

# Finance, Performance & Resources Committee

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16 July 2019, 10:00 to 12:00  
Staff Club

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## Agenda

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### 1. Apologies for Absence

Michael Kellet on annual leave, Claire Dobson (Divisional General Manager) will attend on his behalf  
Helen Buchanan  
Chris McKenna  
Sinead Braiden  
Dona Milne

### 2. Declaration of Members' Interest

### 3. Minutes of the Meeting held on 14 May 2019

(enclosed)

(Rona Laing)



unconfirmed FPR Minutes 140519.pdf

(9 pages)

### 4. Action List

(enclosed)

(Rona Laing)



Item 4 - Rolling Action Plan.pdf

(3 pages)

### 5. Matters Arising

#### 5.1. Stratheden Intensive Psychiatric Care Unit - Smoking Area

(verbal)

Andrew Fairgrieve & Michael Kellet

### 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 (2 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 - SBAR BAF Strategic Planning 03072019.pdf (3 pages)
-  Item 6.2-1 - BAF 03072019 - Strategic Planning.pdf (1 pages)

## 6.3. Board Assurance Framework - Environmental Sustainability

(enclosed)

Andrew Fairgrieve

-  Item 6.3 - SBAR Board Assurance Framework - Environmental Sustainability.pdf (3 pages)
-  Item 6.3-1 BAF Risks - Environmental Sustainability.pdf (1 pages)
-  Item 6.3-2 BAF Risks - Environmental Sustainability - Linked Operational Risks.pdf (6 pages)

## 6.4. Brexit

(verbal)



Carol Potter

## 7. Planning

### 7.1. Property & Asset Management Strategy

(enclosed)



Andrew Fairgrieve

-  Item 7.1 - 190604 2019 PAMS Submission v11 (2).pdf (140 pages)
-  Item 7.1-1 - SBAR PAMS FP&R July 2019.pdf (2 pages)

### 7.2. Winter Plan & Performance Report

(enclosed)


Michael Kellet & Ellen Ryabov

-  Item 7.2 - SBAR FPRC Winter Review 1819 v1 1.pdf (3 pages)
-  Item 7.2-1 Review of Winter 18-19 final.pdf (9 pages)

### 7.3. Orthopaedic Elective Centre Update

(enclosed)

Carol Potter

 Item 7.3 - SBAR Elective Orthopaedic Centre update.pdf (2 pages)

## **8. Performance**

### **8.1. Integrated Performance Report**

(enclosed)

Carol Potter

 Item 8.1 - IPR June v0.2.pdf (50 pages)

### **8.2. Performance & Accountability Reviews - Feedback**


(verbal)


Carol Potter


## **9. Items for Noting**

### **9.1. Internal Audit Plan 2019/20**

(enclosed)


 Item 9.1 - SBAR Internal Audit Operational Plan Final.pdf (3 pages)

 Item 9.1-1 - Appendix 1 - NHS Fife Internal Audit Plan 2019-20 Operational Plan Final.pdf (1 pages)

 Item 9.1-2 - Appendix 2 - IJB Strategic Audit Plan 2019-24 and Operational Plan 2019-20.pdf (4 pages)


### **9.2. Annual Internal Audit Report 2018/19**

(enclosed)

 Item 9.2 - B06-20 Annual Internal Audit Report.pdf (32 pages)


### **9.3. Minute of IJB Finance & Performance Committee, dated 21 May 2019**

(enclosed)

 Item 9.3 - unconfirmed Minute IJB Finance & Performance Committee dated 21 May 2019.pdf (8 pages)

### **9.4. Minute of Ext. IJB Finance & Performance Committee, dated 18 June 2019**

(enclosed)

 Item 9.4 - unconfirmed Ext IJB Finance & Performance Committee dated 18 June 2019.pdf (6 pages)

**9.5. Minute of Pharmacy Practice Committee, dated 20 May 2019**

(enclosed)



Item 9.5 PPC Minutes - Windygates 200519 FINAL.pdf (37 pages)

**10. Issues to be escalated:**

**10.1. To the Board in the IPR and Chair's Comments**

(verbal)

Rona Laing

**11. Any Other Business**

(verbal)

Rona Laing

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

**13. Private Session - Agenda & Papers in July 2019 Folder and then in Private Folder**

**MINUTES OF THE FINANCE, PERFORMANCE AND RESOURCES COMMITTEE MEETING HELD ON TUESDAY 14 MAY 2019 AT 10.00AM IN THE BOARDROOM, STAFF CLUB, VICTORIA HOSPITAL, KIRKCALDY.**

**Present:**

Ms R Laing, Non-Executive Director <b>(Chair)</b>	Mr E Clarke, Non-Executive Director
Dr L Bisset, Non-Executive Director	Mr P Hawkins, Chief Executive
Ms S Braiden, Non-Executive Director	Ms J Owens, Non-Executive Director
Mrs W Brown, Employee Director	Dr C McKenna, Medical Director
Mrs H Buchanan, Director of Nursing	Mrs C Potter, Director of Finance

**In Attendance:**

Mr A Fairgrieve, Director of Estates, Facilities & Capital Services  
 Mr M Kellet, Director of Health & Social Care  
 Mr A Mackay, Deputy Chief Operating Officer  
 Ms R Robertson, Deputy Director of Finance  
 Dr G MacIntosh, Head of Corporate Governance & Board Secretary  
 Mrs K Sinclair, PA to the Director of Finance (minutes)

	ACTION
<p><b>59/19 APOLOGIES FOR ABSENCE</b></p> <p>Apologies were received from Dona Milne, Director of Public Health, and regular attendees Ellen Ryabov, Chief Operating Officer, and Evelyn McPhail, Director of Pharmacy.</p>	
<p><b>60/19 DECLARATION OF MEMBERS' INTERESTS</b></p> <p>Rona Laing declared an interest that she was a current patient of Lochgelly Health Centre, as an agenda item related to this practice will be discussed at the meeting.</p>	
<p><b>61/19 MINUTE OF MEETING HELD ON 12 MARCH 2019</b></p> <p>The minute of the last meeting was agreed as an accurate record.</p>	
<p><b>62/19 ACTION LIST</b></p> <p>The Chair reviewed the Action List, noting that outstanding actions would be discussed under the relevant agenda items for this meeting.</p> <p><b>MATTERS ARISING</b></p>	
<p><b>63/19 (a) Stratheden Intensive Psychiatric Care Unit – Smoking Area</b></p> <p>Andy Fairgrieve advised that, following further estimates and</p>	

consideration of the specification changes required, it is predicted that a budget of c.£100k would be required to make the internal courtyard area at Stratheden safe to be used for patients smoking. The original design of the facility was for it to be an entirely smoke-free area and the current fit-out of the courtyard would not meet health and safety requirements to allow the area to be used for patients smoking.

The Chair asked for some context as to why this issue was initially raised. Michael Kellet replied that it was to address the high level of patients absconding from IPCU, since presently patients have to be escorted outside the IPCU facility to smoke, which was an opportunity not otherwise afforded for absconding. The internal courtyard was to be reviewed as a potentially secure smoking area, should the required estate changes be made.

It was noted that, despite the above issue, the general direction of travel is that patients be supported to stop smoking through cessation activities.

Paul Hawkins highlighted that the internal courtyard is integral to the building and therefore not potentially suitable as an area of 'open space', due to the fire risk of its position. It was recommended that consideration be given to constructing a high fenced area external to the building, with access from an outside facing room, similar to the set-up in adjacent wards. This would be easier to police with CCTV and would not have the same restrictions as the courtyard.

There was further discussion around the potential estate options and also the behavioural challenges of the IPCU patients having their right to smoke withdrawn. The Chair noted that there were still a lot of issues around this, a suitable space needs to be assessed and also consideration of the impact on staff accompanying patients outwith the secure area.

Paul Hawkins asked Michael Kellet to prepare a fuller assessment on potential ways forward, to include clinical and staff views. This would be brought to EDG initially, with an update to be scheduled for the next FP&R meeting in July.

**MK**

#### **64/19 (b) Kincardine & Lochgelly Health Centres – Update on IAs**

Michael Kellet gave a verbal update on progress with the above. As previously reported, work on the revised IAs was underway, taking account of feedback from the external consultant's report circulated to members after the last meeting. Both IAs would be brought to EDG in June and the next cycle of Board committee meetings. Board approval would then be sought in July, prior to being submitted to the Scottish Government in August.

## 65/19 (c) Additional Departmental Expenditure Limit (ADEL) Funding

Carol Potter gave some background to this agenda item. The report summarises what areas of qualifying expenditure are included against the fund received from the Scottish Government, and she noted that there was no prioritisation of spend areas, as all qualifying spend was covered. It was confirmed that we are as robust as we can be in identifying areas for use of this funding.

The Committee **noted** the update.

## 66/19 (d) Committee Self-Assessment

The Chair confirmed that there had been a highly constructive discussion at the last Board Development Session in April about common themes from the Board Committee self-assessment exercise, and there was collective agreement about how we move forward in identifying improvement activities. Committee members were asked to think about and identify what awareness and skills training is required to better understand the agenda items and data that the Committee receives. The Chair suggested she would like to presently focus on the 'resources' part of the Committee's remit, and noted that some information-sharing sessions involving the Director of Estates & Facilities would be helpful. After discussion, it was agreed that a Board Development Session be scheduled on the Property & Assets Management Strategy (PAMS), which would be next considered by the Committee in July. This Board Session would therefore be scheduled for June, prior to the Committee's review of the report.

AF

Carol Potter also suggested it would be useful to have a future Committee training session on the Scottish Capital Investment Manual, to outline the various stages of taking business cases through the approval process.

CP

It was agreed that if members had any other topics they wished covered, either at Board level or with the Committee separately, they should highlight these to the Director of Finance or Board Secretary for taking forward.

## GOVERNANCE

## 67/19 (a) Board Assurance Framework – Financial Sustainability

Carol Potter noted that we are reporting a break-even position at year-end and the overall BAF risk score remains the same. Members discussed how budgetary controls are operating and what measures are in place to identify that it is working correctly, noting the new arrangements in place in Acute to support the delivery of planned savings with dedicated support from the Finance team.

There was also discussion about the present scoring of risks and if

these are appropriate, given that the 'likelihood' rating should be expected to reduce to reflect new control processes in place. The Director of Finance was asked to reflect on these comments in advance of the next update to the Committee.

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

#### **68/19 (b) Board Assurance Framework – Strategic Planning**

The Committee discussed the planned review of the Joint Strategic Transformation Group, noting that discussion on this point has also taken place at the recent meeting of the Clinical Governance Committee.

Paul Hawkins advised that there will be a workshop scheduled for June to review the transformation projects (closing off the Acute Site Optimisation work as one action), which will review the projects under its remit, the terms of reference for the group and its membership. It was important to reinvigorate partner involvement, particularly within the H&SCP, to improve the delivery of these transformation workstreams. It is intended that the workshop will have broad representation across the partners, including from the IJB membership, and Non-Executive members of the Health Board would be all welcome to attend.

The Committee **noted** the current position.

#### **69/19 (c) Board Assurance Framework – Environmental Sustainability**

Andy Fairgrieve highlighted the main updates to the Environmental Sustainability framework and advised that the pigeon guano risk has now been removed from the list, as a temporary window cleaning cradle is now operational. The risk related to the ongoing microbiologist vacancy has also been removed, as interviews to fill the position were due to take place that afternoon.

The Committee **approved** the current position.

#### **70/19 (d) Annual Assurance Statement**

Carol Potter explained that the Committee's annual report covers a range of areas, including Best Value, a description of the agenda business that the Committee has undertaken over the year, and attendance of membership. This report forms a portfolio of evidence that supports the production of the Annual Accounts and the Governance Statement. The Committee is required to approve and then this will go forward to the Audit & Risk Committee in June.

The Committee **approved** the assurance statement.



## 71/19 (e) Review of General Policies & Procedures

Gillian MacIntosh provided an update on the review status of General Policies & Procedures.

At the last date of reporting to the Committee in November 2018, 18 (30.5%) of the 59 general policies listed on the intranet were then overdue for review. Since that date, substantial work has been undertaken to fully update the list of General Policies, gathering information about owners, authors and review dates, in order to populate a more detailed spreadsheet (enclosed in the Committee's papers). Additionally, a list of underlying procedures (to which some policies refer) has been compiled, to ensure that, in future, when a policy is updated, its related supporting documentation is reviewed and updated simultaneously.

At the reporting date of 31 March 2019, 11 (18.6%) policies remained overdue for review, a moderately improved position to that last reported in November. It was noted, however, that the position would deteriorate again, due to a suite of eHealth policies falling overdue on 1 May 2019 (that account for 11 separate policies in total), which will impact negatively on the number of outstanding reviews, despite ongoing work aimed at addressing the historic backlog.

Discussion focused on the historic process for reviewing General Policies, which was felt to be overly bureaucratic, complex and lengthy. Carol Potter suggested that she, Gillian MacIntosh, Barbara Ann Nelson and Chris McKenna meet to review the current list of General Policies and consider whether, if each were assigned to a Board Standing Committee, the review and updating process for these could be enhanced and expedited.

