smoking Cessation	100%	YTD	Mar-18	58.7%	Feb-19	88.0%	Mar-19	88.6%	↑
	90%	CAMHS Waiting Times	88%	Month	Jun-18	72.1%	May-19	66.7%	Jun-19	76.5%	↑
	90%	Psychological Therapies Waiting Times	82%	Month	Jun-18	70.9%	May-19	66.2%	Jun-19	66.3%	↑
	80%	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Jun-18	80.7%	Mar-19	66.1%	Jun-19	75.0%	↑
	90%	Drugs & Alcohol Treatment Waiting Times	90%	Month	Apr-18	96.0%	Mar-19	95.0%	Apr-19	92.1%	↓
	N/A	Dementia Post-Diagnostic Support	TBD	Annual	N/A	N/A	2016/17	88.2%	2017/18	85.3%	↓
	N/A	Dementia Referrals	TBD	YTD	Dec-17	497	Sep-18	406	Dec-18	586	↓
	N/A	Freedom of Information Requests	85%	Quarter Ending	Jun-18	N/A	May-19	66.2%	Jun-19	61.1%	↓
Finance	N/A	Revenue Expenditure	£0	Month	Jul-18	N/A	Jun-19	£3.130m	Jul-19	£5.228m	↓
	N/A	Capital Expenditure	£7.394m	Month	Jul-18	N/A	Jun-19	£0.422m	Jul-19	£0.653m	↑
Staff Governance	4.00%	Sickness Absence	4.89%	Month	Jun-18	4.69%	May-19	5.66%	Jun-19	5.55%	↑







Benchmarking			
		Upper Quartile	
		Mid Range	
		Lower Quartile	
Reporting Period	Fife		Scotland
N/A			
2018/19	1.01		1.00
N/A			
N/A			
QE Mar-19	6.5%		1.6%
2018	0.19		0.27
2018	0.43		0.33
2017/18	77.5%		74.4%
2017/18	49.7%		52.8%
N/A			
Jun-19	94.9%		90.3%
QE Dec-18	7.5%		7.1%
Mar-19	98.2%		75.0%
Mar-19	99.9%		84.0%
QE Mar-19	89.6%		70.1%
Mar-19	76.9%		77.3%
QE Mar-19	95.2%		94.9%
QE Mar-19	84.8%		81.4%
2017, 2018	25.1%		25.5%
2018/19	91.5%		84.9%
YT Dec-18	78.8%		84.7%
QE Mar-19	72.8%		73.6%
QE-Mar-19	67.6%		77.4%
2018/19	66.1%		85.6%
QE-Mar-19	92.6%		93.2%
2016/17	88.2%		83.5%
2016/17	59.8%		41.4%
N/A			
N/A			
N/A			
2018/19	5.51%		5.39%


d. Assessment

Clinical Governance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance	Scotland Comparison	
Inpatient Falls Reduce falls with harm by 20%	2.16	May-19	2.16	Jun-19	1.47	N/A N/A
While overall, falls with harm rate has been static, the data highlights an increase in falls with harm in a few focussed areas within the ASD. Work is underway to explore the reasons for this including appropriate completion of the falls prevention and management bundle through audit, local environment assessment, patient profile including those patients who have boarded in other wards.						
Pressure Ulcers 50% reduction by December 2019	0.42	May-19	0.42	Jun-19	0.68	N/A N/A
There remains standard variation in the data with no sustained improvement in Pressure Ulcer development, with a rise in incidents from 0.55 in May to 0.58 in June. There remains continuous activity across Fife, with particular focus being on the use of comfort rounds and targeted refresher education sessions on the use of comfort rounds within HSCP.						
Caesarean Section SSI We will reduce the % of post-operation surgical site infections to 2.5%	N/A	Dec-18	2.5%	Mar-19	6.5%	QE Mar-19 ▼
Quarterly performance varies significantly, and eradicating variation as well as reducing the infection rate is being targeted through improvement work. The identified actions are long-term but some impact should be apparent as the year progresses.						
SAB (MRSA/MSSA) Rate of SAB (including MRSA) cases are 0.24 or less per 1,000 acute occupied bed days	0.24	Never Met	0.34	QE Jun-19	0.26	2018 ▼
Performance has improved significantly during the first half of 2019. HPS are now reporting on performance using split Healthcare/Community measures, and these will need to be considered as we move forward. The Improvement Actions by their nature are long-term, although some impact should be apparent as this year progresses.						
Complaints - Stage 2 At least 75% of Stage 2 complaints are completed within 20 working days	N/A	Never Met	65%	QE Jun-19	51.8%	FY 2017/18 ◀▶
Variable monthly performance, but slightly improving towards the target for 2019/20 Regular meetings are being held with ASD colleagues to review issues and style of draft responses, and education is being provided on an ad hoc basis (as well as formally to FY2 doctors).						

Executive Lead Comments

No comments received

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance	Scotland Comparison	
Delayed Discharge The % of Bed Days 'lost' due to Patients in Delay is to reduce	N/A	Jun-19	8%	Jun-19	6.8%	Dec-18 
Increasing delays at monthly census points throughout FY 2018/19, with knock-on affect on bed days lost Actions have been identified to address key delay reasons such as the time (and location) for social care assessments. A Moving On Policy is also being developed to cover the situation where families of patients in delay are refusing choices and/or where there is no availability of the assessed resource.						
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%	Nov-18	95%	Jun-19	94.9%	Jun-19 
Performance has been just below the Standard since the start of 2019, although consistently better than the Scottish average. The PerformED Group has been formed to analyse attendance trends and identify where improvements can be made and this, along with complementary work within AU1 and ECAS, is expected to have a positive impact in reducing 4-hour breaches as we move towards the challenging winter period.						
Patient TTG All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	Never Met	80%	Jun-19	87.0%	QE Mar-19 
The LDP Standard addresses patients treated each month, but we are measuring performance in terms of the % of patients waiting over 12 weeks at month end. This provides a better view of ability to manage waiting times. The first tranche of additional SG funding has been confirmed, and work has started on key projects around Clinical Space and Theatre Utilisation, which will support a sustainably improved performance.						
Cancer 62-Day RTT 95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral	95%	Oct-17	94%	Jun-19	82.9%	QE Mar-19 
There is significant monthly variation and generally poor performance against the Cancer 62-Day RTT Standard. All pathways are being reviewed, with specific focus on the prostate pathway via the work of the Urology Improvement Group. The latter is showing a positive impact. The overall governance structure and format of weekly meetings are also being reviewed.						
Smoking Cessation Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas	100%	Never Met	100%	Year To Mar-19	88.2%	QE Dec-18 
The final figures for 2018/19 show that we achieved just under 90% of the target, better than in previous years. Improvement actions focusing on hard-to-reach communities and pregnant women are in place to ensure that the 2019/20 target of 473 quits will be achieved.						
CAMHS Waiting Times 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral	90%	Sep-16	88%	Jun-19	76.5%	QE Mar-19 
After a consistent improvement in 2018, performance has been variable since the start of this year The addition of the Primary Care Mental Health cohort had a positive impact, but these fixed-term contracts have ended and recruitment is having to restart. Additional evening clinics are planned for later this year, while the creation of Team Leader role is having a beneficial affect in waiting times management.						

Finance, Performance & Resources Operational Performance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance	Scotland Comparison
Psychological Therapies 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral Continuing to report monthly performance between 65% and 70% Single point of access is in place for 4 out of 6 Community Mental Health Teams, while we are monitoring the impact on capacity of the Extended Group Programme (introduced in November 2018). An evaluation of the impact of implementing a pilot nurse-led mental health triage system at a small number of GP Cluster Areas is also underway.	90%	Never Met	82%	Jun-19 66.3%	QE Mar-19 
FoI Requests At least 85% of Freedom of Information Requests are completed within 20 working days Although performance has fallen sharply in the last quarter, plans have now been put in place to provide a more efficient system for logging and managing requests (including those passed on to the IJB). We are also looking to improve resilience within Corporate Services to reduce dependency on individuals.	N/A	N/A	85%	QE Jun-19 61.1%	N/A N/A

Executive Lead Comments

Acute waiting times for new outpatients, Patient TTG and Diagnostics are currently performing in the upper quartile compared with other mainland Scottish NHS Boards. In terms of AOP performance, TTG is better than target but Outpatients is behind target.

Urology remains challenging for 31 and 62 day Cancer Waiting Time target. The work within Urology Improvement Group to review the pathways is expected to be completed by January 2020 as is currently on track.

Emergency Access standard remains a challenge for Fife. Improved patient flow is key to achieving 95% and review of AU1 Assessment Pathway, redevelopment of ECAS and implementation of OPAT service all underway and are due to be completed by October 2019.

Bed Days Lost to Delays has reduced to 6.8%, under 5% target for March 2020, with the number of patients in delay at census 53. A review of timeliness of social work assessments is under way and a trusted assessor's model within VHK for patients transferring to STAR/Assessment Beds is on track for completion by October.

Mental Health Waiting Times continue to be a challenge with both CAMHS and Psychological Therapies below AOP trajectories. All improvement actions are currently on track to deliver by agreed timescales.

Finance, Performance & Resources Finance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance	Scotland Comparison
Revenue Expenditure					
Work within the revenue resource limits set by the SG Health & Social Care Directorates	Breakeven	N/A	Breakeven	Jul-19 + £5.228m	N/A N/A
The revenue position for the 4 months to 31 July reflects an overspend of £5.228m. This comprises an overspend of £5.718m on Health Board retained budgets; and an underspend of £0.490m aligned to the Health budgets delegated to the Integration Joint Board (IJB). The key financial challenge in this reported position is the overspend of £5.915m within the Acute Services Division (of which £1.979m overspend relates to a number of Acute services budgets that are 'set aside' for inclusion in the strategic planning of the IJB, but remain managed by the NHS Board). The key driver of the overspend is the shortfall in the level of savings identified and delivered.					
Capital Expenditure					
Work within the capital resource limits set by the SG Health & Social Care Directorates	£7.394m	N/A	£7.394m	Jul-19 £0.653m	N/A N/A
The total Capital Resource Limit for 2019/20 is £7.394m. The capital position for the 4 months to July shows investment of £0.653m, equivalent to 8.83% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.					

Executive Lead Comments


As previously reported, further work is required as a matter of priority to ensure that savings are identified and deliverable for the Acute Services Division, in support of the Health Board's statutory requirement to break even. External expertise is being provided through Deloitte LLP to robustly support and challenge the team to design and implement an effective savings programme, with a strong focus on what/when/how much in terms of specific savings proposals. A workshop is scheduled for mid August with a formal update to the Executive Directors Group and Finance, Performance & Resources Committee in September.

It is important to note that at this point there has been **no IJB risk share** factored into the year to date position. However, as reported through the Integration Joint Board, there is a £6.5m gap on the savings programme for 2019/20. **If the risk share methodology was applied**, this would add a further £1.6m to the in year overspend position (i.e. 4/12ths of 72% of the £6.5m gap), thus potentially **increasing the overspend for the period to £6.8m**.

We continue dialogue with colleagues in the Health Finance Directorate on the impact of any application of the risk share arrangement, on the financial consequences for the NHS Fife Board in relation to the delivery of the statutory financial requirement to break even.

In line with previous years, we are required to report a forecast outturn for the year, to Scottish Government, through the monthly Financial Performance Returns (FPR). At this early stage in the year, it is difficult to be entirely definitive on the likely outturn, however initial indications suggest the **position ranges from an optimistic outturn overspend of £4.4m to a mid range overspend of £8.8m**. This does not include the impact of the risk share arrangement for the IJB position i.e. a further £4.68m (i.e. 72% of the £6.5m gap), *nor* does it include any beneficial impact of the work commissioned to drive savings within the Acute Services Division. **For the purposes of reporting to SGHSCD, therefore, we are proposing to escalate a potential overspend of £9m, being our optimistic forecast (recognising the Acute position may improve) plus the risk share impact of the shortfall in the overall IJB savings.** It is important to note that the most recent forecast overspend on the IJB budget was in excess of the initial £6.5m budget gap; being more than £9m).

Within the Scottish Government reporting template we are required to highlight the level of any potential brokerage required to deliver a break even position. Board members are asked to note that we have included a funding request of £4.68m in this respect; this assumes the impact of the social care overspend would require additional external funding and the overspend on the Health Board retained budgets would be managed through local management action.

Staff Governance	Standard / Local Target	Last Achieved	Target 2019/20	Current Performance		Scotland Comparison
Sickness Absence To achieve a sickness absence rate of 4% or less	4.00%	Never Met	4.89%	May-19	5.66%	FY 2018/19 
Performance has exceeded 5% since July 2018 Extensive support for management of attendance continues to be offered and improvement trajectories for individual business units are being monitored monthly. The early intervention of Occupational Health for mental health-related absence has been in place since March.						

Executive Lead Comments

We continue to progress work in partnership with our staff representative colleagues to improve performance in this area. This includes jointly presented “myth busting sessions” which will also support the application of the newly agreed Circular dealing with this issue.