An update would be given to the Committee in November, aligned to the bi-annual report of the status of overdue reviews.

The Committee **noted** the update.

CP/GM/  
BAN/CM

## 72/19 (f) Brexit

A short verbal update on the ongoing activities underway to prepare for the UK's exit from the EU, relevant to the Committee's remit, was given by the Director of Finance.

## 73/19 (g) Performance & Accountability Framework

Carol Potter explained that the new Framework is about enhancing the governance around all aspects of performance and accountability and the means by which Directors are held to account for the areas under their portfolio. The framework also best practice from the NHS in England, adapted for NHS Fife. The first round of meetings will be taking place from June 2019, and further work will take place to develop the

performance matrix. This approach will also support the escalation of issues to Board committees as appropriate.

Andy Mackay gave an update on how the performance-related discussions at management-level are expected to be cascaded down to staff, highlighting the amended process to be introduced in the Acute Division whereby metrics will be discussed at regular service visits. Members agreed that if further information on performance was more widely available to staff, it would aid an enhanced understanding of service priorities and challenges.

Paul Hawkins noted that the Performance and Accountability Framework was a vehicle to enable matters and issues to reach the FP&R Committee in a more proactive way.

The Committee **noted** the introduction of the new framework from 2019/20. The Director of Finance was congratulated for her work in establishing this new process.

#### **74/19 (h) Strategic Objectives**

Carol Potter noted that last year we reviewed the objectives through the Committees on to the Board, to ensure we had the transparency and visibility of the corporate objectives, which then fed down to each of the individual Director's objectives. The number of objectives reflected the complexities inherent in a large organisation, but these were themed under four separate areas, aligned to each Board Committee.

The Committee **recommended approval** of the new Strategic Objectives for 2019/20 to the Board.

### **PLANNING**

#### **75/19 (a) Annual Operational Plan 2019/20**

Carol Potter advised that the Annual Operational Plan (AOP) is an agreement between the NHS Board and Scottish Government. The Plan is detailed in nature and it reflects the Financial Plan and the Capital Programme that were both approved by the Board at the end of March. The Finance & Performance Committee are reviewing the AOP as the lead Committee, which is consistent with last year's practice.

Carol Potter and Paul Hawkins gave feedback from a positive meeting they, Ellen Ryabov and Michael Kellet had recently with John Connaghan and his colleagues from the Scottish Government to discuss the AOP. In consequence thereof, NHS Fife has been asked to look at some of the trajectories around waiting times and what further improvements would be possible if some additional resource was provided. It was extremely positive to hear that the Scottish Government recognised that, in terms of performance, NHS Fife is in the upper quartile in comparison with other territorial health boards across

Scotland, and that Government colleagues had congratulated Paul Hawkins on the high performance of the Board Leadership Team. The Executive Team were commended by Committee members for this achievement, and it was agreed this should be highlighted to the Board.

Subject to the correction of two minor changes to the current wording of the draft, the Committee **recommended approval** of the Annual Operational Plan to the Board.

#### **76/19 (b) Winter Plan & Performance**

Michael Kellet confirmed that the first Winter Review meeting had been held in the previous week, which was a positive, well-attended session for staff from a variety of services to discuss what worked and didn't work last year and what actions would be taken forward into next year. A lessons-learned report would be brought to the Committee in July.

**MK**

Over-recruitment in staffing, patient flow, signposting of services and bed distribution issues were issues to consider prior to the next Winter period. It was agreed that a robust plan needs to be in place throughout the year, given ongoing levels of demand, and Winter should not be treated as a standalone issue.

The Committee **noted** the update.

#### **77/19 (c) Acute Services Division Savings Plan**

The Chair highlighted that the agenda paper for this item had been circulated late, which was not helpful for members nor allowed for adequate time to scrutinise its contents. It was agreed that if a paper was unavoidably delayed, the Chair should be notified of those circumstances, to enable a decision to be made about its potential deferral.

Andy Mackay highlighted the main savings areas within the Plan and advised that there are some challenging targets for Acute totalling £10.2m, reflecting therein the undelivered legacy savings total of £8.64m. The paper outlined the risk of non-delivery of the targets and also outlined the revised processes to be put in place to better manage performance.

Carol Potter advised that the process is being enhanced, with the Finance team supporting the Acute team going forward to help mitigate the risk of not achieving the specified targets. Further information will be supplied at the level of individual departments and wards, to focus on areas that need enhanced support. Discussion took place about how individual staff could be informed about the small day-to-day changes that could be made to make best use of scarce resources/finance, such as visible information on the cost of stock such as dressings etc. at the point of distribution.

The Committee **noted** the current progress and risks to the delivery of the planned savings target for Acute Services in 2019/20.

It was noted that an update on the H&SCP Savings Plan would be expected to be considered by the Committee, alongside the developing Acute version.

#### **78/19 (d) Orthopaedic Elective Centre**

It was noted that an update on the above project would be provided in the Committee's Private Session.

### **PERFORMANCE**

#### **79/19 (a) Integrated Performance Report (IPR)**

The Committee discussed the Integrated Performance Report, as follows.

##### **Acute**

Andy Mackay gave the following summary:

Noting the variability in performance against the 4-hour target for Emergency Access, NHS Fife were however continually above the Scottish average.

The additional money received for Waiting Times initiatives will continue to help improve Patient TTG.

##### **Health & Social Care Partnership**

Michael Kellet provided updates in relation to the following targets:

Delayed Discharges: higher than we would like and remain a challenge, largely due to capacity in the Care at Home service, which further investment therein is expected to improve.

CAMHS / PT RTT: reduction in the level of recent performance due to staff absence and leavers, but investment in this area expected to recover the position.

##### **Financial Position**

Carol Potter reported that:

Subject to external audit review, the Board would be reporting a £200k under spend for 2018/19. The Social Care position remained problematic, and the impact of the risk share arrangement was significant. Pressures in the Acute Services Division were also highlighted. It was noted that the year has been challenging, but a positive outcome has been achieved, thanks to the efforts of staff and managers across the system.

## **Capital**

Carol Potter highlighted the capital investment in the Jack and Jill theatres for Ophthalmology and the considerable investment in medical equipment.

The Committee **noted** the Integrated Performance Report.

## **ITEMS FOR NOTING**

### **80/19 (a) IJB Finance & Performance Committee Minutes**

The minute of the IJB's Finance & Performance Committee, held on 13 March 2019, was **noted** by the Committee.

### **81/19 ISSUES TO BE ESCALATED TO THE BOARD**

The Committee agreed that the following items from this meeting's agenda would be escalated to the next meeting of the Board in May:

- the positive ongoing work around reviewing General Policies & Procedures;
- the Winter Performance review;
- the Scottish Government's comments on Board performance as part of their consideration of the Annual Operational Plan; and
- the current progress for managing the Acute Division Savings Plan.

### **82/19 ANY OTHER BUSINESS**

There was no other business.

### **83/19 DATE OF NEXT MEETING – Tuesday 16 July 2019 at 10.00am, in the Large Meeting Room, Staff Club, Victoria Hospital, Kirkcaldy.**

# 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	<b>29.08.17</b>	175/17 Board Assurance Framework	<b>JG</b>	BAF Dev Session – completed. Any risks that may arise with Site Optimisation / Transformation need to be added	
108	<b>31.10.17</b>	Winter Plan & Performance Winter Report	<b>JG</b>	Downstream Bed Waiting List performance to be captured in future iterations of report.	<b>25.01.18</b>
109	<b>31.10.17</b>	Winter Plan & Performance Winter Report	<b>MK</b>	<i>Reassurance sought that all rotas are in place for the festive holidays</i>	<b>19.12.17</b>
110	<b>27.02.18</b>	Service Review Process	<b>MK</b>	Update provided 10 July 2018.	
112	<b>15.05.18</b>	Update on Savings and Service Reviews	<b>CP</b>	Update provided 10 July 2018	
114	<b>15.05.18</b>	Health & Social Care – Adult Social Care	<b>MK</b>	<ul style="list-style-type: none"> <li>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</li> <li>Provide update on established working group to scrutinise the forecasting and reconfiguration processes within Adult Social Care.</li> </ul>	<b>September 2018</b>
115	<b>15.05.18</b>	Committee Self Assessment Checklist	<b>GM</b>	CP suggested pick up during August. Meet Committee chairs and also have a Board Development. Timescales for 1 <sup>st</sup> draft September meeting.	
116	<b>10.07.18</b>	Risk Share Arrangements	<b>MK</b>	Share IJB Budget paper with Committee for information. On September agenda	<b>September 2018</b>
119	<b>10.07.18</b>	Annual Internal Audit Report	<b>CP</b>	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	<b>11.09.18</b>	Financial Workshop	<b>CP/RL</b>	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	<b>11.09.18</b>	Kincardine & Lochgelly Health Centres	<b>MK</b>	Report on progress to come to next meeting	<b>November 2018</b>
124	<b>11.09.18</b>	Freestyle Libre	<b>FME</b>	Updated report to come back to next meeting on next steps	<b>November 2018</b>
113	<b>15.05.18</b>	Site Optimisation	<b>JG</b>	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.	<b>Complete</b>
117	<b>10.07.18</b>	Integrated Performance Report	<b>MK</b>	Add CAMHS Waiting Times Trajectory to next iteration of report.	<b>Complete</b>
120	<b>11.09.18</b>	Minutes of Finance & Performance Meetings	<b>CP/MK</b>	FP&R Committee to receive IJB Finance & Performance committee minutes routinely for information and vice versa.	<b>Complete</b>
121	<b>11.09.18</b>	Mental Health Performance	<b>MK</b>	Written report to be provided to enable committee to have a full discussion. Follow up report requested in March 2019.	<b>March 2019</b>
125	<b>15.01.19</b>	Mental Health support in Schools	<b>MK</b>	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.	<b>March 2019</b>
127	<b>15.01.19</b>	Committee Self-Assessment Report	<b>RL/GM</b>	Discuss the outcome of the exercise and develop any action points into a workplan.	<b>Before May 2019 meeting</b>

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><b>Completed before May 2019</b></p> <p><b>14.05.19</b></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.	<p><b>Completed 14.05.19</b></p>



## Finance, Performance & Resources Committee

<b>DATE OF MEETING:</b>	16 July 2019
<b>TITLE OF REPORT:</b>	NHS Fife Board Assurance Framework (BAF): Financial Sustainability
<b>EXECUTIVE LEAD:</b>	Carol Potter, Director of Finance & Performance
<b>REPORTING OFFICER:</b>	
<b>Purpose of the Report</b> (delete as appropriate)	
<b>For Decision</b>	
<b>SBAR REPORT</b>	
<b><u>Situation</u></b>	
<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"> <li>• NHS Fife Strategic Framework</li> <li>• NHS Fife Clinical Strategy</li> <li>• Fife Health &amp; Social Care Integration Strategic Plan</li> </ul> <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 June 2019 and is the first review of this aspect of the BAF for the new financial year.</p>	
<b><u>Background</u></b>	
<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"> <li>• Identifies and describes the key controls and actions in place to reduce or manage the risk</li> <li>• Provides assurances based on relevant, reliable and sufficient evidence that controls are in place and are having the desired effect</li> <li>• Links to performance reporting to the Board and associated risks, legislation &amp; standing orders or opportunities</li> <li>• 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</li> </ul> <p>The Committee is invited to re-consider the following :</p> <ul style="list-style-type: none"> <li>• Does the risk score feel right?</li> <li>• Do the current controls match the stated risk?</li> <li>• Will the mitigating actions bring the risk down to its target level?</li> <li>• If the mitigating actions are fully implemented would the outcome be achieved?</li> <li>• Does the assurance provided describe how the controls are performing?</li> <li>• Do the assurances come from more than one source including independent sources?</li> <li>• Are limited resources being allocated appropriately i.e. on uncontrolled high risks or in otherwise well controlled areas of risk?</li> </ul>	

## 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 Quarter 1 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 and the early stage in the delivery of efficiencies across the health budgets delegated to the Health & Social Care Partnership. Liked operational risks are also attached for information

## 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)**

<b>Financial / Value For Money</b>	Promotes proportionate management of risk and thus effective and efficient use of scarce resources.
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<b>Risk / Legal:</b>	Inherent in process. Demonstrates due diligence. Provides critical supporting evidence for the Annual Governance Statement.
<b>Quality / Patient Care:</b>	NHS Fife's risk management system seeks to minimise risk and so support the delivery of safe, effective, person centred care.
<b>Workforce:</b>	The system arrangements for risk management are contained within current resource. e.g.
<b>Equality:</b>	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)

Financial Sustainability

1413	Sustainable	30.06.2019	31.08.2019	There is a risk that the funding required to deliver the current and anticipated future service models will exceed the funding available. Thereafter there is a risk that failure to implement, monitor and review an effective financial planning, management and performance framework would result in the Board being unable to deliver on its required financial targets.	4 - Likely - Strong possibility this could occur	4 - Major	16	High	4 - Likely - Strong possibility this could occur	4 - Major	16	High	Current financial climate across NHS/public sector	Director of Finance	Finance, Performance & Resources (F,P&R)	Chair: Rona Laing	<i>Ongoing actions designed to mitigate the risk including:</i>  1. Ensure budgets are devolved to an appropriate level aligned to management responsibilities and accountabilities. This includes the allocation of any financial plan shortfall to all budget areas. This seeks to ensure all budget holders are sighted on their responsibility to contribute to the overall requirement to deliver breakeven.  2. Refreshed approach established for a system-wide Transformation programme to support redesign; reduce unwarranted variation and waste; and to implement detailed efficiency initiatives. Lessons will be learned from the successes of the medicines efficiency programme in terms of the system-wide approach and use of evidence based, data-driven analysis  3. Engage with external advisors as required (e.g. property advisors) to support specific aspects of work. In addition, appoint external support to accelerate a programme of cost improvement across Acute Services.	Nil	1. Continue a relentless pursuit of all opportunities identified through the transformation programme in the context of sustainability & value.  2. Continue to maintain an active overview of national funding streams to ensure all NHS Fife receives a share of all possible allocations.  3. Continue to scrutinise and review any potential financial flexibility.  4. Engage with H&SC / Council colleagues on the risk share methodology and in particular ensure that EDG, FP&R and the Board are appropriately advised on the options available to manage any overspend within the IJB 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 outturn at year end	The financial challenge prevalent since 2016/17 has continued into 2019/20, albeit with a reducing recurring gap each year. The Annual Operational Plan shows a c.£17m gap for 2019/20 prior to any remedial action, with £10m of this relating to Acute Services and the (majority) of the balance relating to health budgets delegated to the Health & Social Care Partnership. A detailed savings plan for the HSCLP has been agreed by the IJB and if achieved would result in the delegated health budgets being broadly breakeven. A detailed savings plan has not yet been developed by the Acute Services Division but at the end of June, work is underway to accelerate this at pace, 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. A year end break even position remains the target, per the AOP, and this will continue to be closely monitored and reported over the coming months.	3 - Possible - May occur occasionally - reasonable chance	4 - Major	12	Moderate
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Linked Operational Risk(s)

Risk ID	Risk Title	Current Risk Rating	Risk
1513	Financial and Economic impact of Brexit	High 25	C Potter
1363	Health & Social Care Integration - Overspend	High 20	M Kellett
1364	Efficiency Savings - failure to identify level of savings to achieve financial balance	High 16	C Potter
1357	Financial Planning, Management & Performance	High 16	C Potter

Previously Linked Operational Risk(s)

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		NHSFBD - Brexit Risk Register		04.10.2018		Financial and Economic impact of Brexit		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.		5 - Almost Certain - Expected to occur frequently - more likely than not		5 - Extreme		High Risk		25		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.		5 - Almost Certain - Expected to occur frequently - more likely than not		5 - Extreme		High Risk		25		1 - Remote - Can't believe this event would happen		1 - Negligible		Very Low Risk		1		Potter, Carol		Chapman, Yvonne		30.06.2019		31.08.2019	
Position of Risk (Risk Register)	Opened	NHSFBD - Finance Directorate Risk Register		13.06.2017		Health and Social Care Integration		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".		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		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 prior 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.		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		3 - Possible - May occur occasionally - reasonable chance		3 - Moderate		Moderate Risk		9		Potter, Carol		Sinclair, Katherine		30.06.2019		31.08.2019		
1364		NHSFBD - Finance Directorate Risk Register		13.06.2017		Efficiency Savings		There is a risk that the organisation may not fully identify the level of savings required to achieve financial balance.		4 - Likely - Strong possibility this could occur		4 - Major		High Risk		16		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.		4 - Likely - Strong possibility this could occur		4 - Major		High Risk		16		3 - Possible - May occur occasionally - reasonable chance		3 - Moderate		Moderate Risk		9		Potter, Carol		Sinclair, Katherine		30.06.2019		31.08.2019		
1357		NHSFBD - Finance Directorate Risk Register		13.06.2017		Financial Planning, Management and Performance		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.		4 - Likely - Strong possibility this could occur		4 - Major		High Risk		16		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.		3 - Possible - May occur occasionally - reasonable chance		4 - Major		Moderate Risk		12		3 - Possible - May occur occasionally - reasonable chance		4 - Major		Moderate Risk		12		Potter, Carol		McBain, Shelley		22.10.2018		31.01.2019		
Position of Risk (Risk Register)		NHSFBD - Brexit Risk Register		04.10.2018		Financial and Economic impact of Brexit		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.		5 - Almost Certain - Expected to occur frequently - more likely than not		5 - Extreme		High Risk		25		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.		5 - Almost Certain - Expected to occur frequently - more likely than not		5 - Extreme		High Risk		25		1 - Remote - Can't believe this event would happen		1 - Negligible		Very Low Risk		1		Potter, Carol		Chapman, Yvonne		30.06.2019		31.08.2019		
Title		NHSFBD - Finance Directorate Risk Register		13.06.2017		Health and Social Care Integration		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".		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		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 prior 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.		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		3 - Possible - May occur occasionally - reasonable chance		3 - Moderate		Moderate Risk		9		Potter, Carol		Sinclair, Katherine		30.06.2019		31.08.2019		
Description		NHSFBD - Finance Directorate Risk Register		13.06.2017		Efficiency Savings		There is a risk that the organisation may not fully identify the level of savings required to achieve financial balance.		4 - Likely - Strong possibility this could occur		4 - Major		High Risk		16		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.		4 - Likely - Strong possibility this could occur		4 - Major		High Risk		16		3 - Possible - May occur occasionally - reasonable chance		3 - Moderate		Moderate Risk		9		Potter, Carol		Sinclair, Katherine		30.06.2019		31.08.2019		
Likelihood (initial)		NHSFBD - Finance Directorate Risk Register		13.06.2017		Health and Social Care Integration		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".		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		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 prior 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.		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		3 - Possible - May occur occasionally - reasonable chance		3 - Moderate		Moderate Risk		9		Potter, Carol		Sinclair, Katherine		30.06.2019		31.08.2019		
Consequence (initial)		NHSFBD - Finance Directorate Risk Register		13.06.2017		Health and Social Care Integration		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".		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		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 prior 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.		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		3 - Possible - May occur occasionally - reasonable chance		3 - Moderate		Moderate Risk		9		Potter, Carol		Sinclair, Katherine		30.06.2019		31.08.2019		
Risk level (initial)		NHSFBD - Finance Directorate Risk Register		13.06.2017		Health and Social Care Integration		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".		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		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 prior 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.		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		3 - Possible - May occur occasionally - reasonable chance		3 - Moderate		Moderate Risk		9		Potter, Carol		Sinclair, Katherine		30.06.2019		31.08.2019		
Rating (initial)		NHSFBD - Finance Directorate Risk Register		13.06.2017		Health and Social Care Integration		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".		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		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 prior 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.		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		3 - Possible - May occur occasionally - reasonable chance		3 - Moderate		Moderate Risk		9		Potter, Carol		Sinclair, Katherine		30.06.2019		31.08.2019		
Current Management Actions		NHSFBD - Finance Directorate Risk Register		13.06.2017		Health and Social Care Integration		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".		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		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 prior 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.		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		3 - Possible - May occur occasionally - reasonable chance		3 - Moderate		Moderate Risk		9		Potter, Carol		Sinclair, Katherine		30.06.2019		31.08.2019		
Likelihood (current)		NHSFBD - Finance Directorate Risk Register		13.06.2017		Health and Social Care Integration		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".		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		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 prior 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.		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		3 - Possible - May occur occasionally - reasonable chance		3 - Moderate		Moderate Risk		9		Potter, Carol		Sinclair, Katherine		30.06.2019		31.08.2019		
Consequence (current)		NHSFBD - Finance Directorate Risk Register		13.06.2017		Health and Social Care Integration		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".		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		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 prior 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.		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		3 - Possible - May occur occasionally - reasonable chance		3 - Moderate		Moderate Risk		9		Potter, Carol		Sinclair, Katherine		30.06.2019		31.08.2019		
Risk level (current)		NHSFBD - Finance Directorate Risk Register		13.06.2017		Health and Social Care Integration		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".		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		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 prior 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.		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		3 - Possible - May occur occasionally - reasonable chance		3 - Moderate		Moderate Risk		9		Potter, Carol		Sinclair, Katherine		30.06.2019		31.08.2019		
Rating (current)		NHSFBD - Finance Directorate Risk Register		13.06.2017		Health and Social Care Integration		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".		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		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 prior 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.		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		3 - Possible - May occur occasionally - reasonable chance		3 - Moderate		Moderate Risk		9		Potter, Carol		Sinclair, Katherine		30.06.2019		31.08.2019		
Likelihood (Target)		NHSFBD - Finance Directorate Risk Register		13.06.2017		Health and Social Care Integration		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".		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		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 prior 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.		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		3 - Possible - May occur occasionally - reasonable chance		3 - Moderate		Moderate Risk		9		Potter, Carol		Sinclair, Katherine		30.06.2019		31.08.2019		
Consequence (Target)		NHSFBD - Finance Directorate Risk Register		13.06.2017		Health and Social Care Integration		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".		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		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 prior 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.		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		3 - Possible - May occur occasionally - reasonable chance		3 - Moderate		Moderate Risk		9		Potter, Carol		Sinclair, Katherine		30.06.2019		31.08.2019		
Risk level (Target)		NHSFBD - Finance Directorate Risk Register		13.06.2017		Health and Social Care Integration		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".		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		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 prior 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.		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		3 - Possible - May occur occasionally - reasonable chance		3 - Moderate		Moderate Risk		9		Potter, Carol		Sinclair, Katherine		30.06.2019		31.08.2019		
Rating (Target)		NHSFBD - Finance Directorate Risk Register		13.06.2017		Health and Social Care Integration		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".		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		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 prior 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.		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		3 - Possible - May occur occasionally - reasonable chance		3 - Moderate		Moderate Risk		9		Potter, Carol		Sinclair, Katherine		30.06.2019		31.08.2019		
Risk Owner		NHSFBD - Finance Directorate Risk Register		13.06.2017		Health and Social Care Integration		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".		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		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 prior 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.		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		3 - Possible - May occur occasionally - reasonable chance		3 - Moderate		Moderate Risk		9		Potter, Carol		Sinclair, Katherine		30.06.2019		31.08.2019		
Handler		NHSFBD - Finance Directorate Risk Register		13.06.2017		Health and Social Care Integration		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".		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		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 prior 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.		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		3 - Possible - May occur occasionally - reasonable chance		3 - Moderate		Moderate Risk		9		Potter, Carol		Sinclair, Katherine		30.06.2019		31.08.2019		
Previous Review Date		NHSFBD - Finance Directorate Risk Register		13.06.2017		Health and Social Care Integration		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".		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		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 prior 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.		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		3 - Possible - May occur occasionally - reasonable chance		3 - Moderate		Moderate Risk		9		Potter, Carol		Sinclair, Katherine		30.06.2019		31.08.2019		
Next Review		NHSFBD - Finance Directorate Risk Register		13.06.2017		Health and Social Care Integration		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".		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		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 prior 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.		4 - Likely - Strong possibility this could occur		5 - Extreme		High Risk		20		3 - Possible - May occur occasionally - reasonable chance		3 - Moderate		Moderate Risk		9		Potter, Carol		Sinclair, Katherine		30.06.2019		31.08.2019		

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
30.06.2019	Previous Review Date
31.08.2019	Next Review

	ID
Position of Risk (Risk Register)	
Opened	
Title	
Description	
NHSFBD - Finance Directorate Risk Register	
13.06.2017	
Health and Social Care Integration	
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".	
4 - Likely - Strong possibility this could occur	Likelihood (initial)
5 - Extreme	Consequence (initial)
High Risk	Risk level (initial)
20	Rating (initial)
Current Management Actions	
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.	
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
30.06.2019	Previous Review Date
31.08.2019	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
30.06.2019	Previous Review Date
31.08.2019	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
McBain, Shelley	Handler
22.10.2018	Previous Review Date
31.01.2019	Next Review

<b>DATE OF REPORT:</b>	03/07/2019
<b>TITLE OF REPORT:</b>	<b>NHS Fife Board Assurance Framework (BAF)</b> Strategic Planning
<b>EXECUTIVE LEAD:</b>	Dr Chris McKenna, Medical Director
<b>REPORTING OFFICER:</b>	Susan Fraser, Associate Director of Planning and Performance

<b>Purpose of the Report</b> (delete as appropriate)		
<b>For Decision</b>	<b>For Discussion</b>	<b>For Information</b>

## **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).

The role and purpose of the JSTG is being refocused with the first meeting of the group chaired by the Chief Executive took place on 16 April 2019. A forthcoming workshop is planned for 23 July 2019 to review and share progress of programmes. Regular JSTG meeting are planned that will be supported by a workplan.