Our workshops which include discussion of best practice examples from within the Board; the art of having “Good Conversations”, supporting staff resilience and the need to be aware of and support in a timeous way any colleagues who are experiencing mental health related issues have been extremely well received

II. Performance Exception Reports

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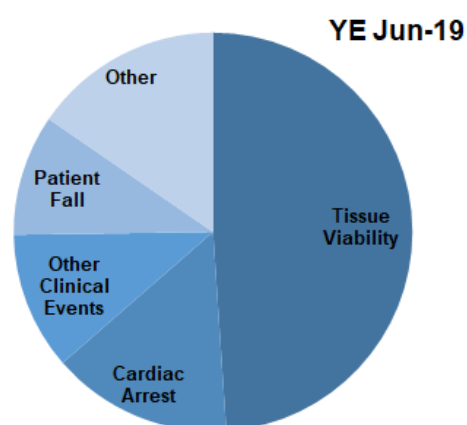
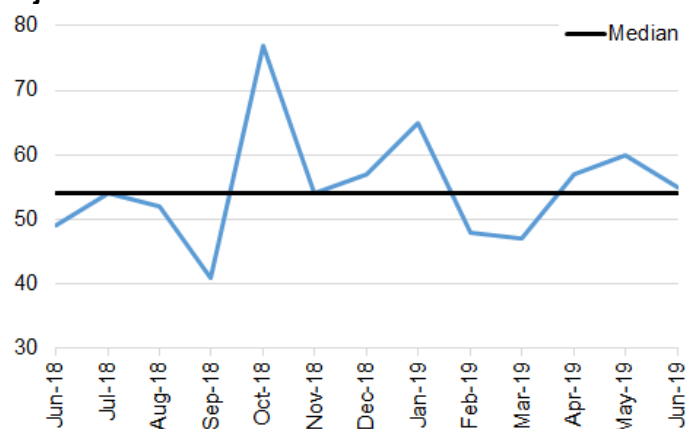
Staff Governance

Sickness Absence	39
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Clinical Governance

Adverse Events

Major and Extreme Adverse Events



All Adverse Events

	Month	2018							2019					
		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
ALL	NHS Fife	1339	1414	1401	1202	1467	1287	1239	1347	1263	1280	1232	1290	1219
	Acute Services	553	545	596	522	614	614	577	628	585	573	536	598	559
	HSCP	709	801	737	634	772	631	619	668	627	663	645	623	615
	Corporate	77	68	68	46	81	42	43	51	51	44	51	69	45
CLINICAL	NHS Fife	915	904	932	809	966	925	869	972	873	893	851	936	814
	Acute Services	503	492	532	469	570	566	518	566	523	523	484	555	509
	HSCP	386	387	380	321	373	348	340	390	338	354	356	346	287
	Corporate	26	25	20	19	23	11	11	16	12	16	11	35	18

Commentary

All Adverse Events are managed in accordance with GP/I9 NHS Fife Adverse Events Policy and there are systems in place to manage the events and take oversight within the Acute Division and the Health and Social Care Partnership

There is nothing exceptional to report.

Current Challenges

Improvement Actions

Progress

Timescale

Status

1.

Clinical Governance

HSMR

Value is less than one, the number of deaths within 30 days of admission for this hospital is fewer than predicted. If value is greater than one, number of is more than predicted.

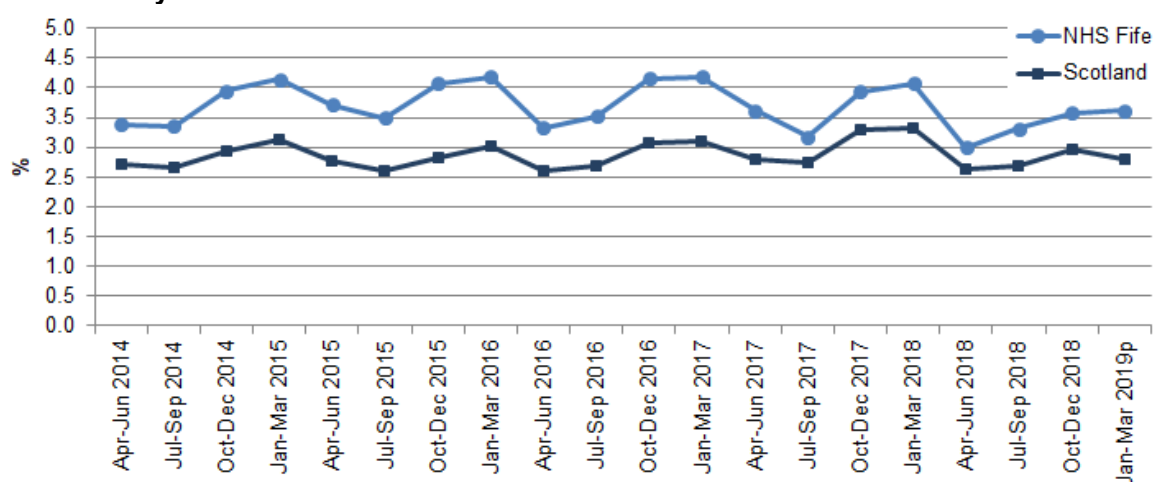
Reporting Period; April 2018 to March 2019^p

Please note that as of August 2019, HSMR is presented using a 12 month reporting period when making comparisons against the national average. This will be advanced by three months with each quarterly update.

Crude mortality values presented here are reflective of the latest 12 month HSMR reporting period. For crude mortality trends by individual quarter please refer to Crude Trends (Overall).

Location	Observed Deaths	Predicted Deaths	Patients	Crude Rate (%)	HSMR
Scotland	25,362	25,362	702,449	3.6%	1.00
NHS Fife	1,669	1,655	38,011	4.4%	1.01
Queen Margaret Hospital	49	40	7,426	0.7%	1.24
Victoria Hospital	1,545	1,545	30,328	5.1%	1.00

Crude Mortality Rate



Commentary

HSMR is a measure which promotes reflection on patient care within boards. The reference point is a value of 1, and this should be used by Boards to reflect when a value is greater or less than this. A high value of the HSMR is not sufficient evidence on which to conclude that a poor quality or unsafe service is being provided. It should be regarded as a trigger for review and further understanding.

The provisional NHS Fife HSMR for the whole of FY 2018/19 was 1.01, which is in line with Scottish performance.

Current Challenges

The QMH HSMR is significantly above the reference point

Improvement Actions	Progress	Timescale/Status
1.		
2.		
3.		

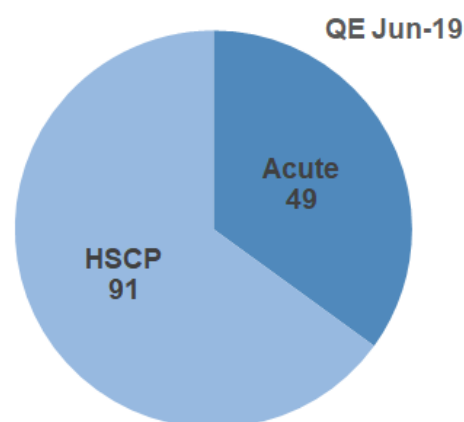
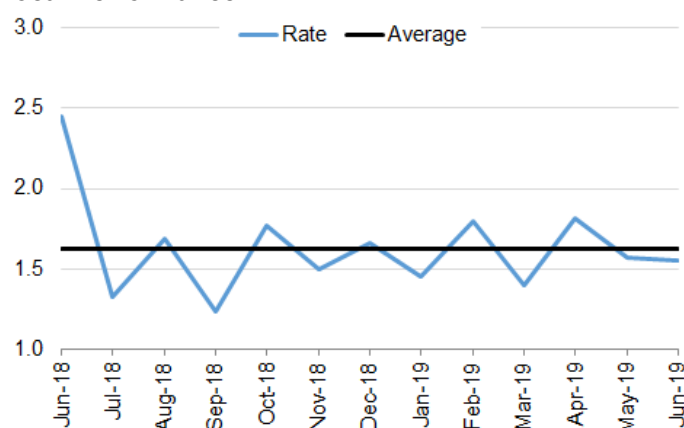
Clinical Governance

Inpatient Falls with Harm

Reduce Inpatient Falls With Harm rate per 100,000 Occupied Bed Days (OBD)

Improvement Target for 2019/20 = 2.16 per 100,000 OBD

Local Performance



Service Performance

Service Performance													
Month	2018							2019					
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	2.45	1.32	1.69	1.24	1.77	1.49	1.66	1.45	1.80	1.40	1.81	1.57	1.55
Acute Services	1.20	0.74	1.32	0.63	1.21	1.22	1.49	1.19	1.62	0.84	1.17	0.89	1.73
HSCP	3.40	1.78	1.99	1.73	2.22	1.72	1.80	1.69	1.95	1.85	2.34	2.15	1.40

Commentary

While falls with harm rate has been static overall, the data highlights an increase in a few areas within the ASD. Work is underway to explore the reasons for this including appropriate completion of the falls prevention and management bundle through audit, local environment assessment and patient profile, including those patients who have boarded in other wards.

Current Challenges

Need to continue to review the performance with increased demands in in-patient settings and bed modelling within the acute setting. Bed Modelling is underway and aimed to be complete in August. – **Actions 1, 2 and 3**

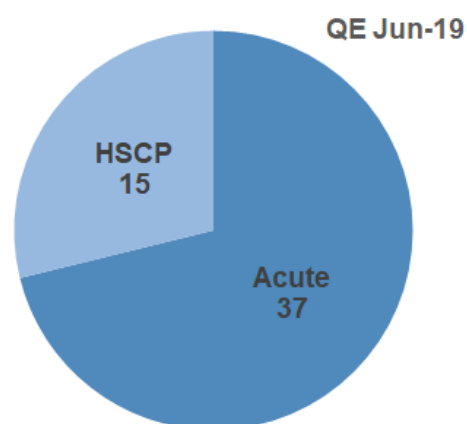
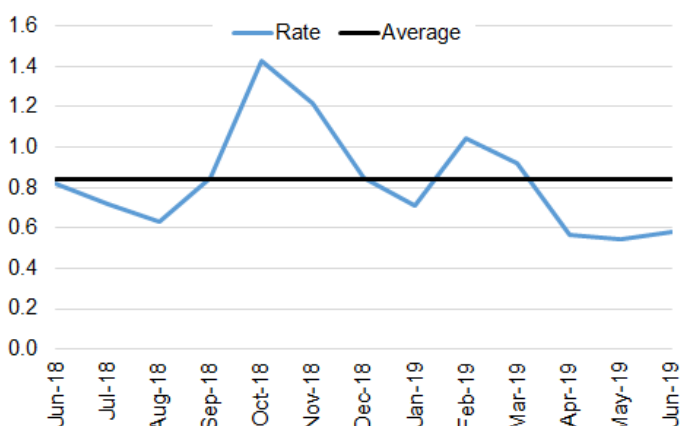
Improvement Actions	Progress	Timescale/ Status
1. Review the Falls Toolkit and Falls Flowchart	A short life working group has reviewed and refreshed the falls toolkit for NHS Fife and has also developed significant new risk assessment, care plan and flowcharts for post falls assessment and the use of bed or chair alarms. These new pieces of work have been consulted upon across the acute and community hospitals and have been approved. Formal re-launch of the new toolkit is planned for 10 th September but roll out is already underway across the organisation	Jul 2019 Complete Sep 2019 On Track
2. Develop Older People's Knowledge and Skills Framework	Framework (relevant to all clinical areas that care for older people across our acute and community hospitals) has been piloted with a number of health professionals within the acute hospital and the feedback is extremely positive. Formal launch planned for 10 th September	Aug 2019 On Track
3. Falls Audit	A tool has been developed and tested in community in-patient beds and this will be utilised in acute setting First run of audit week beginning 12 th August	Aug 2019 On Track

Clinical Governance

Pressure Ulcers

Achieve 50% reduction in pressure ulcers (grades 2 to 4) developed in a healthcare setting
Improvement Target rate (by end December 2019) = **0.42 per 1,000 Occupied Bed Days**

Local Performance



Service Performance

Service Performance													
Month	2018							2019					
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	0.82	0.71	0.63	0.85	1.43	1.22	0.85	0.71	1.04	0.92	0.57	0.55	0.58
Acute Services	1.29	1.31	1.01	1.73	2.49	1.99	1.57	1.12	1.54	0.91	0.70	0.89	1.25
HSCP	0.46	0.25	0.32	0.13	0.56	0.57	0.25	0.36	0.61	0.92	0.45	0.25	0.27

Commentary

There remains standard variation in the data with no sustained improvement in Pressure Ulcer development, with a rise in incidents from 0.55 in May to 0.58 in June. There remains continuous activity across Fife, with particular focus being on the use of comfort rounds and targeted refresher education sessions on the use of comfort rounds within HSCP.

Current Challenges

Reducing number of pressure ulcers across all NHS Fife Wards – **Actions 1 and 3**

Reducing the random monthly variation in HSCP wards – **Actions 2 and 3**

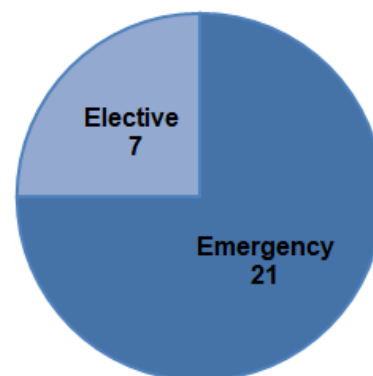
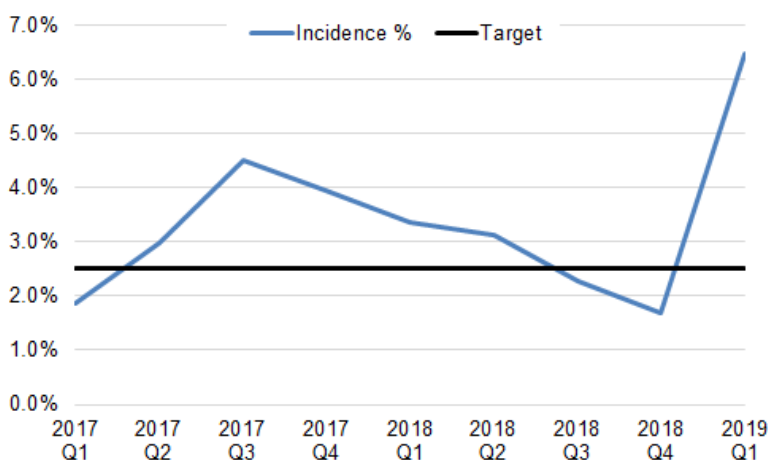
Improvement Actions	Progress	Timescale/Status
1. All identified wards will undertake a weekly audit of compliance with SSKIN bundle	All wards are completing SSKIN bundle on a weekly basis, continued support to ensure consistent compliance is ongoing	Dec 2019 On Track
2. Fife-wide task group commissioned to review SBAR/LAER reporting	The task group have completed the recommendation of SBAR/LAER reporting and will now follow the governance structure for approval	Oct 2019 On Track
3. Improvement collaborative project extended to December 2019 across identified wards	All 10 wards continue to work within the QI programme	Dec 2019 On Track

Clinical Governance

SSI Caesarean Section

To reduce C Section SSI incidence (per 100 procedures) for inpatients and post discharge surveillance to day 10 by 4% by March 2020.

Local Performance



Service Performance

	2017 Q1	2017 Q2	2017 Q3	2017 Q4	2018 Q1	2018 Q2	2018 Q3	2018 Q4	2019 Q1
NHS Fife	1.9%	3.0%	4.5%	4.0%	3.3%	3.1%	2.3%	1.7%	6.5%
Scotland	1.4%	1.2%	1.3%	1.6%	1.6%	1.5%	1.5%	1.4%	1.6%

Current Challenges

NHS Fife SSI Caesarean Section incidence rate still remains higher than the Scottish incidence rate – **Action 1**
 NHS Fife BMI rates are higher than the national rate – **Action 2**

Improvement Actions	Progress	Timescale/ Status
1. Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan	Improvement Plan updated in light of exception report received for Q1 2019 New case ascertainment methodology to be adopted from October	Mar 2020 On Track
2. Support an Obesity Prevention and Management Strategy for pregnant women in Fife, which will support lifestyle interventions during pregnancy and beyond	A number of strategies are in place: <ul style="list-style-type: none"> Family Health Team Winning By Losing Smoking Cessation Analysis of data currently ongoing to determine what impact these initiatives are having on pregnant women in Fife with a high BMI	Mar 2020 On Track

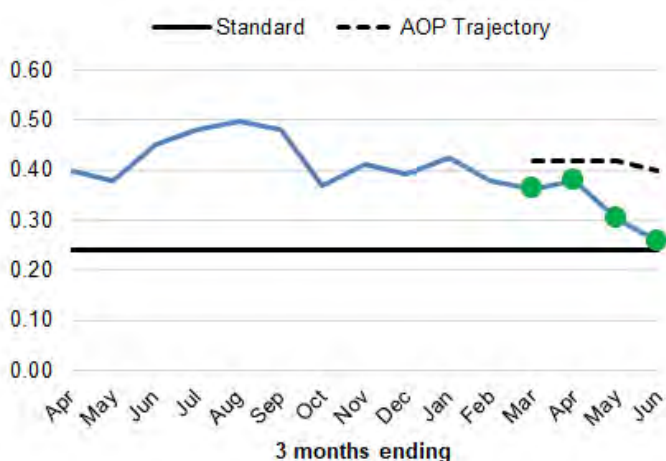
Clinical Governance

HAI SAB (including MRSA)

Rate of 0.24 cases or less per 1,000 Acute Occupied Bed Days (AOBD)

Improvement Target for 2019/20 = 0.34

Local Performance | Quarter Ending



Acquired Location QE Jun-19



National Benchmarking | Year Ending

	2018/19											2019/20			Sep-19
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		Target
NHS Fife	0.39	0.39	0.41	0.42	0.42	0.44	0.43	0.42	0.42	0.42	0.41	0.40	0.37		0.38
Scotland	0.34			0.33			0.33								

Current Challenges

Increase in number of VAD-related infections – **Action 1**

Increase in number of SAB in diabetic patients – **Action 2**

Increase in number of SAB in People Who Inject Drugs (PWID) – **Action 3**

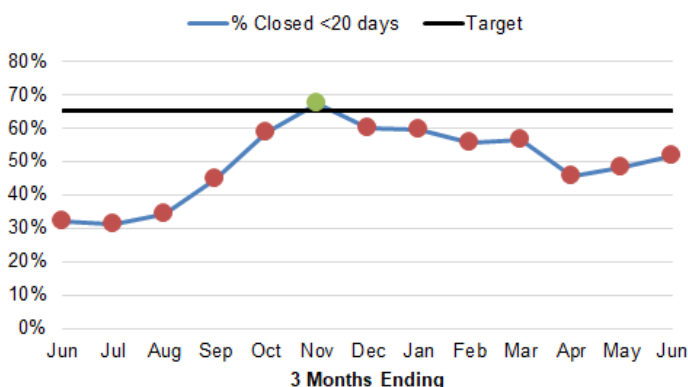
Improvement Actions	Progress	Timescale/ Status
1. Complete work mandated by Vascular Access Strategy Group	Improved systems and processes in place to manage VAD including policies, procedures, pathways, eHealth solutions and training and education Governance arrangements are more robust, and will provide assurance and data for improvement Teams continue to work on the reduction in the number of VAD associated SAB: incidence charts are used to support teams in QI	Mar 2020 On Track
2. Design a new programme of work focusing on reducing the risk of SAB in diabetic patients	First meeting with key stakeholders to discuss SAB prevention in the diabetic community scheduled for September 2019	Mar 2021 On Track
3. Reduce the number of SAB in PWIDs	First meeting with key stakeholders to discuss SAB prevention in the PWID community scheduled for September	Mar 2021 On Track

Clinical Governance

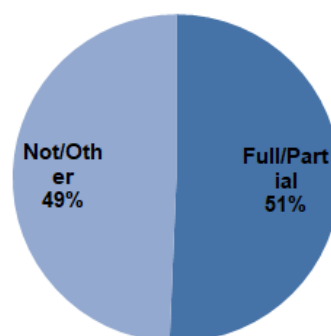
Complaints | Stage 2

At least 75% of Stage 2 complaints are completed within 20 working days
Improvement Target for 2019/20 = 65%

Local Performance



By Outcome | QE Jun-19



Local Performance by Directorate/Division

3-Month Ending	2018/19										2019/20		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Five	32.1%	31.0%	34.4%	44.5%	58.7%	67.5%	59.8%	59.6%	55.8%	56.5%	45.5%	48.0%	51.8%
Acknowledged < 3 Days	73.8%	70.7%	72.1%	79.6%	88.9%	94.0%	95.7%	92.7%	95.2%	93.5%	97.4%	97.3%	97.6%
ASD	30.8%	33.8%	40.9%	50.5%	67.1%	75.6%	70.7%	69.0%	62.7%	60.3%	52.6%	59.6%	67.2%
HSCP	16.7%	7.1%	16.1%	27.8%	37.5%	38.7%	26.5%	35.3%	38.2%	44.4%	21.1%	11.1%	8.7%

Current Challenges	To improve quality of draft responses – Action 1
	To improve quality of investigation statements – Action 2
	Inconsistent management of medical statements and inconsistent style of responses within ASD – Action 3

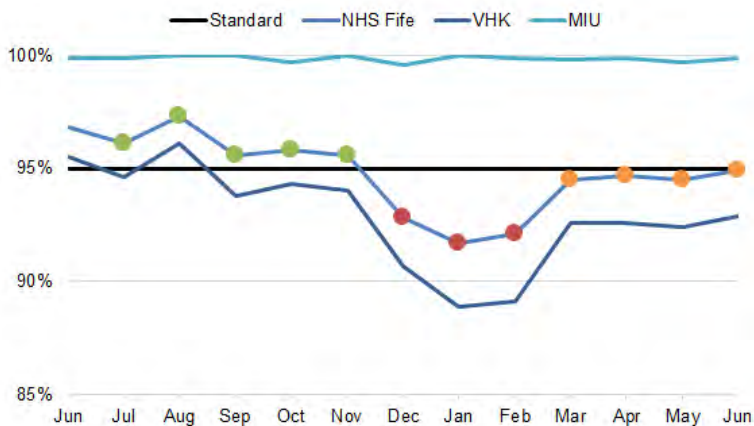
Improvement Actions	Progress	Timescale/ Status
1. Patient Relations Officers to undertake peer review	This continues and learning is being shared directly with individual Officers. Monthly meetings with ASD to discuss complaint issues and style of drafts are in place. Joint education session to be arranged to agree draft styles.	Mar 2020 On Track
2. Deliver education to service to improve quality of investigation statements	Yearly education delivered to FY2 doctors and student nurses. <i>Ad Hoc</i> training sessions are also delivered when required.	Mar 2020 On Track
3. Agree a process for managing medical statements, and a consistent style for responses	ASD to discuss with Clinical Leads PRD raise issues at monthly meeting	Oct 2019 On Track

Finance, Performance & Resources – Operational Performance

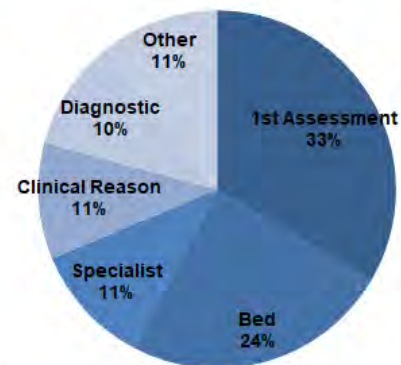
4-Hour Emergency Access

At least 95% of patients (stretch target of 98%) will wait less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment
Improvement Target for 2019/20 = 96%

Local Performance



Breach Reason Jun-19



National Benchmarking

Month	2018/19										2019/20		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	96.8%	96.1%	97.3%	95.6%	95.8%	95.6%	92.8%	91.7%	92.1%	94.5%	94.7%	94.5%	94.9%
Scotland	92.8%	93.0%	92.0%	90.9%	92.2%	91.3%	89.6%	88.8%	89.3%	91.3%	89.9%	90.7%	90.3%

Current Challenges

Variation in 4-Hour Emergency Access Performance - **Action 1**

Patient Flow – **Action 2**

ECAS and OPAT Services and Capacity – **Action 3**

Improvement Actions	Progress	Timescale/ Status
1. Formation of PerformED group to analyse performance trends	Group identifying trends and engagement meetings have commenced with services external to ED. Continue to revise what changes can be made internally following review of data.	Jan 2020 On Track
2. Review of AU1 Assessment Pathway	AU1 attendances and admissions contribute to approximately 20% of EC admissions. New flow model providing better control of occupancy of the area and continue to revisit the ANP call handling from GPs.	Oct 2019 On Track
3. Development of services for ECAS and implementation of OPAT	Review of attendances and flow within the ECAS area and engagement with acute physicians regarding occupancy and demand. Microbiologist to support OPAT commencing September, however, nursing support continues to be assessed v budget.	Oct 2019 On Track

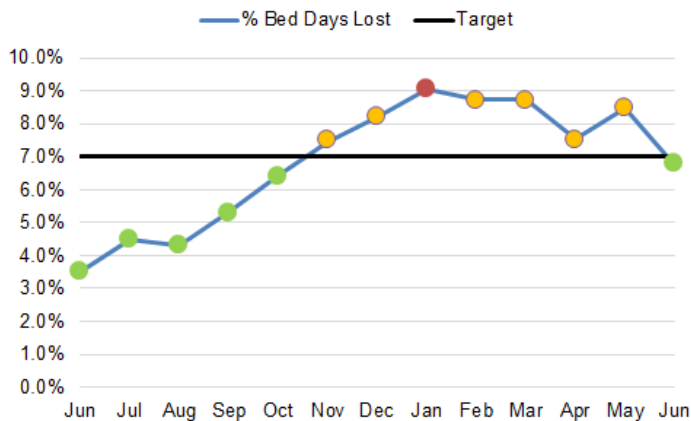
Finance, Performance & Resources – Operational Performance

Delayed Discharges

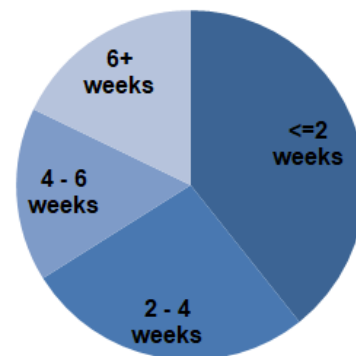
We will reduce the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied

Improvement Target for 2019/20 = 7%

Local Performance



Length of Delay | Jun-19



National Benchmarking

Quarter Ending	2017/18				2018/19		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
NHS Fife	5.5%	6.5%	5.0%	4.1%	4.2%	4.8%	7.5%
Scotland	5.7%	6.1%	6.4%	6.0%	6.6%	7.0%	7.1%

Current Challenges

To reduce the number of hospital bed days lost due to patients in delay – **Actions 1 and 3**

To improve the time taken to complete social work assessments – **Action 2**

Improvement Actions	Progress	Timescale/ Status
1. Test a trusted assessors model within VHK for patients transferring to STAR/assessment beds	Framework developed. Training and shadowing sessions for staff to be progressed.	Oct 2019 On Track
2. Review timescales of social work assessments	Patients requiring single carer for homecare will now be assessed at home. Homecare assessments to be completed within 48 hours. Social work are reviewing timescales.	Sep 2019 On Track
3. Moving On Policy to be implemented to support staff where families are refusing choices and/ or where there is no availability of the assessed resource	Policy to be signed off and implemented by winter	Nov 2019 On Track

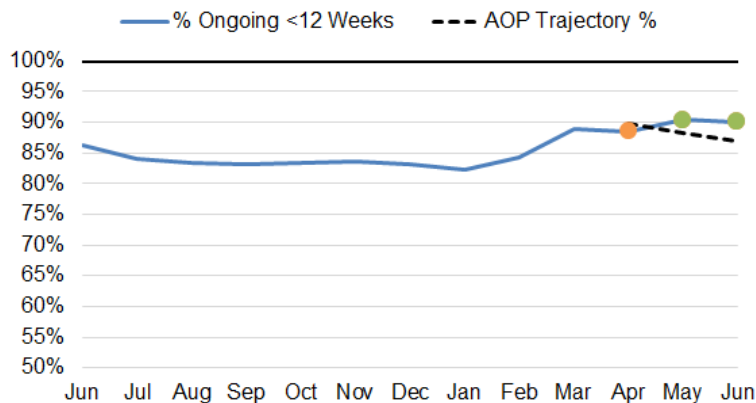
Finance, Performance & Resources – Operational Performance

Patient TTG

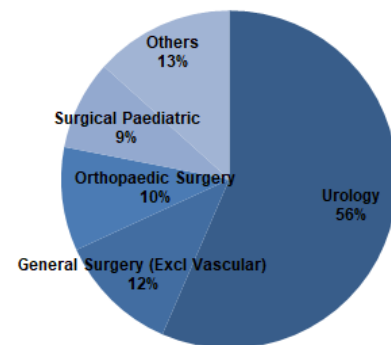
We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed

Improvement Target for 2019/20 = 80% (Patients Waiting <= 12 Weeks at month end, as per Scottish Government Waiting Times Plan)

Local Performance



Ongoing Breaches Jun-19



National Benchmarking

	2018/19										2019/20			Sep-19 Target
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
NHS Fife	86.2%	84.1%	83.3%	83.3%	83.4%	83.5%	83.3%	82.4%	84.4%	89.0%	88.5%	90.4%	90.1%	84.8%
Scotland	70.9%			68.1%			67.5%	66.6%	66.8%	70.1%				

Current Challenges	Recurring gap in IP/DC capacity – Actions 1, 2 and 3
	Difficulty in recruiting to Specialist Consultant posts – Actions 1 and 2
	Difficulty in staffing additional in-house activity – Actions 1, 2 and 3