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

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

<b>Further Information:</b>	
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

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

1417	Person Centred, Clinically Excellent, Exemplar Employer, Sustainable	15.01.2019	01.09.2019	4 - Likely - Strong possibility this could occur	4 - Major	16	High	4 - Likely - Strong possibility this could occur	4 - Major	16	High	Medical Director	Clinical Governance	<p>Ongoing actions designed to mitigate the risk including:</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&amp;SC Strategic Plan and the Clinical Strategy.</p> <p>3. 3 of the 4 key strategic priorities are being taken forward by the H&amp;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. Due to other commitments, workshop planning for June is now being held on 23 July 2019.</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>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&amp;SCP/ Region) in terms of the whole system oversight of operational plans, delivery measures and timescales.</p> <p>CEO now chairing the JSTG providing senior oversight and drive to the transformation programmes.</p> <p>Site Optimisation Programme has now been with a refreshed Acute Transformation Programme being developed.</p> <p>JSTG workshop planned for 23 July 2019 will review programmes and agree a workplan and revised TOR.</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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Risk ID	Risk Title	Current Risk Rating	Risk Owner
	Nil currently identified		

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

<b>DATE OF MEETING:</b>	16 July 2019
<b>TITLE OF REPORT:</b>	<b>NHS Fife Board Assurance Framework (BAF)</b>  Environmental Sustainability
<b>EXECUTIVE LEAD:</b>	Andy Fairgrieve Director of Estates, Facilities & Capital services
<b>REPORTING OFFICER:</b>	Andy Fairgrieve Director of Estates, Facilities & Capital services

Purpose of the Report (delete as appropriate)		
<b>For Decision</b>		

SBAR REPORT	
<p><b><u>Situation</u></b></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"> <li>• NHS Fife Strategic Framework</li> <li>• NHS Fife Clinical Strategy</li> <li>• Fife Health &amp; Social Care Integration Strategic Plan</li> </ul> <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><b><u>Background</u></b></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"> <li>• Identifies and describes the key controls and actions in place to reduce or manage the risk</li> <li>• Provides assurances based on relevant, reliable and sufficient evidence that controls are in place and are having the desired effect</li> <li>• Links to performance reporting to the Board and associated risks, legislation &amp; standing orders or opportunities</li> <li>• 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</li> </ul> <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



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

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

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

[illegible]

1414	Sustainable, Clinically Excellent	07.06.2019	07.09.2019	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	Director of Estates, Facilities & Capital Services  Ongoing as limited funding available	1. Capital Investment delivered in line with budgets  2. Sustainability Group minutes.  3. Estates & Facilities risk registers.  4. SCART & EAMS  5. Adverse Event reports	1. Internal audits  2. External audits by Authorising Engineers  3. Peer reviews	None	High risks still exist until remedial works have been undertaken, but action plans and processes are in place to mitigate these risks.	1 - Remote - Can't believe this event would happen	5 - Extreme	5	Low	All estates & facilities risk can be eradicated with the appropriate resources but there will always be a potential for failure i.e. component failure or human error hence the target figure of 5.
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Risk ID	Risk Title	Current Risk Rating	Risk Owner
1296	Emergency Evacuation - VHK- Phase 2 Tower Block	High 20	A Fairgrieve
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

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 harbouring 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
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	07.03.2019	30.04.2019	25.02.2019	Previous Review Date
31.07.2019	30.04.2020	28.06.2019	30.09.2019	01.09.2019	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 - 25/02/2019 - ERT set up for VHK site and training provided. Awareness training continues and fire evacuation strategies all in place in all wards of the tower block.	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
25.02.2019	Previous Review Date
31.05.2019	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 harbouring 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
07.03.2019	Previous Review Date
28.06.2019	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





## **Property and Asset Management Strategy 2014-20**

# **2019 PAMS**

For further information on any aspect of this document please contact:

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## **APPENDICES**

**Appendix A: Current Strategic Assessments**

**Appendix B: State of the Board's Property Assets**

**Appendix C: Statutory Compliance**

**Appendix D: Functional Condition, Space Utilisation & Quality**

**Appendix E: Medical Equipment Expenditure Report 2019**

**Appendix F: State of Independent Facilities**

## Abbreviations

AOP	Annual Operational Plan
BMA	British Medical association
CAD	Computer Aided Design
CFPU	Central Food Production Unit
CHP	Combined Heat and Power
CLO	Central Legal office
CMEG	Capital Medical Equipment Group
CMHT	Community Mental Health Teams
CPG	Capital Planning Group
DHW	Domestic Hot Water
DV	District Valuer
DVSA	Driver and Vehicle Support Agency
EAMS	Estates and Asset Management System
EDG	Executive Directors Group
ELMO	East Region Laboratory Medicine Operational Board
EMG	Electro-medical Group
FCIG	Fife Capital Investment Group
FCTS	Fife Council Transport Service
GCCAM	Good Corporate Citizenship Self Assessment Unit
GIA	Gross Internal Area
H&SCP	Health & Social Care Partnership
HFS	Health Facilities Scotland
HSCDP	Health & Social Care delivery Plan
IAD	Initial Agreement Document
IAD	Initial Agreement Document
IM&T	Information Management & Technology
LDP	Local Delivery Plan
MRI	Magnetic Resonance Imaging
MTHW	Medium Temperature Hot Water
MWC	Mental Welfare Commission
NFSU	National Fleet Support Unit
NHSS	National Health Service Scotland
NIA	Net Internal Area
NSS	National Services Scotland
OBC	Outline Business Case
PAMS	Property and Asset Management Strategy
PPP	Public Private Partnership
QMH	Queen Margaret Hospital (Dunfermline)
RAMP	Regional Asset Management Plan
RIS	Radiation Information Scotland
SACH	St Andrews Community Hospital
SAFR	State of the Assets and Facilities Report
SCART	Statutory Compliance and Risk Tool
SDAP	Sustainability Development Action Plan

SEStran	Scottish Regional Transport
SES	Stagecoach East Scotland
SFT	Scottish Futures Trust
SG	Scottish Government
SPAG	Scottish Property Advisory Group
SPV	Special Purpose Vehicle
TRO	Traffic Regulation Orders
VHK	Victoria Hospital Kirkcaldy

## Executive Summary

The PAMS underpins the direction set by NHS Fife's Clinical strategy as the strategic direction taken by the Health & Social Care Partnership with which NHS Fife works, and also the developing regional context that places increasing emphasis on partnership with other Health Boards in developing investment and asset development plans.

In 2016 we published our Clinical Strategy. The Strategy outlined how we would shape delivery of healthcare in Fife and was our response to the changing needs of a rising and ageing population.

In 2017 we published our update 'One Year On' which in turn has been reviewed and a progress report on the work stream recommendations published on 5 March 2018.

Four key strategic priorities for NHS Fife which underpins all aspects of the Board's strategic planning and these are:

1. Acute Services Transformation including Site optimisation, reduction in unwanted variation, standardisation, redesign of services in line with Realistic Medicine and Regional working
2. Community Redesign including Urgent Care Redesign, development of Community Hubs and community hospital redesign
3. Mental Health Redesign
4. Medicine Efficiency (out with the scope of this document)

These 4 key strategic priorities are overseen by the Joint Strategic Transformation Group (JSTG) chaired by the Director of Health and Social Care and Chief Operating Officer.

The Site Optimisation program has now been completed showing major clinical movements within the Victoria Hospital in line with key recommendation of the project, (£130k). An allocation of £30m has now been confirmed for the VHK orthopaedic elective theatre project which will progress the current site strategy and see inpatient occupation in the aging tower block removed completely.

A Mental Health Redesign group has been formed and approval given by NHS Fife FCIG to appoint consultants to take this project forward after the Executive Directors Group approved the overall need in a paper completed in January 2019.

A number of recommendations informed the high level recommendations of the Clinical Strategy from which seven work streams were produced.

- Urgent Care
- Scheduled Care
- Chronic Conditions and Frailty
- Cancer, Palliative Care and Last Days of Life
- Women and Children

- Mental Health and Learning Disabilities
- eHealth and Support Services

Work continues on these, although some are simply services changes and have no bearing on assets; Section 6 details the complexity of the relevant progress.

## **Key successes in 2018/19**

**Property;** Key asset improvements include the next phase of steam decentralisation at VHK (£1.44m) which makes use of MTHW developed from the Phase 3 PPP energy centre as part of the Mandatory Variant. The ophthalmology theatre project at QMH (£0.6m) was completed and numerous lift upgrades have taken place across VHK and QMH, (£340k). As a result of notices by HSE regarding ligature risk, £150k was allocated to improvement works across Fife ahead of the planned Mental Health redesign and reconfiguration of the disused VHK mortuary to provide estates accommodation totalled £110k.

Ongoing legionella, asbestos, road works and re-roofing have accounted for a further c£700k, the total property capital expenditure being c£4.2m in 2018/19.

Property rationalisation in 2018/19 included the sale of Hazel Avenue accommodation and Hayfield Clinic both in Kirkcaldy, netting £0.5m. NHS Fife took management of the Airlie Medical Practice; the net result is a slight increase in gross internal area.

**Medical Equipment;** Medical equipment procurement totalled some £3.5m in 2018/19 the major item being replacement of the MRI Unit at VHK (£1.5m)

**IM & T;** There has been continued investment in upgrading NHS Fife endpoints to Windows 10 and refreshing hardware to meet the 'useable' requirements of Windows 10 (rather than minimum requirements). There has also been further investment in GP Practices in order to rectify a long period of under-investment. The GP IM&T experience will be transformed with new local servers, centralised backup, upgraded PCs, introduction of laptops and 'anywhere to anywhere' remote access, Wi-Fi in GP sites and much improved security including Firewalls and improved visibility of threats and vulnerabilities.

Investment in Cyber Security Resilience has been made with core and community site Firewall refreshes including centralised management. The Internet Proxy has been upgraded to include more advanced threat and virus detection as well as inappropriate or offensive content protection for our staff. A Network Access Control (NAC) solution has been purchased to help meet one of the core objectives of the Network and Information Systems Principles (NIS). The NAC provides additional capability for 'Detecting Cyber Security Events', to ensure security defences remain effective, proactive and automatic in protecting essential IM&T services and supporting applications and software.



Also investment was made in up to date document scanners for Health Records as part of NHS Fife's transition to 'Paperlite'. The scanners will allow Health Records staff to scan patient information directly into Clinical Portal enabling some of the benefits realised from reducing paper records and carbon emissions. But the main benefit will be improved patient care through improving the availability of the right information at the right time for clinicians.

**Transport Fleet;** Capital support to the value of £50k was provided and efficiency initiatives include the introduction of the National Fleet Management System which we are now developing and the appointment of a Fleet Supervisor to deliver operational improvements.

**Statutory Compliance;** This Executive Summary is aimed at raising awareness of the highest Statutory Compliance estates risks for NHS Fife at the highest management level within Health Boards to the Statutory Compliance responsibilities, risks and constraints that currently exist. It highlights that the Board recognises appropriate management, reporting and actions for these risks which need to be incorporated into current investment and improvement plans to mitigate risk exposure.

The details in the following Statutory Compliance and Assurance section provide the Board with the necessary evidence that risks are being managed adequately however there does exist some shortfall in compliance mainly due to resource issues or as a result of in-depth monitoring and audit.

From 2020, the top three issues with the highest average risk that require attention and action by the organisation will be tabulated. Due to NHS Fife having sector audits in previous years, we are now moving to individual site audits. The detailed inspections have not been completed for all sites and therefore have not identified the issues that require prioritised action. The topics listed below have the highest average risk score, but in future years this table will be populated with specific issues and impacts.

- Pressure Systems
- Asbestos
- Steam Systems

To mitigate these risks we have created a training needs analysis and register. We are carrying out training accordingly, appointing the relevant people in the positions of Designated Person, Senior Operational Manager, Sector Senior Operational Managers and Authorised Persons.

At the VHK, the steam system has been de-centralised and the old steam plant decommissioned.

## PART A: Where are we now?

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### 1.0 Introduction

This document provides an update to the 2018 Interim Property and Asset Management Strategy (PAMS) as required by 2017 State of the NHS Scotland Assets and Facilities Report (SAFR 2016) Programme. The Boards' required PAMS submissions to Scottish Government is now every two years with an interim PAMS update report required each subsequent year. This 2019 document is a full PAMS update report which will be developed as a Regional paper as per the CE letter of 9 April 2019.

This 2018/19 NHS Fife PAMS document is presented in the format set out in 'Strategic Property and Asset Management Guidance for NHSScotland – Developing a Property and Asset Management Strategy (PAMS) November 2016'.

NHS Fife's 2019 PAMS return has been compiled by the Directorate of Estates, Facilities and Capital Planning in conjunction with lead stakeholders within the Board and H & SCP in accordance with the November 2016 Guidance proforma with significant clinical input. Moving forward into 2019/20, a formal PAMS group acting as a sub group to our Capital Investment group is currently being formed.

The Report covers all buildings owned or leased by the Board and references 3<sup>rd</sup> party ownership. All fleet transport, medical equipment, and IM & T are also covered by this report.