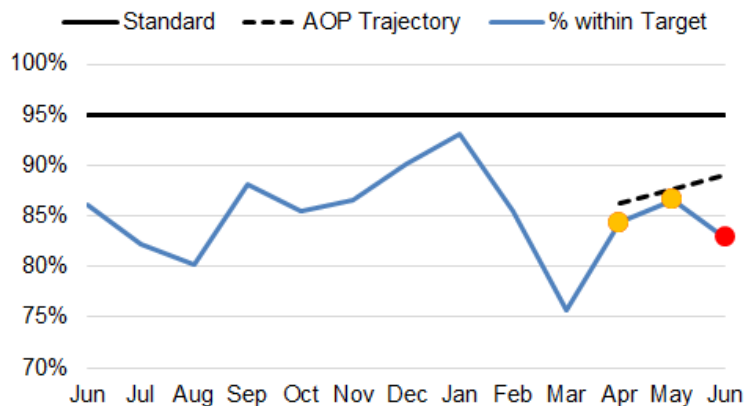
Improvement Actions	Progress	Timescale/ Status
1. Secure resources in order to deliver waiting times improvement plan for 19/20	Letter confirming first allocation of funding received	Oct 2019 On Track
2. Develop and deliver Clinical Space redesign Improvement programme	Meetings established , Bed Modelling exercise underway	Mar 2020 On Track
3. Theatre Action Group develop and deliver plan	Monthly meetings established, action plan in place. Enabled the provision of additional theatre sessions to support new Consultant Urologist appointments.	Mar 2020 On Track

Finance, Performance & Resources – Operational Performance

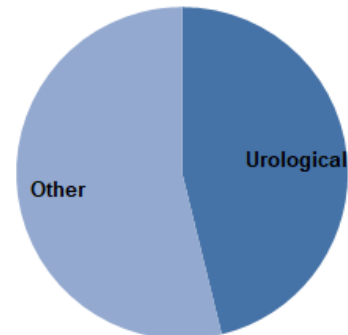
Cancer 62-Day Referral to Treatment

At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days
Improvement Target for 2019/20 = **94%**

Local Performance



Breaches Jun-19



National Benchmarking

	2018/19										2019/20			Sep-19 Target
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
NHS Fife	86.2%	82.2%	80.2%	88.2%	85.6%	86.6%	90.2%	93.1%	85.6%	75.6%	84.4%	86.6%	82.9%	92.0%
Scotland	82.4%	82.7%	79.7%	80.2%	81.6%	81.0%	83.4%	79.9%	79.9%	81.6%	80.4%	81.1%	82.6%	

Current Challenges	Urology 62 day performance (Prostate) – Actions 1 and 2
	Cancer Waiting Times 'education' – Action 2
	Delays to steps in pathways for 1 st OPA, diagnostic investigations and reporting – Action 2
	Number of breaches in various specialties – Action 3

Improvement Actions	Progress	Timescale/ Status
1. Urology Improvement Group review prostate pathway to minimise wait between each step	Improvements implemented have delivered a reduction in waits to 1 st OPA, MRI, TRUS biopsy, and histopathology turnaround times. CNS coordinating bundle booking where appropriate. Completed actions implemented immediately.	Jan 2020 On Track
2. Improvement in cancer governance structure and redesign of weekly PTL meeting together with organisation-wide education sessions to ensure clear focus on escalation processes and organisational expectations to improve cancer waiting times performance	Governance structure agreed. Meetings to be arranged and ToRs finalised. CWT education package under development. SOP to be reviewed. Further metrics introduced into the PTL meeting to allow services to manage cancer referral demand and capacity. There is a focus to ensure escalations are acted upon in a timely fashion.	Oct 2019 On Track
3. Robust review of timed cancer pathways to ensure up to date and with clear escalation points	Current pathways to be distributed to teams for review and specific escalation points to be agreed	Jan 2020 On Track

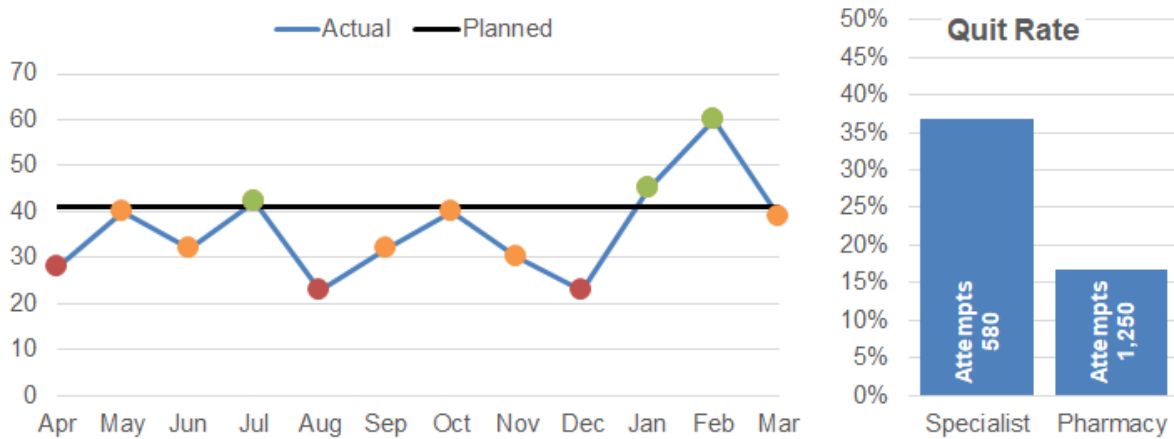
Finance, Performance & Resources – Operational Performance

Smoking Cessation

In 2018/19, we will deliver a minimum of 490 post 12 weeks smoking quits in the 40% most deprived areas of Fife

Improvement Target for 2019/20 = **473**

Local Performance



National Benchmarking

	2018/19											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NHS Fife	68%	83%	81%	87%	80%	80%	83%	82%	79%	82%	88%	89%
Scotland			87%			85%			85%			

Current Challenges

- To improve uptake in deprived communities – **Action 1**
- To increase uptake of Champix – **Action 2**
- To increase smoking cessation in Antenatal Setting – **Action 3**

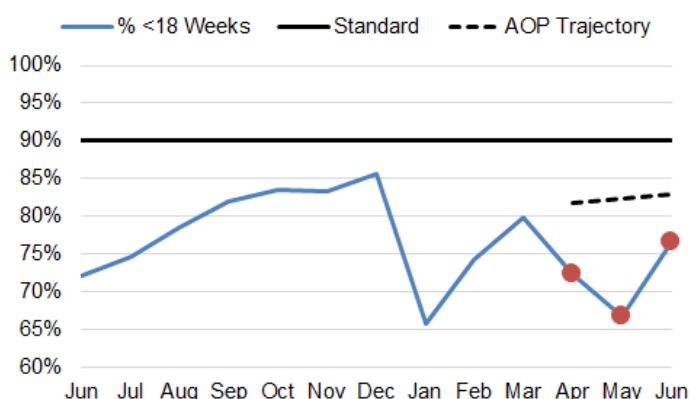
Improvement Actions	Progress	Timescale/ Status
1. Outreach development with Gypsy Travellers in Thornton	Progress has been delayed due to unrest in the community, but we are hoping to re-engage in the next few months	Mar 2020 On Track
2. Test effectiveness and efficiency of Champix prescribing at point of contact within hospital respiratory clinic	Plans in progress, monthly meetings with Respiratory Consultant to organise paperwork and process/pathways	Mar 2020 On Track
3. 'Better Beginnings' class for pregnant women on Saturday mornings	Plans have progressed and Saturday provision has started - ongoing monitoring in place	Mar 2020 On Track

Finance, Performance & Resources – Operational Performance

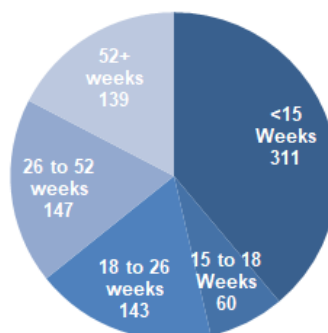
CAMHS 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment
Improvement Target for 2019/20 = 88%

Local Performance



Waiting List (800) Jun-19



National Benchmarking

Month	2018/19										2019/20			Sep-19
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Target
NHS Fife	72.1%	74.6%	78.4%	82.0%	83.5%	83.3%	85.5%	65.7%	74.3%	79.8%	72.3%	66.7%	76.5%	85.0%
Scotland	69.7%	70.2%	66.3%	70.7%	72.9%	68.3%	78.6%	72.1%	73.4%	75.6%				

Current Challenges

Increased referrals to service – **Action 1**

Pressure on existing staff – **Action 2**

Improving efficiency of workload allocation – **Action 3**

Improvement Actions	Progress	Timescale/ Status
1. Introduction of Primary Mental Health Worker (PMHW) First Contact Appointments System and Group Therapy Programme	Started in April 2019 following SG Action 15 funding. Four additional staff were recruited on 1-year contracts. Impact has been extremely positive with significant amount of C&YP signposted following assessment to alternative service providers. New staff have since moved on to permanent posts, and recruitment has restarted. This is experiencing significant delay. Group programme under way, resulting in 158 C&YP being allocated group places between September and December.	Mar 2020 On Track
2. Waiting List Additional Staffing Resource	Additional evening clinics to start in September; it is anticipated that additional C&YP will be allocated individual therapy	Sep 2019 to Feb 2020 Not Started
3. Introduction of Substantive Team Leader Role	Posts in place. Active allocation of appointments underway. Team leaders identifying patients for prioritisation and for evening clinics.	Mar 2020 On Track

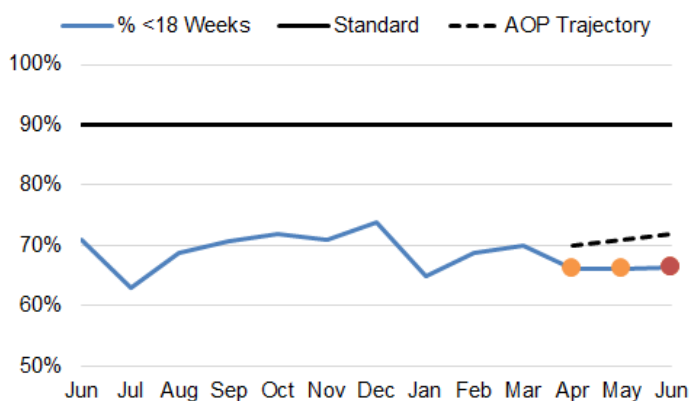
Finance, Performance & Resources – Operational Performance

Psychological Therapies 18 weeks RTT

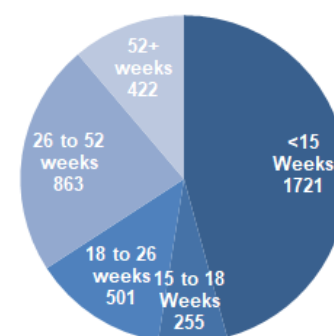
At least 90% of clients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies

Improvement Target for 2019/20 = 82%

Local Performance



Waiting List (3762) Jun-19



National Benchmarking

Month	2018/19											2019/20		Sep-19 Target
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
NHS Fife	70.9%	62.9%	68.7%	70.7%	71.9%	70.8%	73.9%	65.0%	68.7%	69.8%	66.1%	66.2%	66.3%	75.0%
Scotland	76.0%	75.9%	74.8%	75.8%	75.6%	74.6%	77.5%	75.3%	77.7%	79.6%				

Current Challenges

- To reduce delays for patients with complex needs requiring PTs within care programme approach – **Action 1**
- To provide sufficient low-intensity PTs for mild-moderate mental health problems – **Action 2**
- To increase capacity in services offering PTs for secondary care patients – **Action 3**
- To improve triage in Primary Care to improve access to appropriate PTs – **Action 4**

Improvement Actions	Progress	Timescale/ Status
1. Introduction of single point of access for secondary care patients via CMHT	Underway in 4 of 6 CMHTs; working with e-health to develop SCL gateway option to facilitate	Dec 2019 On Track
2. Introduction of Extended Group Programme in primary care, accessible by self-referral	Group programme and self-referral introduced November 2018 via Access Therapies Fife website. Monitoring impact on capacity.	Sep 2019 On Track
3. Redesign of Day Hospital provision to support CMHTs	Implementation of redesign underway. Further progress required to impact on capacity for delivery of PTs.	TBD
4. Implementation of mental health triage nurse pilot programme in Primary Care (Action 15 SG)	Staff in post in selected GP Cluster areas; service being well-utilised; evaluation underway (interim report due Sep 2019)	Oct 2019 On Track

Finance, Performance & Resources – Operational Performance

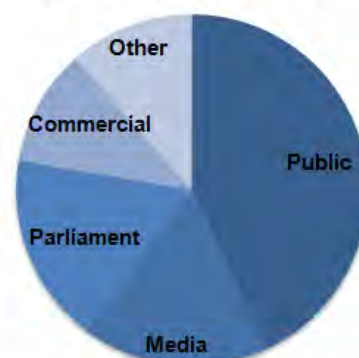
Freedom of Information Requests

In 2019/20, we will respond to a minimum of 85% of FoI Requests within 20 working days

Local Performance



FoI Source QE Jun-19



Service Performance

Monthly	2018/19									2019/20		
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Health Board	63.6%	53.1%	48.4%	55.6%	55.4%	76.0%	83.7%	80.4%	76.2%	56.5%	56.8%	55.6%
IJB							100.0%	100.0%	55.6%	100.0%	86.7%	71.4%

Current Challenges

Performance deteriorating and variable due to delays in the return of responses from services and pressure on corporate support for finalising responses – **Actions 1, 2 and 3**