The document was approved by NHS Fife Executive Directors Group, the Finance, Performance and Resources Committee and finally the NHS Fife Board on XXXXX 2019.

The data in this document represents NHS Fife position as at 1<sup>st</sup> April 2019 and an allowance for inflation of 3.71% to 1<sup>st</sup> Quarter 2019 has been included since the last report in 2018.

NHS Fife is working in partnership with NHS Borders, NHS Lothian, NHS Tayside and Forth Valley to develop a regional approach to FM, Estates, property, asset management and capital planning in the East of Scotland. In order to facilitate this, a Regional Capital Planning and Capital Finance Forum has been established, with membership drawn from each of the Boards. The initial objectives of the Forum are to:

1. Create a virtual regional capital plan, based on a common set of assumptions and parameters, with a view to identifying areas where a common or co-ordinated approach could offer benefits arising from synergies between individual Board's plans – for example, where more than one Board is seeking to procure the same, or a similar, IT infrastructure replacement;

2. Establish processes that reinforce the inclusion of a regional dimension in capital investment governance processes, in particular, such that full consideration is given to the potential for a regional approach in the early strategic assessment and service planning stage;
3. Share best practice, particularly in areas where a Board has devised a solution to an asset development issue that can be rolled out to other Board areas;
4. Consider ways in which resource, skills and expertise can be shared between Boards and managed on a region-wide basis, particularly in the area of procurement and project management.

Our strategic approach to PPP Contract Management has developed with the assistance of the national SST based at Health Facilities Scotland, in conjunction with SFT. This has included the redesign of the team supporting PPP contracts, adopting a more common approach to reporting, reviewing contract documentation and provision of support and assistance to all Boards.

Regional working has been established across Boards with the sharing of information, peer support and the secondment of contract management resources from NHS Lothian. This approach will develop further with Regional working.

Through the guidance of the Strategic Facilities Group (SFG) and the Scottish Property Advisory Group (SPAG) a national Property Transaction Group has been established to ensure that a consistent approach is taken to property related issues and the sharing of information. A web site is being developed to allow all Boards to view key information and best practice.

## 1.1 Progress in the Last year

### Strategic Developments

- NHS Fife's Clinical Strategy, aligned to the National Clinical Strategy, continues to drive our change program. This strategy recognises that the population of Fife is both growing and ageing. It underwent comprehensive consultation with staff and the public and was approved by the Board of NHS Fife in October 2016. It recognises the move of care towards primary and community care and with the creation of the Integration Joint Board for Fife.
- We are continuing to investigate development of facilities in the community to enable integrated teams to come together to provide holistic care for the population. This will be mapped out as strategic plans for both Community services (hubs) and Mental Health redesign are developed.
- In January 2019 approval was given in the form of £30m for reprovision of our elective orthopaedic theatres at the Victoria site allowing relocation from the phase 2 tower block which requires substantial refurbishment to maintain services.
- From our Clinical Strategy, the Site Optimisation program has commenced with a variety of moves designed to improve patient pathways, assist in winter pressures, enhance the quality & safety of patient care in the Acute setting and making the best use of our estate, ensuring services are in the most appropriate places  
The first phase saw elderly Medicines wards move from the Phase 2 tower leaving elective orthopaedics as the only inpatient ward in this facility which requires major refurbishment. The above strategic assessment will address this final move from the tower. Following on, bed re-alignment from Planned Care to Emergency Care will improve inefficiencies in winter boarder discharges. A bed modelling exercise by Scottish Government has defined further efficiency moves and section 8 details future work over the next 3 years.
- The development of a Workforce Strategy has also begun to support the implementation of the Clinical Strategy.
- The publication of a Joint Strategic Commissioning Plan for Fife.

### Property Asset Performance (Board Report)

- The physical condition of NHS Fife essential properties as reported on the 2019 SAFR has increased from 77% to 81% since 2018 as a result of updates to data from facet surveys and disposals.
- Functional Suitability has increased from 75% to 76% and Space Utilisation shows a 1% improvement in performance.
- Backlog costs for NHS Fife properties have increased by £11.5m to c£89m. The main increases are due to further deterioration in the VHK towerblock, (£7.3m), deteriorating lifts, steam and medical gas systems

systems at QMH, (£2.5m), and general dilapidations at the Sir George Sharp Unit at Cameron, (c£1m),

- The sale of Hayfield Clinic and Hazel Avenue properties in Kirkcaldy and a 10 acre field at Stratheden, netted £600k this year, (excluding fees) and reduced backlog by £286k. The remaining assets which have been declared surplus by the Board are;
  - Lynebank North plot
  - Forth Park Hospital
  - Fair Isle Clinic and
  - ADC Store, Kirkcaldy

All currently being marketed and have anticipated total receipts of c£2.2m excluding ADC which awaits valuation.

### **Operational Performance (Blue Book)**

Key performance indicators comparing costs against either square metres or consumer weeks highlight the following; (Note; due to cost book publication dates this represents the previous year to 31 March 2018). A general rise in facilities costs is linked in part to removal of Band 1 posts and a slight decrease in bed utilisation.

- Catering costs increased by 3.8%
- Portering costs increased by 5.5%
- Laundry and Linen increased rose by 7.6%
- Waste costs remained static for 2018/19
- A 25% spike in energy costs 2017/18 has been attributed to the VHK PPP energy calculation which is in dispute. This year's figure is more in line with the previous 5 years, showing a 6% decrease since 2016/17.
- SCART (Statutory compliance score) has increased slightly from 62.9% to 63.5%.

### **Capital Projects**

- The project to upgrade ophthalmology theatres at Queen Margaret Hospital has been completed.
- Work is still underway via Eastern hub to develop replacement health centres at Kincardine and Lochgelly
- Elective theatres at VHK (See later)
- Kelty Health Centre reconfiguration
- Mortuary VHK, conversion to office accommodation.
- Several major projects to reduce the backlog maintenance have been completed; these projects have been prioritised using a risk based methodology.
  - MTHW systems improvements, VHK
  - Anti-ligature works Stratheden, Whytemans Brae and QMH
  - Ongoing Asbestos removal and Legionella works, various locations.
  - Lynebank LV systems and roof replacement, Tayview ward

- QMH Lift replacements, steam decentralisation, Roof replacement, vacuum plant replacement

### **Accommodation Review**

In 2018 we conducted a full review of owned premises, confirming the current scoring of Quality, Space Utilisation and Functional Suitability as per the National exemplar template. A desk top exercise was also carried out to identify notional condition of Independent Facilities.

The Red/Amber/Green format of both surveys is highlighted in the appendices, giving an 'at a glance' overview of the NHS Fife estate.

### **Regional/National working**

Four separate programs continue on a regional/national basis. (See Section 4.1)

- A regional Cook/Freeze catering project developed with Lothian, borders and Tayside.
- National laundry consolidation Project
- Decontamination – more info needed
- National Logistics review – East of Scotland Regional Fleet opportunities

### **Equipment**

NHS Fife Procured £3.6m worth of Medical equipment in 2018/19, the most significant of which being the installation of an MRI Unit at Victoria Hospital Kirkcaldy, (£1.5m).

### **IM&T**

NHS Fife has made steady progress improving the 'foundation state' of IM&T over the past 2 years. The core infrastructure has received investment to bring it up to date, improve resilience and ensure that most hardware and software is within support lifecycle. The GP server estate has been refreshed and centralised backup will remove legacy tape solutions.

### **Transport**

Approximately £50k was invested in fleet improvements in 2018/19.

## 2.0 Current Asset Arrangements

The Board's assets are represented by four main groups:

- Land & Property
- Medical Equipment
- IM & T (eHealth - hardware and infrastructure)
- Transport

Allocations within the Property and Asset Management Investment have been aligned to reflect the demands on all of the Board's assets and allocations have been increased where possible. The following chart highlights the percentage split of the Board's assets.

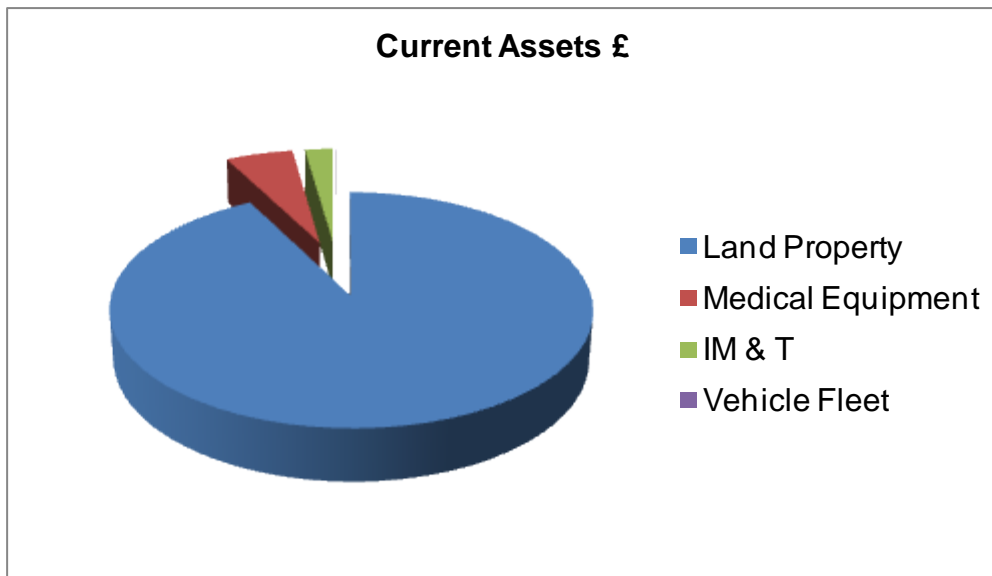


Figure 1 - Split of Assets

## 2.1 Current Assets

Property	Area (Sq.m)	% of Total Area
01 Acute Hospital	119,826.16	41.06
05 Mental Health Hospital	58,315.14	19.98
06 Community Hospital	15,486.94	5.31
07 Older People Hospital	16,186.21	5.55
21 Health Centre	19,419.14	6.65
22 Clinics (including Day Hospitals)	7,569.55	2.59
23 Offices	12,426.15	4.26
24 Support Facilities	21,066.38	7.22
25 Staff Residential Accommodation	2,138.76	0.73
98 Non-Operational	13,291.00	4.55
99 Other	5,410.98	1.85
UnReported	0.00	0.00
<b>TOTAL (m2)</b>	<b>291,860.42</b>	<b>100.00</b>
<b>TOTAL Land &amp; Property</b>	<b>£484.08m</b>	

Medical Equipment (excl. Imaging and Radiotherapy)	Replacement Cost 2018	Replacement Cost 2019
Renal dialysis equipment	£0.9m	£0.9m
Cardiac defibrillators	£0.3m	£0.33m
Flexible endoscopes	£3.5m	£2.84m
Infusion devices	£0.1m	£0.1m
Decontamination Equipment	£0.83m	£0.82m
Other high value items	£22.8m	£23.5m
Equivalent PFI financed	£0.95m	£0.95
<b>TOTAL Net Book Value</b>	<b>£30.0m</b>	<b>£29.44m</b>

Vehicles	Number 2018	Number 2019
Owned	62	56
Leased	31	38
Staff Car Scheme	153	147
Long Term Hire	44	44
<b>TOTAL (No.)</b>	<b>290</b>	<b>285</b>
<b>TOTAL Net Book Value-Owned</b>	<b>£0.09m</b>	<b>£0.11m</b>



<b>IM &amp; T</b>	<b>Number (units, systems, outlets, etc)</b>	<b>Replacement Cost 2019</b>
Cabling Networks (Wired outlets)	39560	£2.78m
Cabling Networks (Wireless)	1195	£0.42m
Network Server Infrastructure (circuits, switches and routers,	650	£2.3m
Network / Cyber Security Appliances	70	£0.35m
Virtual Server Platforms	400	£0.2m
Data Storage	475 TB	£0.67m
Physical Servers	112	£0.81m
Communication Platforms (Telephony)	40	£2.29m
Handsets, Smartphones & Deskphones	8208	£0.9m
Desktops / Laptops	7538	£2.86m
Mobile Devices	776	£0.2m
<b>TOTAL Net Book Value</b>		<b>£13.819m</b>

## 2.2 Changes in Property - 2018/19

Since 31 March 2018, the following assets have been sold or are in the process of being sold:

10 Acre Field at Stratheden	Sold April 2018
34/36 Hazel Avenue	Off market sale to Fife Council 29 June 2018
Hayfield Clinic	Sold 10 <sup>th</sup> January 2019
Fair Isle Clinic	Sale fell through, re-marketed.
North Plot Lynebank	Preferred bidder stage -Currently issues around access/egress and drainage capacity.
Forth Park Hospital	Proceeding with formal planning phase with development partner.
Area Distribution Centre	Declared surplus 17/9/17 but still in partial occupation. Being marketed

(Note: Properties declared surplus AND VACANT are classified as '98 Non-operational' in the Property Assets table above.)

Airlie Medical Practice was acquired by NHS Fife in 2018/19.

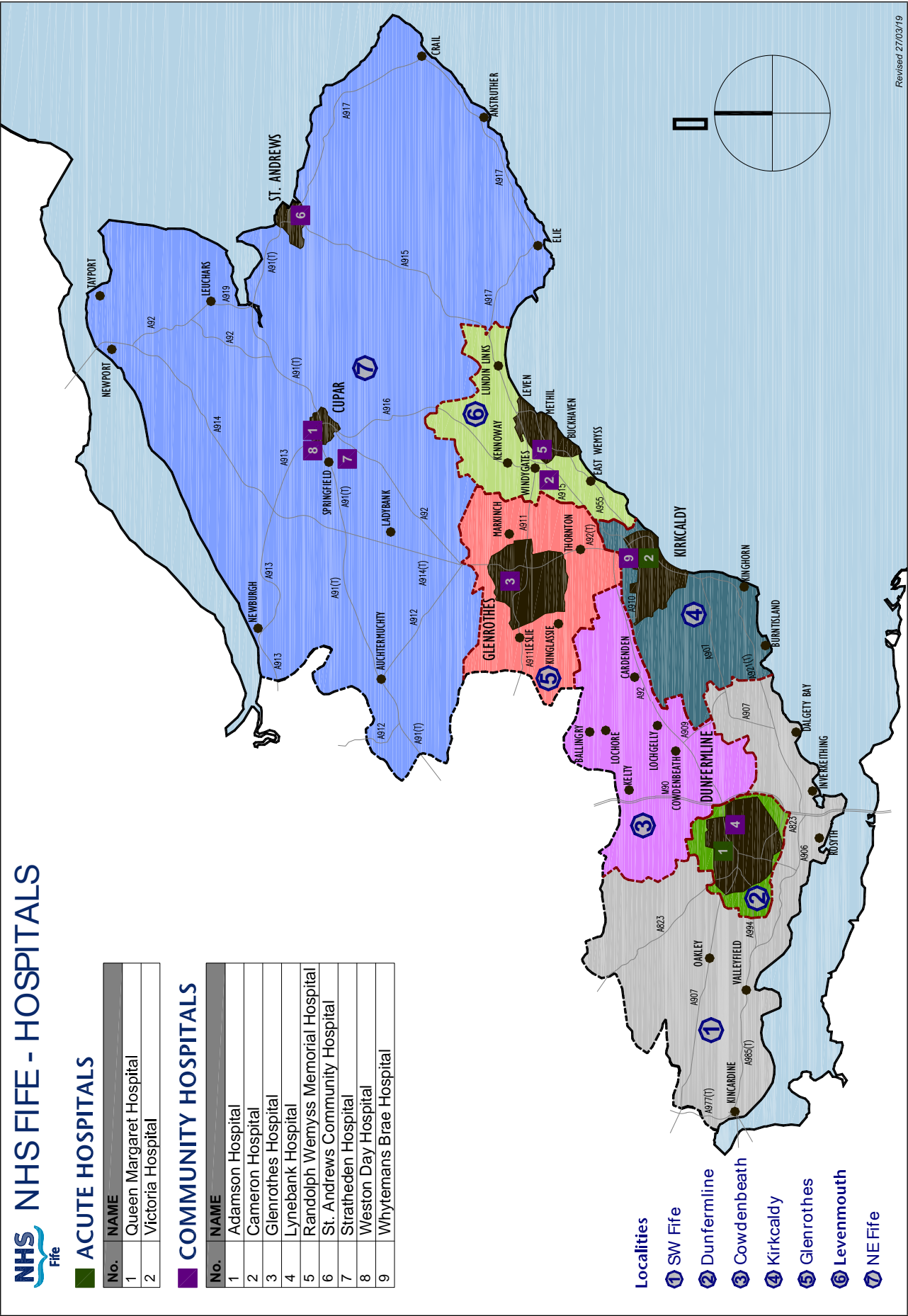
The Net Value of Property at March 2019 has risen £30m since March 2018

## 2.3 Asset Locations

NHS Fife's main property assets consist of Victoria Hospital (acute) and Queen Margaret Hospital, (mainly acute with approximately 30% mental health/primary care). Significant investment and reconfiguration in these two sites over the preceding 10 years has cemented their continued use.

These are supported by 5 community hospitals at St Andrews, Randolph Wemyss (Methil), Cameron Hospital (Windygates), Whytemans Brae (Kirkcaldy) and Glenrothes Hospital with no immediate plans to vacate.

Mental Health provision is based mainly at Stratheden Hospital (near Cupar) with additional activity in Queen Margaret Hospital and Lynebank Hospital, clinical activity at the latter has been considerably reduced in recent years, the site now mainly supporting administration, storage and other functions.



## 2.4 PPP Assets

NHS Fife's two PPP sites at St Andrews Community Hospital and Victoria Hospital Phase 3 are working well, the only item of note being ongoing works to stress cracking in the main hot water distribution system at Victoria. NHS Fife are still in dispute with regards to the CET, this is due to the degree data not being carried out by both parties following the operational start up.

NHS Fife operates two PPP sites with outline details as follows;

	<b>St Andrews Community Hospital</b>	<b>Victoria Hospital Phase 3</b>
<b>Est. Total Capital Value (£m)</b>	27	170
<b>Date Financial Close</b>	21-11-07	30-04-09
<b>Operational start date</b>	03-08-09	28-11-11
<b>Contract Length (Yrs)</b>	30	30
<b>Payment Years Remaining from 2015</b>	20	22
<b>Unitary Payment (pa)</b>	£3,264,286	£22,348,816
<b>Variable Payment (pa)</b>	Board provides Soft FM	Board provides Soft FM
<b>Equity Providers</b>	St Andrews Hospital Ltd / Aberdeen Infrastructure	Consort / PARIO/ Infra Red (It should be noted that Balfour Beatty sold their share of equity to PARIO as of September 2018)
<b>Hard FM Provider</b>	Mears FM Group	Engie
<b>Soft FM Provider</b>	Board	Board
<b>Benchmarking Date</b>	N/A, Board provides Soft FM	N/A, Board provides Soft FM

It should be noted that Balfour Beatty Investments (part of the Consort SPV) have sold their 50% share in the VHK PPP site to Messrs Pario.

### 2.4.1 St Andrews Community Hospital

#### 2.4.1.1 Vehicle Incident 9/6/2016

Remedial work/reconstruction was quickly carried out following the car fire incident, and funded from the joint Project policy. A subrogation claim has been the subject of prolonged negotiation with the driver's insurance, and was finally settled in January 2019. This has now allowed the Insurance cost sharing calculations to be completed and overall project premiums to be reduced.

#### **2.4.1.2 BUPA Dental Care**

Following the takeover of Oasis Dental care by BUPA in the early part of 2018, the lease arrangements between NHSF and the Practice have been reviewed and updated. There are no material changes to the services, space use or function of the leased space.

#### **2.4.1.3 Day Theatre**

A supplementary agreement is currently being negotiated to reflect the lack of any clinical use for the day theatre area. This will be reflected in the Unitary Charge once completed.



### **2.4.2 Victoria Hospital (Phase 3) Kirkcaldy**

#### **2.4.2.1 Medium Temperature Hot Water (MTHW) leaks**

The main hot water distribution system for Phase 3 PPP has shown evidence of leaks and after investigation these have been attributed to Stress Corrosion Cracking. Consort has commissioned the services of ARUP to design, plan and programme the replacement MTHWP latent defects at VHK. Several meetings have taken place to find the best solution for the replacement which has the least impact on clinical services. At present we are still at the design stage of the programme, Fife Council Planning department have been in attendance to review planning issues with the proposed design. There are several options to

be considered, NHS Fife are in the process of identifying a clinical lead for the project. It is envisaged that works will start later on in the year

While the final repair work is carried out, it may be necessary to shut down elements of the heating and domestic hot water system within Phase 3 for varying lengths of time. The enabling works are to ensure that these shutdowns can be carried out with no effect on service delivery and comprise three separate phases as follows.

- Provision of temporary boiler plant has been located in the Renal car park and will enable heat to be provided to Phase 3 and the Retained Estate even if there is no connection in place to the energy centre. It will also be possible to direct heat between Phase 3 and the Retained Estate while leaving one of the circuits free for maintenance.
- Provision of bypass loop in Phase 3 service corridor to enable the changeover of circuits outlined above to take place and to enable sections of the system to be isolated.
- The Hot water storage system in Phase 3 will be fitted with electric heating elements to enable DHW services to be maintained at all times even if there is no MTHW available.

The full extent of the repairs has not been decided and it expected that even when liability within the Consort supply chain has been established the actual repairs will take some significant time.

#### **2.4.2.2 Theatre Pendants**

In 2018 NHS Fife replaced 2 theatre pendants at a cost of £50k at theatre 3 & 9. The new pendants will be used in the orthopaedic theatre suite. NHSF are responsible for the lifecycle and maintenance of both these pendants. Consort agreed to give the old pendants to NHSF which were recycled to the QMH Dunfermline. The pendants which were removed have been removed from the Consort asset list.

#### **2.4.2.3 Life Cycle Update**

NHS Fife have received the 2019/2020 lifecycle plan, this has been approved by both Consort and the Board

The baby tagging monitoring system has been approved by Consort and will be replaced in the 2019/2020 lifecycle

Other major lifecycle elements this year include;

- Hot/cold water flexible hoses,
- UPS battery bank replacement
- Repairs to boiler No. 1.
- Access control system,
- Ventilation systems, extract Fans and fire smoke damper controls.

#### **2.4.2.4 Continuous Improvement**

A trial of LED lighting in the areas adjacent to the main entrance foyer was installed in 2015. A review of the year of use indicated that wider application of this technology into the new build would generate an average 90% energy savings, an annual carbon savings of approximately 28 tonnes. The investment would have a payback of 2.6 years. Details are being considered by the Board.

Consort has been reviewing the potential to apply the TRIAD Avoidance criteria to Victoria Hospital. This would enable NHSF to avoid high energy charges from the National Grid at peak times. There is still some work to be agreed with regards to this due to implications with the current project agreement. Whilst there is potential for savings these will have to be offset against increased maintenance to the generators as well as additional fuel costs.

Engie have also raised concerns with regards to how the shutdown is managed in line with their maintenance programmes. Whilst there is significant capital costs involved with this project circa £250k NHS Fife have had dialogue with both Consort and Engie with a view to funding this project with NHSF providing payback through the savings.

A programme to derive rebates from OFGEM for the Renewable Heat Incentive has been undertaken and this has resulted in payments to NHSF of £100k in 2017 and £130k in 2018.

#### **2.4.2.5 Payment Mechanism**

NHS Fife are still at variance with Consort in relation to the Construction Energy Target and monies due.

NHSF are also in dispute with both Consort and Engie with regards to an access issue which affected the site in July 2018, it is hoped a resolution will be found soon.

### **2.5 Current Developments**

NHS Fife is developing master plans for the major hospital sites, as detailed later, which are medium to long term plans based on the clinical strategy. These master plans, as detailed in Section 8 - The Strategic Asset Plan, will determine the capital investment programme over a lengthy period of time, as and when funding becomes available.



The following section provides a summary of current projects by NHS Fife to ensure clinical service provision is maintained and improved to provide the best quality of care that meets the needs of the people of Fife and wider community.

### 2.5.1 Victoria Hospital

#### **Regional Elective Orthopaedic Unit**

The project involves the re-provision of the elective orthopaedic service at Victoria Hospital, Kirkcaldy (VHK). The existing orthopaedic service provides a dedicated environment in which patients within the catchment of Fife can be treated. The service currently performs extremely well, demonstrating a high level of attainment against relevant benchmarks and KPI's but is held back by condition and functionality of the existing environment in which the service is provided from. The investment proposal therefore seeks to maintain current performance levels whilst safeguarding the service over the longer term via the provision of a sustainable healthcare environment.

An Initial Agreement set out a number of possible options for implementation, the present preferred option leans towards re-providing the existing service within another more sustainable location within Victoria Hospital. In January 2019 confirmation was received that our £30m bid has been successful and we are now progressing with OBC.

#### **Phase 2 Tower**

The prime backlog focus remains the condition of the tower block and podium which is now 50 years old and generally in need of refit; c£30m in backlog is attributed to this building.

The service infrastructure is poor and failure of the cast iron drainage system is commonplace giving operational cause for concern. As part of the VHK site Master Plan and Site Optimisation initiative, our goal is to remove inpatient services from the Phase 2 tower block and occupy with outpatient and non-clinical services. (See section 6). Most inpatient services have now been moved from the tower to reduce risk but we still require the capacity for other outpatient services.

The external concrete clad curtain walling was given temporary repair and recoating some 8 years ago but the manufacturer's warranty has lapsed. A further professional survey has given assurance that the cladding will last a further 5 years giving us time to relocate the remaining in patients and progress with the decant strategy.

The aluminium window cladding system is also showing signs of aging and a number of windows sections have failed when left open during high winds. The system incorporates asbestos panelling therefore proposals to replace the entire curtain walling systems around the tower are being investigated.