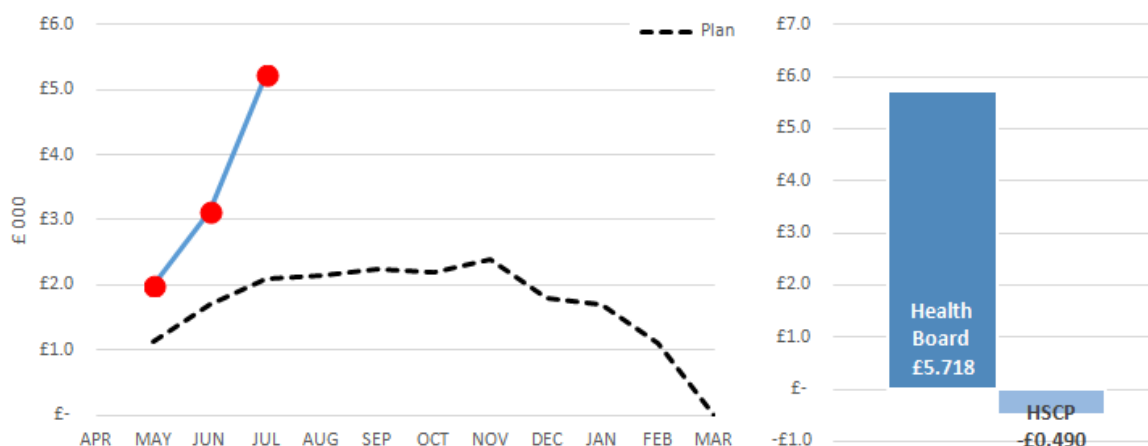
Improvement Actions	Progress	Timescale/ Status
1. Map pathway out and identify areas that have recurring issues with delayed responses	New spreadsheet created to improve ongoing tracking of enquiries and stages of delay	Aug 2019 Complete
2. Improve FoI case recording and monitoring of timeliness of responses	Revised spreadsheet being tested and refined	Aug 2019 On Track
3. Review enhanced cover arrangements for corporate administration of requests, to improve resilience	Not yet started	Sep 2019

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



Memorandum	Budget			Expenditure			Variance split by	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	416,395	424,019	132,262	137,980	5,718	4.32%	2,531	3,187
Integration Joint Board - Health	346,358	346,884	115,422	114,932	-490	-0.42%	-1,455	965
Total	762,753	770,903	247,684	252,912	5,228	2.11%	1,076	4,152

Commentary

The revenue position for the 4 months to 31 July reflects an **overspend of £5.228m**. This comprises an overspend of £5.718m on Health Board retained budgets; and an underspend of £0.490m aligned to the Health budgets delegated to the Integration Joint Board (IJB). The key financial challenge in this reported position is the overspend of £5.915m within the Acute Services Division (of which £1.979m overspend relates to a number of Acute services budgets that are 'set aside' for inclusion in the strategic planning of the IJB, but remain managed by the NHS Board). The key driver of the overspend is the shortfall in the level of savings identified and delivered.

As previously reported, further work is required as a matter of priority to ensure that savings are identified and deliverable for the Acute Services Division, in support of the Health Board's statutory requirement to break even. External expertise is being provided through Deloitte LLP to robustly support and challenge the team to design and implement an effective savings programme, with a strong focus on what/when/how much in terms of specific savings proposals. A workshop is scheduled for mid August with a formal update to the Executive Directors Group and Finance, Performance & Resources Committee in September.

It is important to note that at this point there has been **no IJB risk share** factored into the year to date position. However, as reported through the Integration Joint Board, there is a £6.5m gap on the savings programme for 2019/20. **If the risk share methodology was applied**, this would add a further £1.6m to the in year overspend position (i.e. 4/12ths of 72% of the £6.5m gap), thus potentially **increasing the overspend for the period to £6.8m**.

We continue dialogue with colleagues in the Health Finance Directorate on the impact of any application of the risk share arrangement, on the financial consequences for the NHS Fife Board in relation to the delivery of the statutory financial requirement to break even.

In line with previous years, we are required to report a forecast outturn for the year, to Scottish Government, through the monthly Financial Performance Returns (FPR). At this early stage in the year, it is difficult to be entirely definitive on the likely outturn, however initial indications suggest the **position ranges from an optimistic outturn overspend of £4.4m to a mid range overspend of £8.8m**. This does not include the impact of the risk share arrangement for the IJB position i.e. a further £4.68m (i.e. 72% of the £6.5m gap), *nor* does it include any beneficial impact of the work commissioned to drive savings within the Acute Services Division. **For the purposes of reporting to SGHSCD, therefore, we are proposing to escalate a potential overspend of £9m, being our**

Finance, Performance & Resources – Finance

optimistic forecast (recognising the Acute position may improve) plus the risk share impact of the shortfall in the overall IJB savings. It is important to note that the most recent forecast overspend on the IJB budget was in excess of the initial £6.5m budget gap; being more than £9m).

Within the Scottish Government reporting template we are required to highlight the level of any potential brokerage required to deliver a break even position. Board members are asked to note that we have included a funding request of £4.68m in this respect; this assumes the impact of the social care overspend would require additional external funding and the overspend on the Health Board retained budgets would be managed through local management action.

1. Financial Framework

- 1.1 The Financial Plan for 2019/20 was approved by the Board on 27 March 2019, with the related Annual Operational Plan approved on 29 May 2019.

2. Financial Allocations

Revenue Resource Limit (RRL)

- 2.1 On 1 August 2019 NHS Fife received confirmation of July core revenue and core capital allocation amounts. The revised core revenue resource limit (RRL) has been confirmed at £692.701m. A breakdown of the additional funding received in month is shown in Appendix 1 and Appendix 2 shows details of anticipated allocations expected to be received.

Non Core Revenue Resource Limit

- 2.2 NHS Fife also receives 'non core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes, for example, depreciation or impairment of assets. The Anticipated non core RRL funding of £33,832m is detailed in Appendix 3.

Total RRL

- 2.3 The total current year budget at 31 July is therefore £770.903

3. Summary Position

- 3.1 At the end of June, NHS Fife is reporting an overspend of £5.228m against the revenue resource limit. Table 1 below provides a summary of the position across the constituent parts of the system: an overspend of £5.718m is attributable to Health Board retained budgets; and an underspend of £0.490m is attributable to the health budgets delegated to the Integration Joint Board.

- 3.2 Key points to note from Table 1 are:

- 3.2.1 Acute Division overspend of £5.915m, driven largely as a result of non delivery of savings (£3.100m);
- 3.2.2 The aforementioned Acute Division overspend includes £1.979m overspend relating to a number of Acute services budgets that are 'set aside' for inclusion in the strategic planning of the IJB, but which remain managed by the NHS Board;
- 3.2.3 Underspend across Estates & Facilities; and
- 3.2.4 Underspend of £0.490m against the Health budgets delegated to the IJB.

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Table 1: Summary Financial Position for the period ended July 2019

Memorandum	Budget			Expenditure			Variance split by	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	416,395	424,019	132,262	137,980	5,718	4.32%	2,531	3,187
Integration Joint Board - Health	346,358	346,884	115,422	114,932	-490	-0.42%	-1,455	965
Total	762,753	770,903	247,684	252,912	5,228	2.11%	1,076	4,152

	Budget			Expenditure			Variance split by	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	197,074	199,775	67,797	73,712	5,915	8.72%	2,815	3,100
IJB Non-delegated	8,137	8,141	2,847	2,822	-25	-0.88%	-43	18
Estates & Facilities	72,826	72,668	23,745	23,639	-106	-0.45%	-137	31
Board Admin & Other Services	53,110	66,945	29,281	29,357	76	0.26%	38	38
Non Fife & Other Healthcare Providers	85,946	85,946	28,627	29,408	781	2.73%	781	0
Financial Flexibility & Allocations	23,894	29,614	917	0	-917	-100.00%	-917	0
Health Board	440,987	463,089	153,214	158,938	5,724	3.74%	2,537	3,187
Integration Joint Board - Core	371,725	393,044	131,925	131,431	-494	-0.37%	-1,459	965
Integration Fund & Other Allocations	13,074	3,542	0	0	0	0.00%	0	0
Sub total Integration Joint Board Core	384,799	396,586	131,925	131,431	-494	-0.37%	-1,459	965
IJB Risk Share Arrangement	0	0	0	0	0	0.00%	0	0
Total Integration Joint Board - Health	384,799	396,586	131,925	131,431	-494	-0.37%	-1,459	965
Total Expenditure	825,786	859,675	285,139	290,369	5,230	1.83%	1,078	4,152
IJB - Health	-38,441	-49,702	-16,503	-16,499	4	-0.02%	4	0
Health Board	-24,592	-39,070	-20,952	-20,958	-6	0.03%	-6	0
Miscellaneous Income	-63,033	-88,772	-37,455	-37,457	-2	0.01%	-2	0
Net position including income	762,753	770,903	247,684	252,912	5,228	2.11%	1,076	4,152

4. Operational Financial Performance for the year

Acute Services

- 4.1** The Acute Services Division reports a **net overspend of £5.915m for the year to date**. This reflects an overspend in operational run rate performance of £2.815m, and unmet savings of £3.100m. Within the run rate performance, pay is overspent by £2.106m. The overall position has been driven by a combination of unidentified savings and continued pressure from the use of agency locums, junior doctor banding supplements, incremental progression and nursing recruitment in line with workforce planning tool. Balancing finance and other performance targets across the Acute Services whilst seeking to identify recurring efficiency savings proved challenging. Further details of the position, by Directorate are set out below:

Table 2: Acute Division Financial Position for the period ended July 2019

	Budget			Expenditure			Variance split by	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division								
- Planned Care & Surgery	67,161	68,566	23,483	25,061	1,578	6.72%	439	1,139
- Emergency Care & Medicine	73,578	74,518	25,792	28,354	2,562	9.93%	1,698	864
- Women, Children & Clinical Services	53,542	53,853	17,982	19,483	1,501	8.35%	404	1,097
- Acute Nursing	647	667	196	180	-16	-8.16%	-16	
- Other	2,146	2,171	344	634	290	84.30%	290	
						0.00%		
Total	197,074	199,775	67,797	73,712	5,915	8.72%	2,815	3,100

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Estates & Facilities

- 4.2 The Estates and Facilities budgets report an **under spend of £0.106m** which can be broken down into under spend of £0.137m on run rate and unmet savings of £0.030m. The run rate net under spend is generally attributable to vacancies, energy and water and property rates, and partially offset by an overspend on property maintenance.

Corporate Services

- 4.3 Within the Board's corporate services there is an **overspend of £0.076m**. This comprises an under spend on run rate of £0.038m as offset by unmet savings of £0.038m. Further analysis of Corporate Directorates is detailed per Appendix 4.

Non Fife and Other Healthcare Providers

- 4.4 The budget for healthcare services provided out with NHS Fife is **overspent by £0.781m**. This remains an area of increasing challenge particularly given the relative higher costs of some other Boards. Further detail is attached at Appendix 5.

Financial Plan Reserves & Allocations

- 4.5 Financial plan expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year, and therefore form part of devolved budgets. A number of residual uplifts are held in a central budget and will be subject to robust scrutiny and review each month. The detailed review of the financial plan reserves at Appendix 6 allows an assessment of financial flexibility for the year to date. As in every financial year, this 'financial flexibility' allows mitigation of slippage in savings delivery, and is a crucial element of the Board's ability to deliver against the statutory financial target of a break even position against the revenue resource limit.

Integration Services

- 4.6 The health budgets delegated to the Integration Joint Board report an **underspend of £0.490m for the year to date**. This position comprises an under spend in the run rate performance of £1.455m; together with unmet savings of £0.965m. The underlying drivers for the run rate under spend are vacancies in community nursing, health visiting, school nursing, community and general dental services across Fife Wide Division. The aforementioned under spend is partly offset by locum costs within mental health services, inpatient service costs within East and West.
- 4.7 The key financial risk in relation to the Health & Social Care Partnership is the overall gap on the IJB budget of £6.5m (comprising an under delivery of £7.2m on social care and over delivery of £0.7m on delegated health budgets) and the increasing overspend on social care budgets seen in the first quarter of the year. The Integration Scheme for the IJB describes the steps required to manage any overspend:

"Process for resolving budget variances in year - Overspend

8.2.1 The Director of Health & Social Care will strive to deliver the outcomes within the total delegated resources. Where there is a forecast overspend against an element of the operational budget, the Director of Health & Social Care, the Chief Finance Officer of the Integration Joint Board, Fife Council's Section 95 Officer and NHS Fife's Director of Finance must agree a recovery plan to balance the total budget. The recovery plan shall be subject to the approval of the Integration Joint Board.

8.2.2 The Integration Joint Board may increase the payment to the affected body, by either:

- *utilising an underspend on the other arm of the operational Integrated Budget to reduce the payment to that body; and/or*

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- *utilising the balance on the integrated general fund, if available, of the Integration Joint Board in line with the reserves policy.*

8.2.3 *If the recovery plan is unsuccessful and there are insufficient integrated general fund reserves to fund a year-end overspend, then the Parties with agreement of the Integration Joint Board shall have the option to:*

- *Make additional one-off payments to the Integration Joint Board; or*
- *Provide additional resources to the Integration Joint Board which are then recovered in future years, subject to scrutiny of the reasons for the overspend and evidence that there is a plan in place to resolve this.*

8.2.4 *Any remaining overspend will be funded by the Parties based on the proportion of their current year contributions to the Integration Joint Board.*

4.8 In previous years, and in agreement with Fife Council colleagues, we have managed the overspend on the IJB through the risk share arrangement described at 8.2.4 of the Integration Scheme. However, as discussed and agreed through the Finance, Performance & Resources Committee in February 2019, the Annual Operational Plan for 2019/20 was predicated on the assumption that the Chief Executive and Director of Finance would actively pursue discussions with the Director of Health & Social Care and Fife Council colleagues that the risk share approach would not be the immediate option. Instead, the application of an earlier clause (ie a further recovery plan per 8.2.1, or each party to cover their own position per 8.2.3) was preferable.

Income

4.9 A small over recovery in income of £0.002m is shown for the year to date.

5. Pan Fife Analysis

5.1 Analysis of the pan NHS Fife financial position by subjective heading is summarised in Table 3 below.

Table 3: Subjective Analysis for the Period ended July-19

	Annual Budget	Budget	Actual	Net over/ (under) spend
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	366,117	122,615	123,377	762
GP Prescribing	74,106	24,102	23,903	-199
Drugs	30,815	10,989	10,606	-383
Other Non Pay	367,951	130,668	132,483	1,815
IJB Risk Share	0	0	0	0
Efficiency Savings	-12,470	-4,152	0	4,152
Commitments	33,156	917	0	-917
Income	-88,772	-37,455	-37,457	-2
Net underspend	770,903	247,684	252,912	5,228

Pay

5.2 The overall pay budget reflects an overspend of £1.8152m. There are under spends across a number of staff groups which partly offset the overspend position within medical and dental staff; the latter being largely driven by the additional cost of supplementary staffing to cover vacancies and also nursing.