In all, it will be a difficult project to refurbish the exterior of this not inconsiderable 21,000m<sup>2</sup> build given access issues and necessary continued occupation of the lower three larger podium floors.

### **Hayfield House**

Continued subsidence at Hayfield House is giving cause for concern over the long term viability of this block, surveys showing an estimated 5 year life span.

## **2.5.2 Queen Margaret Hospital**

The modular build vacated by the move of women and children services to the main hospital has now been fully occupied by paediatric ophthalmology.

Systems giving cause for concern are boilers and steam distribution which is well past recommended life and a move to decentralised medium temperature hot water is progressing.

## **2.5.3 Stratheden Hospital**

NHS Fife are working closely with SFT and other property advisors to develop a site master plan which will align both the clinical and estates medium to long term aspirations by disposal of approximately three quarters of the site area, retreating to the north west corner where most of the sites newest build is located. Site infrastructure is being reviewed to accommodate this as the main electrical and water supplies are fed to areas within the proposed disposal site.

Historic Scotland has confirmed there is no intention to list any of the properties at this site. We are currently in negotiations with Fife Council regarding the sale of a land to the north of the site for the development of 20 affordable houses.

## **2.5.4 Lynebank Hospital**

Although still classed as mental health facility under EAMS, Lynebank hospital to the east of Dunfermline has been progressively reconfigured to accommodate a growing range of administrative and storage functions and a Dental access centre.

At the present time discussions are ongoing with developers to purchase the 'North Plot' however local drainage issues are holding up completion.

## **2.5.5 Other Developments (to Strategic Assessment stage – See Appendices)**

### **Lochgelly Health Centre**

The current Lochgelly Health Centre has been assessed as increasingly unfit for purpose and given the potential developments in the local area; a replacement facility is being sought.

This facility and the services delivered through it were identified as a strategic investment priority by NHS Fife who, since completing a Strategic Assessment, have been working with East Central Hubco to support the development of an appropriate Initial Agreement Document, (IAD). This IAD provides an overview of the existing facility-related challenges; identifies a future service delivery model; presents an overview of the preferred way forward; and begins to scope what a re-provided service model/facility will look like.

### **Kincardine Health Centre**

Similar to Lochgelly, Kincardine Health Centre is currently assessed as increasingly unfit for purpose and while the potential developments in the local area are not particularly significant, they are likely to impact unfavourably on an already strained facility and therefore a replacement facility is being sought.

In early 2019 Fife Health and Social Care Partnership and Scottish Government began work in partnership to strengthen the Initial Agreement Documents concerning health centre developments in both Lochgelly and Kincardine. Working together on an initiative called Local Care, a refreshed IAD will be submitted to Scottish Government in summer 2019 for review by the NHS Capital Investment Group. Local Care is a community based approach which offers holistic, multi-disciplinary assessment and local care co-ordination to people with multiple and often complex conditions. This approach is very much embedded in primary care. It has been agreed that Fife – with a focus on Kincardine and Lochgelly – will be a pathfinder project for Local Care. This is welcomed as it is anticipated that support from Scottish Government and Scottish Futures Trust could accelerate the high health gain approach that is already underway under the HSCP Joining Up Care transformation.

### 3.0 Asset Condition and Performance

A Property and Asset Management Strategy is first and foremost a document that sets a strategic direction for the management of assets, be they Buildings, Vehicles, Medical or Information Management and Technology equipment. In defining this strategic direction, cognisance must be taken of the environment within which the assets will be required to operate in. This section describes the major aspects that influence strategic decisions and suggest key performance indicators that NHS Fife aspires to.

(NB Based on the developments described previously, predicted changes applying to the property facets have been forecast and are highlighted below. These predictions are subject to change each year as information is updated. One aspect that has resulted in increases in costs for backlog maintenance and statutory standards is an inflationary increase of 3.71% applied for 2018/19.)

#### 3.1 State of the Board's Property Assets

Analysis of Property Performance/m2				
Facet	Very Satisfactory	Satisfactory	Not Satisfactory	Unacceptable
	A	B	C	D
Physical Condition	24.42%	52.92%	22.30%	0.35%
Functional Suitability	25.33%	47.33%	17.71%	9.63%
Quality	25.49%	39.53%	25.91%	9.07%

Space Utilisation	Empty	Under Utilised	Fully Utilised	Overcrowded
	10.17%	11.23%	75.11%	3.49%

Average SCART Score	63.50%
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Change in Property Performance from 2018 Report				
Facet	Very Satisfactory	Satisfactory	Not Satisfactory	Unacceptable
	A	B	C	D
Physical Condition	↓0.84%	↑4.72%	↓3.88%	0.00%
Functional Suitability	↑2.03%	↓1.11%	↓0.63%	↓0.3%
Quality	↑2.02%	↓0.87%	↓0.88%	↓0.28%

Space Utilisation	Empty	Under Utilised	Fully Utilised	Overcrowded
	↓0.29	↓0.11	↑0.57	↓0.12

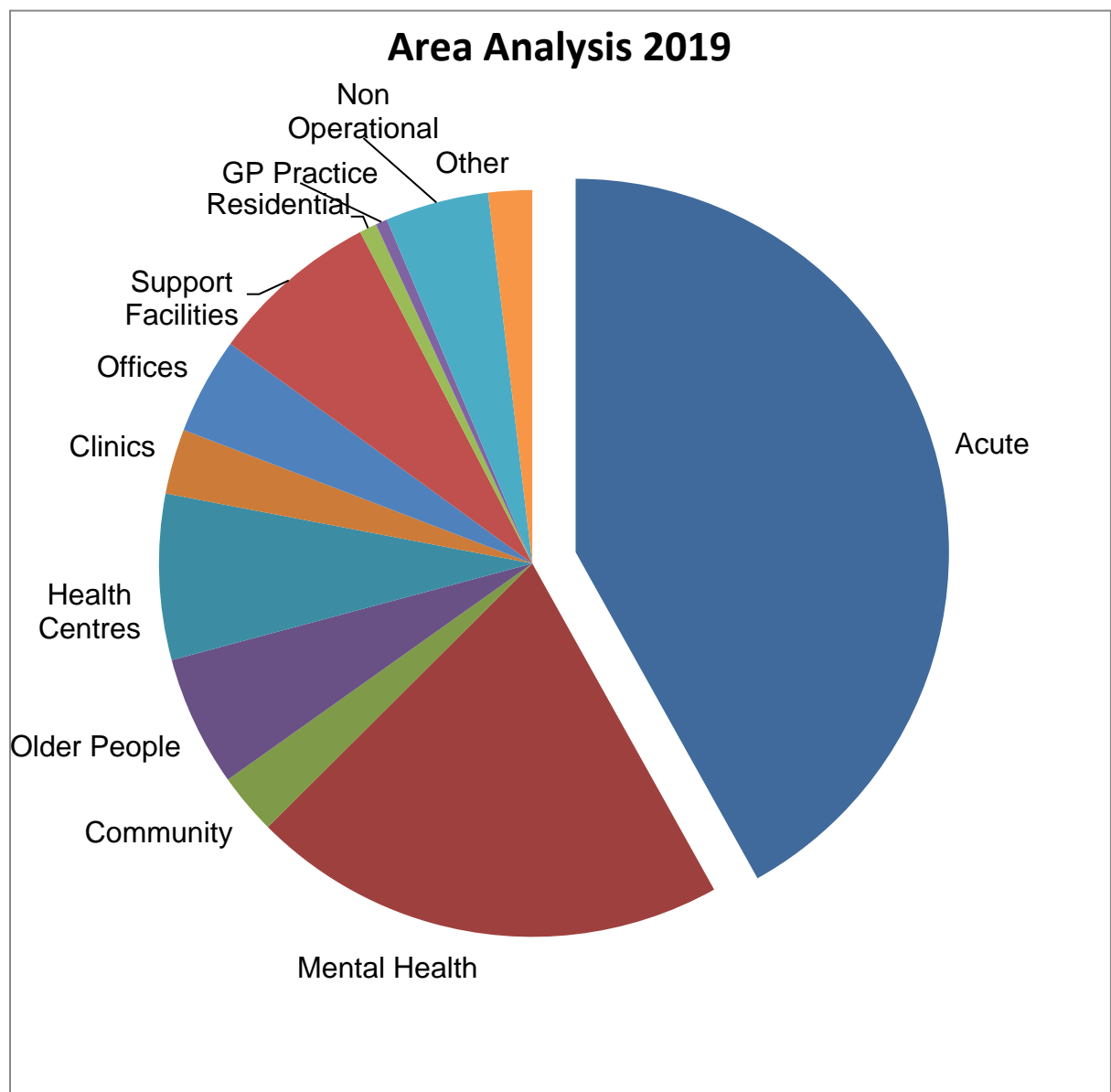
Average SCART Score	↑0.65%
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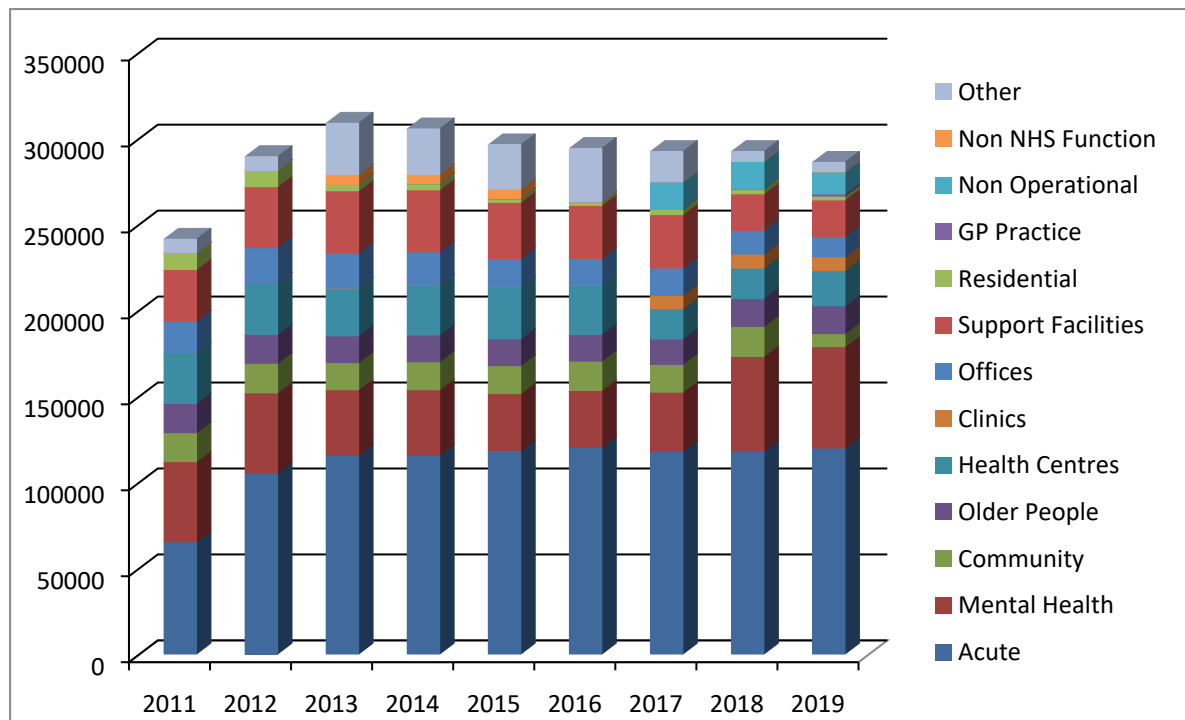
### 3.1.1 Area Analysis

The total gross internal area (GIA) of NHS Fife properties at 31<sup>st</sup> March 2018, including vacant and surplus properties was measured as 291860.42m<sup>2</sup>.

This represents a 0.26% increase compared to the previous year due to the addition of Airlie Medical Practice offset by the sale of Hazel Avenue and Hayfield Clinic.

The total area also includes 15,994m<sup>2</sup> of surplus buildings, (Non Operational), at Forth Park Hospital and Fair Isle Clinic.