Finance, Performance & Resources – Finance

- 5.3 Against a total funded establishment of 7,669 wte across all staff groups, there was 7,713 wte staff in post in July.

Drugs & Prescribing

- 5.4 Across the system, there is a net under spend of £0.582m on medicines of which an underspend of £0.199m is attributable to GP Prescribing and an under spend of £0.383m relating to sexual health and rheumatology drugs. The GP prescribing position is based on 2018/19 trend analysis and April & May 2019 actual information.

Other Non Pay

- 5.5 Other non pay budgets across NHS Fife are collectively overspent by £1.815m. The overspends are in purchase of healthcare, other supplies, property & hotel expenses and surgical sundries. These are offset by under spends across a number of areas including energy and diagnostic supplies.

6 Financial Sustainability

- 6.1 The Financial Plan presented to the Board in March highlighted the requirement for £17.333m cash efficiency savings to support financial balance in 2019/20. The Plan was approved with a degree of cautious optimism and confidence that the gap would be managed in order to deliver a break even position in year 1 of the 3 year planning cycle. As reported to the Board in March, this view was entirely predicated on a robust and ambitious savings programme across Acute Services and the Health & Social Care Partnership; supported by ongoing effective grip and control on day to day expenditure and existing cost pressures; and early identification and control of non recurring financial flexibility.
- 6.2 The extent of the recurring / non recurring savings delivery for the year is illustrated in Table 4 below.

Table 4: Savings 2019/20

Savings 2019/20	Target £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Total Identified & Achieved to date £'000	Outstanding £'000
Health Board	10,873	863	438	1,301	9,572
Integration Joint Board	6,460	1,435	2,127	3,562	2,898
Total Savings	17,333	2,298	2,565	4,863	12,470

7 Key Messages / Risks

- 7.1 As described above, the most significant financial risk is the non-delivery and identification of savings; particularly within the Acute Services Division and the impact of the IJB overspend if the risk share arrangement is enacted.
- 7.2 At this early stage in the year, it is difficult to be entirely definitive on the likely outcome for the year, however initial indications suggest the position ranges from an optimistic year end overspend of £4.4m to a mid range overspend of £8.8m. This does not include the impact of the risk share arrangement for the IJB position i.e. a further £4.7m, nor does it include any beneficial impact of the work commissioned to drive savings within the Acute Services Division.

Finance, Performance & Resources – Finance

- 7.3 For the purposes of reporting to SGHSCD, we are proposing to escalate a potential overspend of £9m, being our optimistic forecast (recognising the Acute position may improve) plus the risk share impact of the shortfall in the overall IJB savings.

8 Recommendation

- 8.1 Members are invited to approach the Director of Finance or Chief Executive for any points of clarity on the position reported and are asked to:

- **Note** the reported overspend of £5.228m for the year to 31 July 2019;
- **Note** the additional overspend of £1.6m for the year to 31 July 2019, which would result if the risk share arrangement was applied to the current full year gap for the Integration Joint Board;

and

- **Note** the *potential* (draft) outturn position of £9m reflecting an optimistic forecast (recognising the Acute position may improve) plus the risk share impact of the shortfall in the overall IJB savings.

Finance, Performance & Resources – Finance

Appendix 1 – Core Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non- Recurring	Total	Narrative
		£'000	£'000	£'000	£'000	
May-19	Opening	662,752			662,752	
	May Adjustments	-696		-229	-925	
Jun-19	June Adjustments	16,293	3,774	6,265	26,332	Year 2 funding
Jul-19	Advanced Breast Practitioner in Radiography Pilot			36	36	
	General Dental Services Element of Public Dental Service		2,091		2,091	Annual Allocation- Salaried Dental Service
	Impementation of Best Start			75	75	Additional funding
	Family Nurse Partnership			1,276	1,276	Annual Allocation
	Breastfeeding PFG Year 2			78	78	2 year of Programme for Government
	Patient Advice & Support Service			-39	-39	Annual Contribution
	Excellence in Care			70	70	Funding for EIC Lead
	Excellence in Care eHealth			20	20	eHealth funding to support EIC Lead
	Increase provision of Insulin pumps for adults and CGMs			162	162	3 year of funding to increase access to insulin pump therapy and increase availability of Continious Glucose Monitors
	Mental Health Strategy Action 15 Workforce First Tranche		811		811	First 70% of annual allocation
	Discovery		-38		-38	Annual Contribution
	Total Core Revenue Allocation	678,349	6,638	7,714	692,701	

Appendix 2 – Anticipated Core Revenue Resource Limit Allocations

	£'000
CAMHS Regional post	35
Distinction Awards	230
Research & development	843
NDC Contribution	-844
Community Pharmacy Pre-Reg Training	-44
New Medicine Fund	3,005
Golden Jubilee SLA	-24
Waiting List	1,675
NSD risk share	-2,566
Scotstar	-321
PET scan	-477
Depreciation to Non-core	-12,820
Primary Medical Services	50,114
Mental Health Bundle	620
Primary Medical Services Bundle	1,718
Community Pharmacy Champions	19
Capacity Building CAMHS & PT	456
Mental health innovation fund	288
Veterans First Point Transisition Funding	114
Pharmacy Global Sum Calaculation	-1,346
Men C	-16
Primary Care Fund GP sub Committee	34
ADP	1,157
Primary Care Improvement Fund	2,520
Total	44,370

Finance, Performance & Resources – Finance

Appendix 3 – Anticipated Non Core Revenue Resource Limit Allocations

	£'000
PFI Adjustment	3,374
Donated Asset Depreciation	119
Impairment	8,000
AME Provision	2,000
IFRS Adjustment	5,019
Non-core Del	2,500
Depreciation from Core allocation	12,820
Total	33,832

Appendix 4 - Corporate Directorates

Cost Centre	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
E Health Directorate	10,430	3,317	3,340	23
Nhs Fife Chief Executive	207	72	81	9
Nhs Fife Finance Director	5,114	1,692	1,540	-152
Nhs Fife Hr Director	3,013	1,008	977	-31
Nhs Fife Medical Director	6,330	1,871	1,821	-50
Nhs Fife Nurse Director	3,417	1,124	1,445	321
Nhs Fife Planning Director	1,901	638	569	-69
Legal Liabilities	15,519	12,828	12,922	94
Public Health	2,092	686	642	-44
Early Retirements & Injury Benefits	629	92	64	-28
External & Internal Audit	151	50	53	3
Regional Funding	217	107	107	0
Depreciation	17,926	5,796	5,796	0
Total	66,946	29,281	29,357	76

Finance, Performance & Resources – Finance

Appendix 5 – Non Fife & Other Healthcare Providers

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	95	32	19	-13
Borders	43	15	17	2
Dumfries & Galloway	24	8	20	12
Forth Valley	3,089	1,028	1,110	82
Grampian	349	116	104	-12
Highland	131	44	73	29
Lanarkshire	111	37	51	14
Scottish Ambulance Service	98	33	35	2
Lothian	30,600	10,200	9,982	-218
Greater Glasgow	1,607	536	515	-21
Tayside	39,772	13,257	13,380	123
	75,919	25,306	25,306	0
UNPACS				
Health Boards	8,063	2,688	3,331	643
Private Sector	1,209	403	534	131
	9,272	3,091	3,865	774
OATS	690	230	237	7
Grants	65	0	0	0
Total	85,946	28,627	29,408	781

Finance, Performance & Resources – Finance

Appendix 6 – Financial Flexibility and Allocations

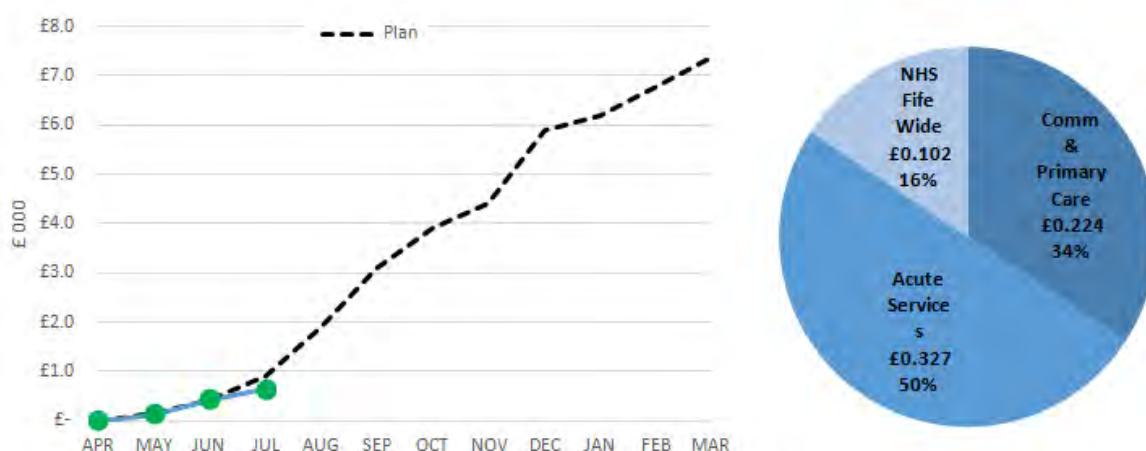
	Financial Flexibility £'000	Released to July-19 £'000
Financial Plan		
Drugs	4,432	0
Complex Weight Management	50	0
Adult Healthy Weight	104	0
National Specialist Services	121	0
Band 1's	307	103
Unitary Charge	263	20
Junior Doctor Travel	118	7
Consultant Increments	50	17
Discretionary Points	231	0
Cost pressures	4,883	713
Financial Flexibility	926	57
Subtotal Financial Plan	11,485	917
Allocations		
Health Improvement	112	0
AME Impairments	8,000	0
AME Provisions	2,412	0
Pay Awards	1,398	0
Distinction Awards	37	0
Waiting List	5,254	0
CAMHS Post	35	0
Best Start	414	0
6EA Unscheduled Care	250	0
Advanced Breast Practitioner Radiology	36	0
Excellence in care	20	0
Insulin Pumps & CGM	161	0
Subtotal Allocations	18,129	0
Total	29,614	917

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



Capital Programme Expenditure

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2019/20 £'000
COMMUNITY & PRIMARY CARE			
Statutory Compliance	1,262	141	1,262
Capital Minor Works	218	49	218
Capital Equipment	81	34	81
Condemned Equipment			
Total Community & Primary Care	1,560	224	1,560
ACUTE SERVICES DIVISION			
Capital Equipment	1,948	160	1,948
Statutory Compliance	2,205	129	2,205
Minor Works	280	21	280
Condemned Equipment	95	16	95
Total Acute Services Division	4,528	327	4,528
NHS FIFE WIDE SCHEMES			
Condemned Equipment			
Information Technology	1,041	40	1,041
Equipment Balance	3		3
Scheme Development	62	62	62
Contingency	100		100
Statutory Compliance - Fire Compartmentation	100		100
Total NHS Fife Wide	1,306	102	1,306
TOTAL ALLOCATION FOR 2019/20	7,394	653	7,394

Commentary

The total Capital Resource Limit for 2019/20 is £7.394m. The capital position for the 4 months to July shows investment of £0.653m, equivalent to 8.83% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.

1. INTRODUCTION

- 1.1 The Capital Plan 2019/20 was approved by the NHS Board on 27 March 2019. For information, changes to the plan since its initial approval in March are reflected in Appendix 1. On 3 June 2019 NHS Fife received confirmation of initial core capital allocation amounts of £7.394m gross. NHS Fife is anticipating an additional £2m allocation for the new Elective Orthopaedic Centre.

2. CAPITAL RECEIPTS

- 2.1 The Board's capital programme is partly funded through capital receipts which, once received, will be netted off against the gross allocation highlighted in 1.1 above. Work continues on asset sales with several disposals planned:

- Lynebank Hospital Land (Plot 1) (North) – Under offer;
- Forth Park Maternity Hospital – Sale completed 5th August 2019;
- Fair Isle Clinic – Under offer;
- Skeith Land – preparing to market; and
- ADC – Sale due to complete imminently

3. EXPENDITURE TO DATE / MAJOR SCHEME PROGRESS

- 3.1 Details of the expenditure position across all projects are attached as Appendix 2. 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 £0.653m or 8.83% 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	£0.271m
Minor Works	£0.070m
Equipment	£0.211m
E-health	£0.040m

4. CAPITAL EXPENDITURE OUTTURN

- 4.1 At this stage of the financial year it is currently estimated that the Board will spend the Capital Resource Limit in full.

5. RECOMMENDATION

- 5.1 Members are invited to approach the Director of Finance or Chief Executive for any points of clarity on the position reported and are asked to:

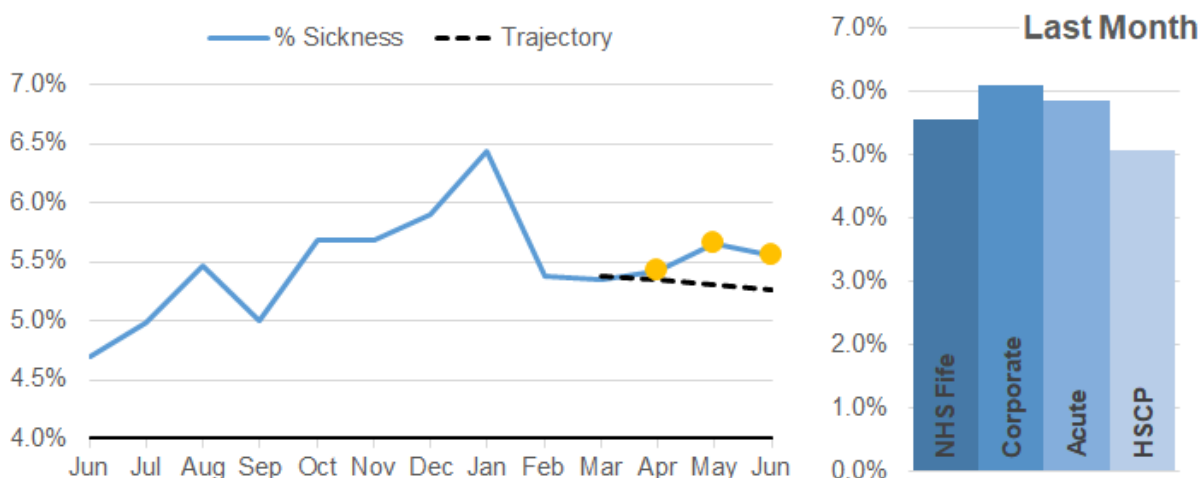
- **note** the capital expenditure position to 31 July 2019 of £0.653m and the forecast year end spend of the capital resource allocation of £7.394m

Staff Governance

Sickness Absence

To achieve a sickness absence rate of 4% or less
Improvement Target for 2019/20 = 4.89%

Local Performance



National Benchmarking

Month	2018/19										2019/20		
	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	4.69%	4.98%	5.46%	5.00%	5.69%	5.68%	5.89%	6.43%	5.38%	5.34%	5.42%	5.66%	5.55%
Scotland	4.97%	5.15%	5.36%	5.02%	5.53%	5.47%	5.54%	6.17%	5.23%	5.10%	5.04%	5.23%	

Current Challenges

Sickness Absence Rate Significantly Above Standard – **Action 1**

High Level of Sickness Absence Related to Mental Health – **Action 2**

Improvement Actions	Progress	Timescale/ Status
1. Targeted Managerial, HR, OH and Well@Work input to support management of sickness absence	This is being progressed through Attendance Management Leads within their respective areas, HR Officers / Advisors, and through the trajectory reporting for each business unit and use of the RAG status reports. Plan for additional OH support being developed.	Sep 2019 On Track
2. Early OH intervention for staff absent from work due to a Mental Health related reason	This has been in place since March 2019 and will be reviewed in six months	Oct 2019 On Track

PAUL HAWKINS

Chief Executive

21st August 2019

Prepared by:

CAROL POTTER

Director of Finance and Performance

FTF Internal Audit Service

Property Transaction Monitoring Report No. B26/20

Issued To: P Hawkins, Chief Executive
C Potter, Director of Finance

A Fairgrieve, Director of Estates, Facilities & Capital Services
P Bishop, Head of Estates
J Rotheram, Head of Facilities
M Keddie, Property Services Manager

E Ryabov, Chief Operating Officer – Acute Services Division
M Kellet, Director of Health and Social Care

Follow-Up Co-ordinator

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

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Section 3	Definitions of Recommendation Priorities	6

Draft Report Issued	09 July 2019
Management Responses Received	10 July 2019
Target Audit & Risk Committee Date	12 September 2019
Final Report Issued	22 July 2019

CONTEXT AND SCOPE

1. NHS Boards have operational independence in relation to property transactions. In return for this independence the Scottish Government Health & Social Care Directorates (SGHSCD) require that Boards follow procedures laid out in the Property Transactions Handbook (the Handbook). The NHS Scotland Property Transactions Handbook provides guidance on the responsibility and procedures to be followed by Holding Bodies, i.e. Fife NHS Board, to ensure that property is bought, sold and leased at a price, and on other conditions, which are the best obtainable for the public interest at that time.
2. It is a requirement of Part A Section 6.3 of the Handbook that: *'Post-transaction monitoring must be an integral part of the internal audit programme. The Audit Committees of the Boards of Holding Bodies are responsible for the oversight of the programme. The Internal Auditor reports his/her findings to the Audit Committee. The Audit Committee's oversight of the work of the Internal Auditor includes reporting to the Board.'*
3. The following transactions meet the criteria set out in the NHS Property Transaction Handbook for 2018/19:

Sales	Sale Proceeds
10 Acre Field, Stratheden	£80,000
34/36 Hazel Avenue, Kirkcaldy	£290,000
Hayfield Clinic, Kirkcaldy	£130,000

4. The Audit and Risk Committee meeting held on 16 May 2019 agreed that all three properties will be audited.
5. Transaction files were examined to ensure that:
 - ◇ Property needs are appropriately identified and suitable action taken
 - ◇ Transactions are properly managed
 - ◇ Certificates are completed as required.

AUDIT OPINION

6. As the audit opinions categories for post transaction monitoring are pre-defined within the Handbook we have not stated an overall opinion on the system but have provided an opinion on each sale using the Handbook categories. A description of the assessment of risks associated with weaknesses identified are given Section 3 of this report.
7. Part A, Section 6.3 of the Handbook states that *'Post-transaction monitoring must be an integral part of the internal audit programme. The Audit Committees of the Boards of Holding Bodies are responsible for the oversight of the programme. The Internal Auditor reports his/her findings to the Audit Committee. The Audit Committee's oversight of the work of the Internal Auditor includes reporting to the Board'*.

8. Furthermore Section 6.4 states *'The Board is responsible for submitting monitoring reports (including nil returns) to the Scottish Government Health & Social Care Directorates (SGHSCD) no later than 30 October annually. Such monitoring reports should be submitted with appropriate supporting information and explanations for all transactions not classed as Category A'*.
9. In accordance with the requirements of Part A Section 6.9 of the Handbook each transaction must be categorised as:
 - A Transaction has been properly conducted, or
 - B There are reservations on how the transaction was conducted, or
 - C A serious error of judgment has occurred in the handling of the transaction.
10. The audit opinions for the transactions concluded in 2018/19 are:
 - ◇ Sale of 10 Acre Field, Stratheden: **Category A**
 - ◇ Sale of 34/36 Hazel Avenue, Kirkcaldy: **Category A**
 - ◇ Sale of Hayfield Clinic, Kirkcaldy: **Category A**
11. A review of the procedures followed for the 2018/19 transactions, confirmed that they were concluded in accordance with the Handbook. We examined evidence which confirms that appropriate advice and guidance was sought and received from the Central Legal Office (CLO) and the appointed external Property Advisers during both transactions.
12. As required by the Handbook, the relevant trawl procedures were carried out as part of the consideration process for the disposal of the three properties. The properties were advertised via trawl notice circulation by the Scottish Government to the Scottish public sector. There was no interest from any other public body for Hayfield Clinic. Fife Council were interested in the land at Stratheden Hospital however this was advertised and sold on open market. Fife Council and Respite Fife were interested in 34/36 Hazel Avenue; Respite Fife withdrew interest and Fife Council purchased the properties in line with valuation.
13. The Mandatory Requirements section of the Handbook requires a Monitoring Proforma to be completed to provide sufficient documentation for audit purposes. This form has been completed for the three property transactions.
14. We were able to confirm that a decommissioning exercise was completed for Hayfield Clinic prior to it being sold, with written documentation being signed off on 22/11/2017 and retained on file.
15. The sale of 10 Acre Field, Stratheden was of land only so a decommissioning exercise was not required.
16. The sale of 34/36 Hazel Avenue was to Fife Council who were the current lease holders and the property was not used by NHS Fife since the beginning of the lease in 1997. Therefore there was no requirement to carry out a decommissioning exercise.
17. Internal Audit Review B27/19 Post Transaction Monitoring recommended that in line with Section C1.18 of the Handbook Certification is required to be signed at the point where an offer for property is to be submitted or accepted. For all three transactions Certification was signed off following final settlement but not at the point where offers were accepted. This was to be addressed with immediate effect. However we noted that

the signing of the certification for the three transactions considered in this review was not being undertaken in line with this recommendation.

- The final settlement of transaction for the sale of 10 Acre Field, Stratheden was on 09/04/2018 and certification wasn't signed off fully until 05/10/2018
- The final settlement of transaction for the sale of 34/36 Hazel Avenue was on 29/06/2018 and certification wasn't signed off fully until 05/10/2018
- The final settlement of transaction for the sale of Hayfield Clinic, Kirkcaldy was on 10/01/2019 and certification wasn't signed off fully until 25/02/2019.

18. Section C2.37 of the Handbook also requires Certification to be signed by the Chief Executive at the date of settlement. The Certification was signed off by the Director of Finance, on behalf of the Chief Executive, on dates significantly after the final settlements (179 days for the Sale of 10 Acre Field, Stratheden, 98 days for the Sale of 34/36 Hazel Avenue and 46 days for Hayfield Clinic.).

ACTION

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

ACKNOWLEDGEMENT

20. 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:**

The two findings reported in our last Post Transaction Monitoring report (B27/19) have recurred in the transactions we have examined this year. These related to non-compliance with the following two sections of the handbook:

- Section C1.18 of the Handbook states that 'Certification should be signed at the point where an offer is to be accepted or submitted'.
- Section C2.37 of the Handbook states that '*Final certification must be completed by the Chief Executive of the Holding Body when the proceeds are received (i.e. date of settlement of transaction)*'.

The non-compliance was found in all three transactions examined as all had been signed off following final settlement but not at the point where offers were accepted and all were signed off by the Director of Finance rather than the Chief Executive on dates significantly after the final settlements (179 days for the Sale of 10 Acre Field, Stratheden, 98 days for the Sale of 34/36 Hazel Avenue and 46 days for Hayfield Clinic).

Audit Recommendation:

An exercise should be undertaken to identify the reasons for these instances of non-compliance with the handbook. Actions should then be taken to prevent these happening for property transactions in 2019/20.

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 requirements of the handbook are impractical therefore a request will be made at the next Scottish Property Advisory Group (SPAG) for requirements C1.18 and C2.37 to be revised to '*at the earliest opportunity*'. There will always be some delays but we will endeavour to reduce this as much as we can.

Action by




Director of Estates, Facilities and Capital Services

Date of expected completion:

31 July 2019

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.	One



DRAFT

MINUTES OF THE FINANCE AND PERFORMANCE COMMITTEE HELD ON WEDNESDAY 17 JULY 2019, 2.00 PM, CONFERENCE ROOM 1, GROUND FLOOR, FIFE HOUSE

- Present:** Cllr David Graham (Chair)
Cllr Rosemary Liewald
Cllr David Alexander
Martin Black, NHS Board Member
Les Bissett, NHS Board Member
Margaret Wells, NHS Board Member
- Attending:** Fiona McKay, Head of Strategic Planning, Performance & Commissioning, Fife H&SCP
Audrey Valente, Finance Business Partner
Claire Dobson, Divisional General Manager (West)
Helen Hellewell, Associate Medical Director
Norma Aitken, Head of Corporate Service, Fife H&SCP
Suzanne McGuinness, Service Manager
Steve Grimmond, Chief Executive
Andrea Smith, Pharmacy
- In Attendance:** Alison Clyne, Audit Scotland
Andrew Henry-Gray (Minutes)
- Apologies:** Michael Kellet, Director of Health and Social Care
Scott Garden, Interim Director of Pharmacy
David Heaney, Divisional General Manager (East)
Julie Paterson, Divisional General Manager (Fife Wide)
Carol Potter, Director of Finance, NHS Fife
Eileen Rowand, Executive Director, Fife Council

NO	HEADING	ACTION
1	WELCOME AND APOLOGIES	
	Cllr David Graham welcomed everyone to the meeting. Apologies were noted.	
2	DECLARATIONS OF INTEREST	
	None.	

3	MINUTES OF PREVIOUS MEETINGS	
	<p><u>Minutes of 21/05/2019</u> Page 4 of 263 – ‘... a task was set up to scrutinise that and report back to the committee. MK responded that they continue to keep a close eye on this and that where possible and appropriate they will bring in to the regular IJB reporting’ – MB stated that this was not what was agreed last year: that the Committee were instead to get a 2-monthly report. FM responded that this is noted in the action log. [minutes to be updated]</p> <p><u>Minutes of 18/06/2019</u> Page 11 action 5 – ‘LB questioned MK suggestion that some of consultant comments were incorrect.’ – LB noted that he did not question MK but did state that it was a matter which should be examined further. LB also said that he had raised a concern about the governance arrangements around this and had suggested reporting it to the IJB. [minutes to be updated]</p> <p>Page 12 action 5 – ‘Members to highlight points which still need to be addressed and send to chair or MK.’ MW suggested that this was not the only course of action agreed and that, although members were invited to highlight points and had done so at the meeting, it was for MK to go away and revisit the list of recommendations in the report. [minutes to be updated]</p>	<p>AHG</p> <p>AHG</p> <p>AHG</p>
4	ACTION LOG	
	<p><u>Workplan</u> FM reported that she and the chair have begun looking at the workplan in terms of any different work which the committee may wish to add. However, it has been noted that there are only two future IJB committees scheduled: therefore, it is necessary to wait for next year’s IJB committee dates to be scheduled and circulated so that the subsequent F&PC dates and workplan can be arranged to fit in around that. RL noted that she will be looking to speak with NA, DG and other committee chairs to examine future dates.</p> <p>DG suggested that absence management could be added to the workplan along with the recurring finance reports and performance reports as usual but is open to suggestions from Committee members for areas of the service which could be looked at from a finance & performance perspective, adding that it is just as important to look at good work that is being done as well as the challenges.</p> <p>MW suggested it would be helpful to see the progress against agreed savings.</p> <p>DG noted that this is a topic that he has been discussing with AV. AV responded that this would have been included in the financial report today but timescales prevented this: the plan going forward is to look at the financials as well as the delivery service.</p>	

5	CONSULTANT REPORT - UPDATE	
	<p>FM presented the update on behalf of MK. The committee had previously asked for more detail to be added to the consultant report. FM reported that details which have been added since are in bold and that a 'Proposed Outcome' column has been included. FM highlighted the detail which has been added to the covering SBAR providing clarity that some areas of the report need to be clearer about roles & responsibilities with a stronger professional voice adding that the SLT and new director will be working towards this. FM noted the previous discussion and recommendation around a one-off looking back exercise but reported that the view from MK is that this would be a distraction from the work going forward and that financial governance improvement should be the priority. FM reported that this is a live document which will continue to be updated under the new director.</p> <p>LB acknowledged that the report is much improved on the previous document: however, he expressed a view that there are still some issues not being addressed. LB suggested that there needs to be some reporting arrangement back to this Committee put in place regarding culture and management structure rather than just being discussed within the Senior Leadership Team. LB listed 3 issues which he felt had still not been addressed from the consultant report: a need to improve governance awareness; an improvement workshop with clinical staff; and a financial strategy. LB also highlighted that previous draft had an integrated performance framework which is missing from the new document. MB raised his own concern that MK had suggested that the partnership look forward rather than back: MB queried, given the current financial overspends, how we are going to rectify issues without looking back. MB also raised a concern about the length of time taken for the document to get to this satisfactory stage and queried whether governance is being taken seriously.</p> <p>FM responded that reference to the performance framework is missing from the document due to an administrative error and this will be rectified. FM highlighted that a performance framework development session has been organised for the Committee.</p> <p>In terms of governance awareness, clinical improvement and financial strategy, FM advised that it should be possible to incorporate these into the action plan with targets against them. This will be taken back for consideration.</p> <p>In terms of looking back, FM reported that MK feels that this would take up a lot of resources but advised that this concern will be taken back to MK.</p> <p>In terms of the improvement workshop with clinical staff and the financial strategy, AV highlighted that there had been a workshop on 18/06/2019 which, although focussed mainly on budgets, will be the first of many workshops to be held which will involve clinical staff and aims look at a financial strategy and service change plan for the partnership.</p> <p>In terms of looking back, AV advised that a lot of work had been done at the time under the Due Diligence Report which did look back and this will be shared again with members of the Committee.</p>	<p>FM</p> <p>FM</p> <p>AV</p>

	<p>LB welcomed the fact that great efforts are ongoing but raised a concern that these are not being reported back to the Committee. LB asked for more clarity about what is being done in terms of culture and how this can be reported back to the Committee. DG agreed to look into this matter within one week and will get back to Committee members to discuss the best way forward.</p> <p>MW noted that she also feels that sensitive issues such as culture are taken forward and questioned the line of accountability to the chief executives in relation to this. MW also queried what assurance can be given about how these matters will be addressed so that they do not impact adversely on the work of the IJB in the current year.</p> <p>SG advised that both he & Paul Hawkins are engaged in talks with MK: they are conscious of culture & governance improvement and are aware of issues around working practices and relationships which have been evident for some time. SG & PH feel that there is an opportunity to address this going forward and are hoping to appoint an interim director for 6 months: the hope is to have some discussion with the new directory and the SLT about how to reset some of those relationship and cultural issues in the short-term.</p> <p>RL reminded the Committee of an across-the-board informal chat which took place after the last development session from which various concerns and factors were raised which were then further discussed when RL & Christina later met with SG & Paul Hawkins: RL advised that time is now needed for that work to be done and felt assured that the work will take place.</p> <p>MB expressed his concern that it has taken 3 years to get to this point and queried if we can now expect things to move forward. DG noted that he shared the concern but welcomed the reassurance from SG today.</p> <p>DG advised that the reporting schedule will now be a regular occurrence in the agenda and part of the Committee work plan moving forward.</p> <p><u>Recommendation</u> The Finance & Performance Committee is invited to:</p> <ul style="list-style-type: none"> • Note the report attached • Note the actions already underway in relation to the recommendations in the report <p><u>Decision</u></p> <ul style="list-style-type: none"> • The Committee noted the report and the actions already underway. • The Committee requested that governance awareness, clinical improvement and financial strategy be included in the action plan. • The Committee requested that a regular reporting schedule be devised for Committee work. 	<p>DG</p> <p>FM/DG</p>
6	ANNUAL REPORT	
	<p>FM presented the 3rd annual report since the last strategic plan and summarised it as a celebration of the work done over the last 3 years (to March 2019) with emphasis on: Meal Makers; locality work; community hubs; community redesign; carers act & carers strategy; and mental health.</p>	

	<p>DG and RL commended FM on the report noting that it was an easy to read document which was well put together with a good format. RL commended the work done at locality level. MW queried who the document is meant for: FM responded that the report is for government, staff and partners. MW suggested that fuller explanation may be required in parts i.e. a description of who TotalMobile are. FM to add TotalMobile to Glossary of Terms. MW queried if the report is yet to have a final proof prior to being released: FM confirmed that the document is due for final proofing.</p> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> The Finance & Performance Committee is requested to consider and approve the HSCP's Draft Annual Report for 2018-19. <p><u>Decision</u></p> <ul style="list-style-type: none"> The Committee considered the H&SCP Draft Annual Report for 2018-19 and, further to a final proof, recommended that it be submitted to the IJB Committee for approval. 	FM
7	DRAFT MENTAL HEALTH STRATEGY	
	<p>FM presented the draft Mental Health Strategy on behalf of JP explaining that it is a 4-year strategy from 2019-2023. FM highlighted that consultation and work done so far has led to commitments split into different areas which are: Prevention & Early Intervention; Shifting the Balance of Care; Workforce; Access to Treatment & Joined-up Accessible Supports & Services; and Technology Enabled Care. The strategy is now being presented to the committees for consideration and comment to strengthen the content of the strategy.</p> <p>DG noted that charts are missing from pages 99-100 of the strategy. Formatting to be corrected.</p> <p>DG queried what the financials look like in terms of the strategy and noted that there are no financial details within the document. SM responded that the implementation plan for the strategy which will include the financials will be developed going forward.</p> <p>LB queried where the strategy will be presented to next and asked for clarity about if the F&PC are being asked to approve it now without the financials being presented. FM responded that the strategy will also be going to the C&CGC for comment and the comments will be collated prior to being presented to the IJB. FM advised that the financials could come back to this Committee but that IJB timings would have to be considered.</p> <p>LB highlighted the importance of ensuring governance in the proper order. LB noted that this strategy is in relation to a major service for Fife and suggested that the most important thing is how we are assured in terms of quality & safety and stated that he would expect to understand that there has been approval from the medical and nursing directors of NHS Fife. LB stated his strong view that this document has to come back to this Committee.</p>	<p>SM/JP</p> <p>FM/AV</p>

	<p>DA suggested that a 4-year financial strategy would be impossible to detail but that we can work within what we have in the shorter term. DG responded that we do need to have some form of idea going forward. MW noted that, in some areas, progress on this strategy has started already so greater detail with respect to current financials should be available in the current year and suggested that some future projections should be possible.</p> <p>AV agreed that there is a need to look at the impact on the projected outturn and see if we can do anything to mitigate the current overspend.</p> <p>MB noted that there was very little in the strategy about addiction and the impact this has on other services. SM noted that there is a reference to addiction within the strategy in addition to close links with the mental health strategic group and the work going on in ADP and these links will be clearer once that work is approved. FM provided further information about the Alcohol & Drug Partnership Commissioning Group and the Seek, Keep & Treat programme and advised that a report will be coming to this Committee about the work that links with the strategy.</p> <p>AS queried if the financials will include prescribing as it is the most common intervention and there is a need to reference this. SM responded that she would make a note and get back to AS about this.</p> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> The Committee is asked to approve the new Mental Health Strategy for Fife and its commitments therein. <p><u>Decision</u></p> <ul style="list-style-type: none"> The Committee noted the work done to date and requested further information with regard to financials: the Mental Health Strategy is therefore to come back to this Committee prior to being recommended to the IJB. 	SM
8	DRAFT STRATEGIC PLAN	
	<p>FM presented the strategic plan and gave background on the consultation. Based on the feedback from this consultation, the plan has 5 priorities. FM highlighted that there has been progress from the last plan. A workplan will be developed once the report is approved and this will be overseen by the Strategic Planning Group.</p> <p>RL referred to page 209 of the committee papers, under 'The Changes We Need to Make - Children's Health Services' where it is stated '<i>A single point of access for all paediatric referrals will be in place</i>' and asked for clarity on where children's services are going to be located. FM responded that this was a priority from Lynn Garvie and FM will go back to her and get more detail.</p> <p>RL referred to page 218 of the papers, under Children's Health Services, where it is stated '<i>Reduce the waiting times for children and young people to access the right mental health support at the right time</i>' and queried the current waiting times.</p>	FM

	<p>FM responded that this was in the previous performance report and there will be further detail on this in the performance report at the next committee meeting. FM noted that waiting times have been making good progress and highlighted that this strategy is for the next 3 years.</p> <p>MB referred to page 203 of the committee papers and queried what is meant by a 'medium term financial outlook.' AV responded that medium term relates to 3 financial years; longer term relates to 10 financial years.</p> <p>LB queried what steps have been taken to ensure that this strategy aligns with the clinical strategy of the health board. FM responded that an event had been held with acute service staff through the APF where the report had been talked through. FM noted that the clinical strategy is in its last year with NHS Fife. This report is linked to the current clinical strategy but NHS Fife is aware of this for when developing the next clinical strategy.</p> <p>LB suggested that the strategy would need to go to some committee of the health board before this Committee can be assured that it is aligned to the clinical strategy. FM highlighted that Dr Sue Pound, of NHS Fife, is on the Strategic Planning Group; however, LB suggested that it would still require going to an NHS Fife Committee. FM sought advice from SG: SG agreed that the IJB needs to check that strategies are aligned, but that it is not necessarily for the health board to approve. LB agreed that approval is not required but suggested that it would be courteous to present to the health board to allow comment. FM noted that this strategy and the clinical strategy link to the Plan for Fife. FM will look into which committees would be appropriate to present to prior to taking to IJB. MW noted that by taking to the partnership bodies, work is made more robust through partnership working. FM queried whether the strategy is required to go to the scrutiny committee of Fife Council. The Committee discussed the appropriate processes for bringing papers to the relevant committees and parent bodies. SG cautioned against a complicated governance arrangement and questioned whether there is any merit in taking these reports for information to parent bodies. RL highlighted that the sub committees are there to do the governance work in order to avoid complicating such matters. HH suggested circulating a government paper which makes mention of these issues and which asks for people to look at streamlining these processes. DG noted that it would be useful for this to be circulated but agreed that it would be useful for the strategy to be sent to the relevant committees. MW agreed that the current set-up is not clear but there is no way around this and it is important to make the process as smooth as possible and sharing information makes the outcome more robust.</p> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> • The IJB is asked to approve the draft Strategic Plan 2019-2022. <p><u>Decision</u></p> <ul style="list-style-type: none"> • The Committee agreed that the strategy should be sent to relevant committees for information but not for decision. 	<p>FM</p> <p>HH</p>
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9	FINANCE UPDATE 2019/20	
	<p>AV presented the finance update as a high-level monitoring report and apologised for inconsistent month-end reporting: there is a May month-end from Fife Council and a June month-end from NHS Fife. AV noted the projected outturn of a £9.6m overspend and highlighted 3 main areas: prescribing (£1m); adult packages (£2.7m); and agreed budget deficit (£6.5m). Savings tracker will be brought to future meetings and will look at the financial side as well as delivery status updates.</p> <p>RL referred to page 5, item 5.4 where it is stated that adult packages overspend <i>'is the result of additional complex packages commissioned since the budget was set'</i> and queried if this is not also due to more residents requiring packages? AV agreed that it would be a combination of increase in both volume and complexity of packages.</p> <p>RL referred to page 5, item 5.5 - Social Care Other £7.439m overspend - and requested more detail about this. RL queried if Social Care Other can be broken down to give a fuller description. AV will provide this break-down for future reports.</p> <p>MW queried how many people (adult packages) have led to the projected overspend in the current year and can we get these projections more accurate? AV responded that the detail is not available but that she has had a discussion which DG about looking into this at a future meeting to look at the financials and analytical data together as a committee.</p> <p>MW queried if the savings of £8.827m are taken into account in the projected outturn. AV responded that these are taken into account with the anticipation that these will be achieved.</p> <p>CD highlighted that she, AV and representatives from adult services met with SG and Paul Hawkins to discuss the overspend within the adult package sector. A number of actions are already underway to address this overspend and an SBAR has been drafted to share this information with this Committee to give assurance about actions being taken. SBAR to be brought to next meeting then analytics to be brought to future meetings.</p> <p>MB queried why the partnership is still losing £1m per month, same as last year - why have actions not been taken? MB raised his concerns that last years' mistakes are going to be made again. DG responded that demand on service is increasing and the financial position over future decades is unknown.</p> <p>DA queried if we know the real cost of having to cover staff absence. AV responded that this information can be pulled together and brought back to a future committee. MW noted, from her position as chair of the Staff Governance Committee, that similar discussions take place in terms of workforce. MW highlighted significant variations between localities and suggested that any analysis of this would be helpful.</p>	<p>AV</p> <p>JP</p> <p>AV</p>

	<p><u>Recommendation</u></p> <ul style="list-style-type: none"> Note the financial position as reported at 30 June 2019 Note and discuss the next steps and key actions. <p><u>Decision</u></p> <ul style="list-style-type: none"> The Committee noted and discussed the financial position. 	
10	ANNUAL STATEMENT 2018-2019	
	<p>FM summarised that the Annual Statement is provided to the IJB as part of committee governance and contains information such as membership, meeting dates and attendance. David Graham as chair has signed the Annual Statement on behalf of the Committee and it is brought to the Committee today for agreement.</p> <p><u>Decision</u></p> <ul style="list-style-type: none"> The Committee agreed to accept the Annual Statement 2018-2019 as presented. 	
11	CABINET SECRETARY – FINANCIAL POSITION	
	<p>AV summarised that a letter was received by the Cabinet Secretary and the funding partners are considering it. Brought to the Committee today for discussion. CD reported that she had, on behalf of MK, attended the NHS Fife Finance & Performance Committee on 16/07/2019 where this letter was discussed at length by the committee members, the chair, the Director of Finance and the Chief Executive. CD highlighted that the Chief Executive has written to the Scottish Government to ask for clarity regarding the letter.</p> <p>Committee members expressed some concerns about the implications of this letter on future funding.</p> <p>LB suggested that this is a very complex issue which is still being discussed between the funding partners and the Scottish Government and proposed that for today the Committee merely note that the funding partners are considering this at the moment.</p> <p>SG provided the Committee with a verbal summary of events leading up to receipt of this letter including meetings that SG and Paul Hawkins had had with senior civil servants from the NHS Finance & Integration Office as well as officers from COSLA at the Cabinet Secretary's request to try to resolve the significant financial challenge that the IJB faces. SG agreed that this issue is ongoing between the funding partners and the Scottish Government.</p> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> To note the letter from the Cabinet Secretary and that funding partners are considering it. <p><u>Decision</u></p> <ul style="list-style-type: none"> The Committee noted the letter from the Cabinet Secretary and the fact that the funding partners are considering it. 	

12	AOCB	
	<p>On behalf of the Finance & Performance Committee, the chair offered well wishes to Michael Kellet, thanking him for his contributions to the Committee over the years.</p> <p>Development workshop scheduled for Monday 26 August 2019.</p>	
13	DATE OF NEXT MEETING	
	<p>Tuesday 17 September 2019, 09:30-11:30, Conference Room 2, Ground Floor, Fife House (FHWGF.007)</p> <p>Thursday 07 November 2019, 15:00-17:00, Conference Room 1, Ground Floor, Fife House (FHWGF.005)</p>	