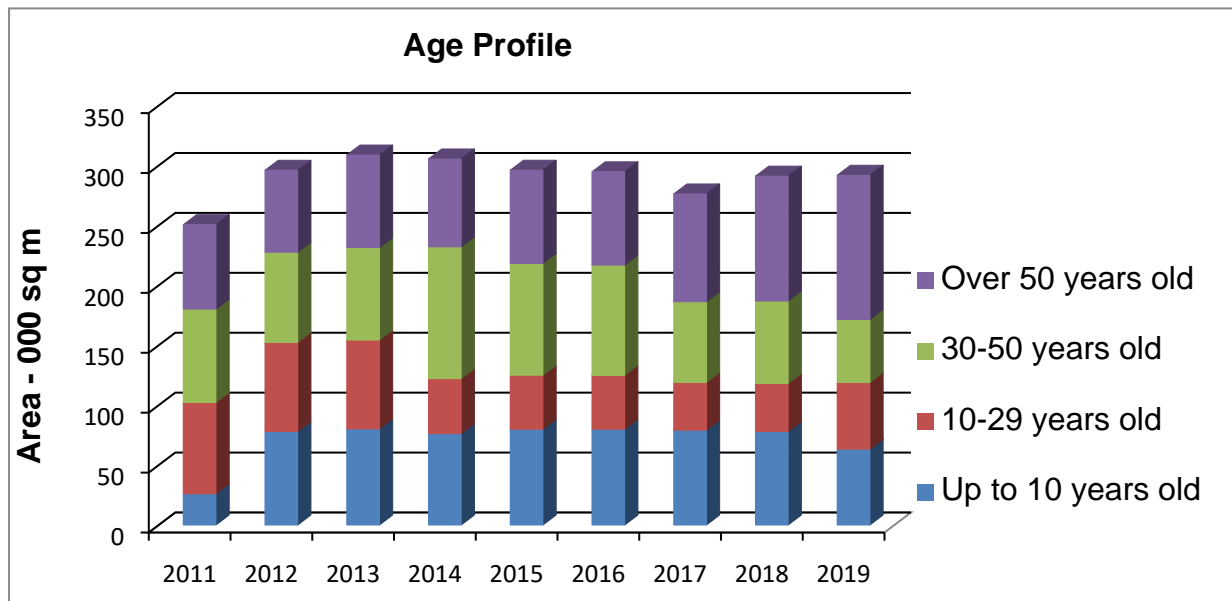
The base data review for NHS Fife Properties is now complete producing a net INCREASE in Primary Care property area approaching 10% in 2018. All CAD plans have been amended accordingly, our EAMS database and new MiCAD Facilities Management systems now utilises this attribute data, each room across Fife now has a unique address and is being labelled accordingly.

We have reviewed all changes to Victoria Hospital and Queen Margaret sites which were extensively remodelled over the last few years, updated CAD plans enabling gross internal areas to be calculated to producing consistent reporting.

A full review of Functional Suitability, Space Utilisation and Quality has been carried out, the results of which are detailed in Appendix D.

### 3.1.2 Age Profile

The relative age of NHS Fife property is high showing over 41% of buildings more than 50 years old as opposed to the national average of 23%. It is hoped that disposals will address most of this but undoubtedly contributes to the high cost per m2 of backlog maintenance in Fife.



### 3.1.3 Physical Condition

#### Physical Condition/Statutory Standards/Backlog Maintenance

Through a combination of capital investment, asset rationalisation and performance enhancements, improvements in the categories of physical condition and statutory standards will be realised. As these improvements are realised, reductions in the level of backlog maintenance will also be achieved. Using data contained within the Estates Asset Management System, the NHS Scotland Statutory Compliance and Risk Tool, the NHS Fife Risk Management application, Datix and the NHS Fife Fire Compliance Plan, a Capital Investment Plan is developed based on risk assessment. Additional items for inclusion in this plan are also identified in HAI and other inspections, etc. This plan identifies the projects that will be undertaken in the coming financial year and will be reviewed annually to align funding allocations with requirements.

The aim for NHS Fife is to bring at least 90% of all essential properties to a minimum condition 'B' (Satisfactory) by 2020.

The programme to achieve this has been determined through risk analysis and projected available funding or disposal and targeting of remaining essential properties which fall within the 'Unsatisfactory' condition category.

This is proving difficult due to the high levels of investment required around the Victoria Hospital Tower block and other phase 2 buildings which have recently reached 50 years old and must now be classified as Condition C. These works were expected in 2012 but capacity issues precluded moving forward. Decanting of the tower in particular will be necessary to carry out works and an Initial Agreement will be drawn up shortly to consider options now that the majority of inpatient services have been relocated. The building is however still fully utilised.

The 5 yearly property appraisal survey's supported by Health Facilities Scotland should have targeted Health Centres and Clinics in 2018/19 but the concern over the Tower block prompted available resource to be directed here a year early.

It is important to understand the risk around continued deterioration and/or failure of estate assets. As the Property Asset Management Strategy moves forward it will be important for the Board to take investment decisions based upon the risk areas in relation to the physical condition of the estate and to develop risk prioritised investment plans which address any shortfalls.

To address this, we have in the past provided support finance to extend surveys to ensure the program of 5 yearly reviews is maintained. Although the 2018/19 support covered a larger area due to the single block size (phase 2 tower block at c21,000m2) it is expected that future contributions will need to increase. To address this, NHS Fife has now employed a direct resource to carry out the requisite surveys and provide a flexible approach to the reviews.

### 3.1.4 Functional Suitability

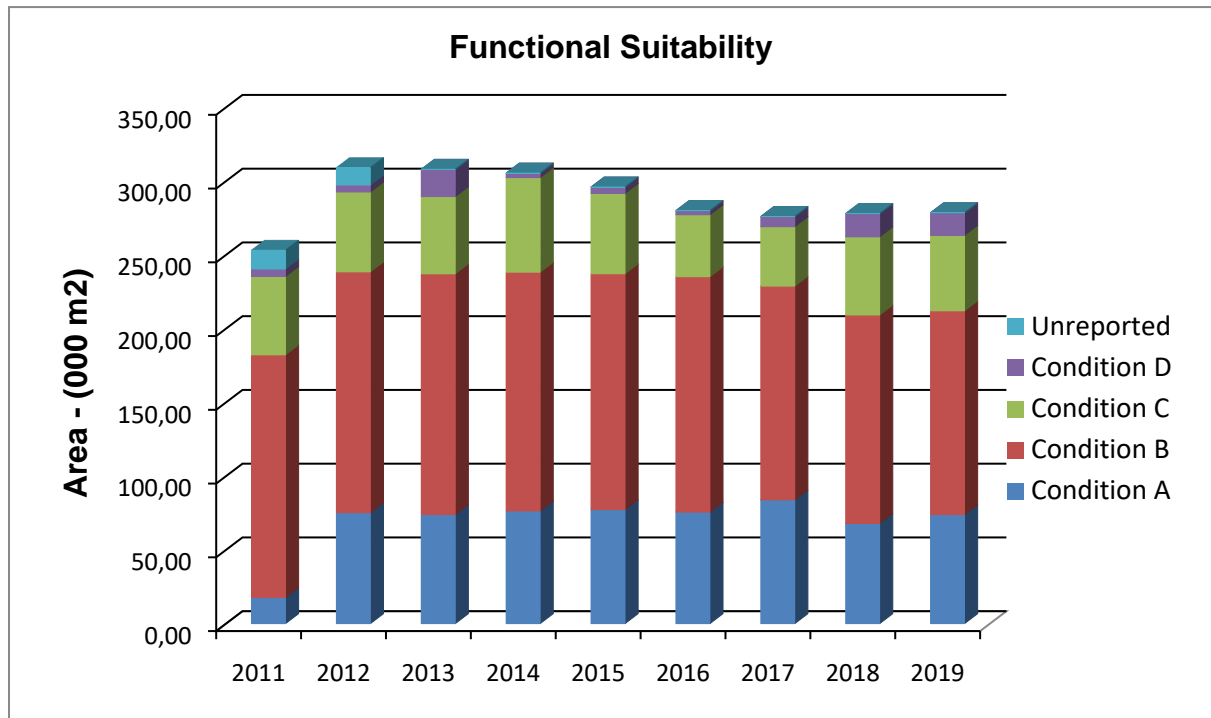
The aim of functional suitability assessment is to determine how well the available accommodation supports delivery of healthcare and is assessed on the basis of 3 elements: internal space relationships; support facilities and location.

The aim of NHS Fife is to bring the functional suitability of 90% of all essential properties in use to either 'Satisfactory' or 'Very Satisfactory' assessment level by 2020. It was hoped this would be achieved through the acquisition and disposal of properties and implementation of the current investment plan. In those areas requiring improvement the aim will be to ensure:

- The layout of the accommodation allows safe and effective service delivery;
- The available accommodation is sufficient for the department to function appropriately;
- Critical rooms are adequately sized;
- Good observation of patients is possible.
- Adequate toilet and bathrooms facilities are available;
- Adequate storage space is available;
- Adequate seating and waiting space is available;
- Public areas are accessible for all.
- Location close to inter-dependant departments; and,
- Access via vertical or horizontal circulation is good (lifts, stairs etc).

This is however proving very challenging given the relative age of the estate and lack of capital funding which would allow reconfiguration when backlog repairs are addressed. The results for Functional Suitability facet are given in the chart below and show that a total of only 77% of the total gross internal area (GIA) of operational estate is 'Satisfactory' or 'Very Satisfactory'.





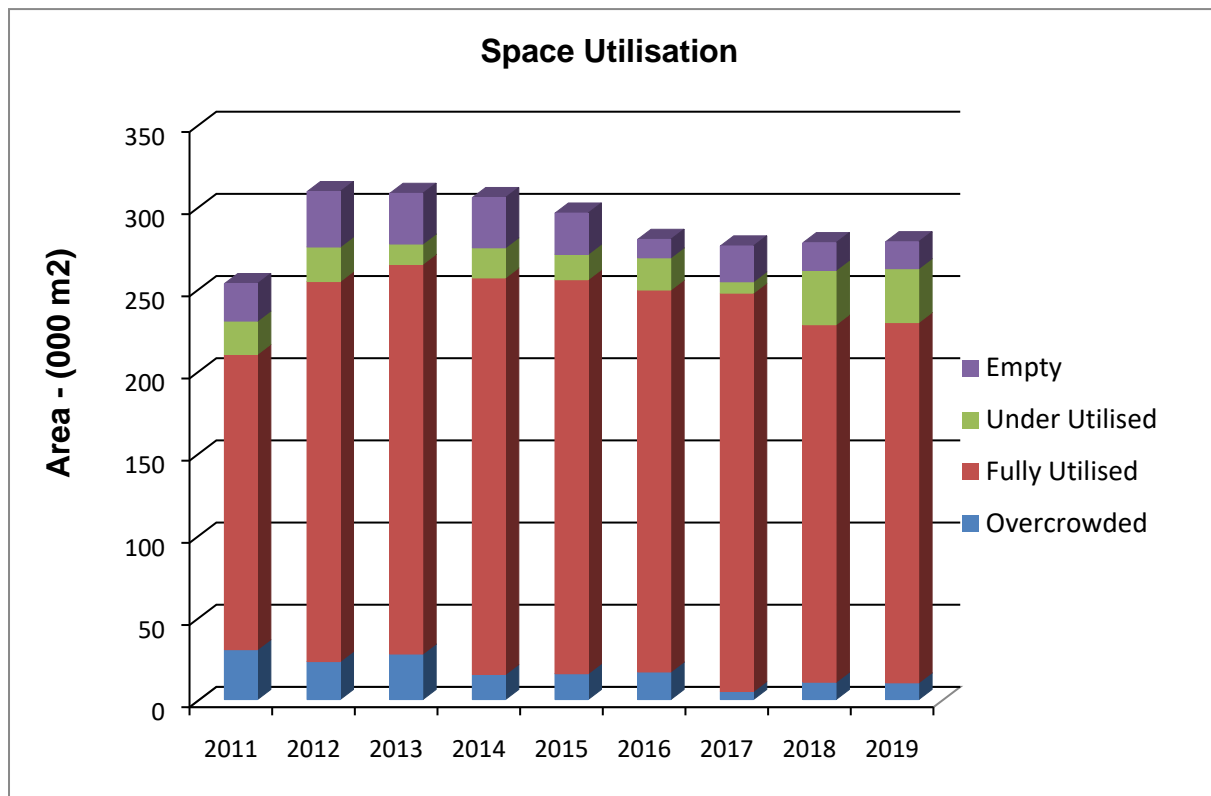
### 3.1.5 Space Utilisation

The NHS Fife aim with regards to space utilisation will be to bring 90% of essential properties within the 'Fully Utilised' category. This will ensure, that retained spaces which are currently underutilised will be used intensively and that:

- Usage is maximised over time i.e. on a working day and/or on a working week;
- Space usage will compare favourably with national guidance; and,
- This approach will assist in ensuring that all remaining space in use is productive and essential to the provision of healthcare

The procurement, refurbishment and disposal of properties in line with clinical service will contribute to improving space utilisation standards; however it is incumbent upon NHS Fife to instil an attitude of effective space management within all relevant staff and to ensure that a general awareness of space management opportunities is created. This will be done through existing management forums, the NHS Fife Facilities Managers taking the lead on this.

The potential changes in space utilisation facet are a result of planned disposals and updating of Space Utilisation assessment figures as a result of improvements and shows that it may be possible to achieve the target figure. A space management group has been formed whose main objective is to actively manage NHS Fife's space.



2018/19 figures for the Space Utilisation facet show that a total of 18% of total GIA was under-utilised which includes a sizable number of vacant blocks at Stratheden and Cameron Hospitals.

### 3.1.6 Quality

The aim of the quality assessment is to determine how well the available accommodation provides a comfortable, modern, pleasing environment in which healthcare services can be provided. It is assessed on the basis of three elements: amenity; comfort engineering; and design. The current report shows 32% of NHS Fife property being 'Not Satisfactory' or 'Unacceptable'.

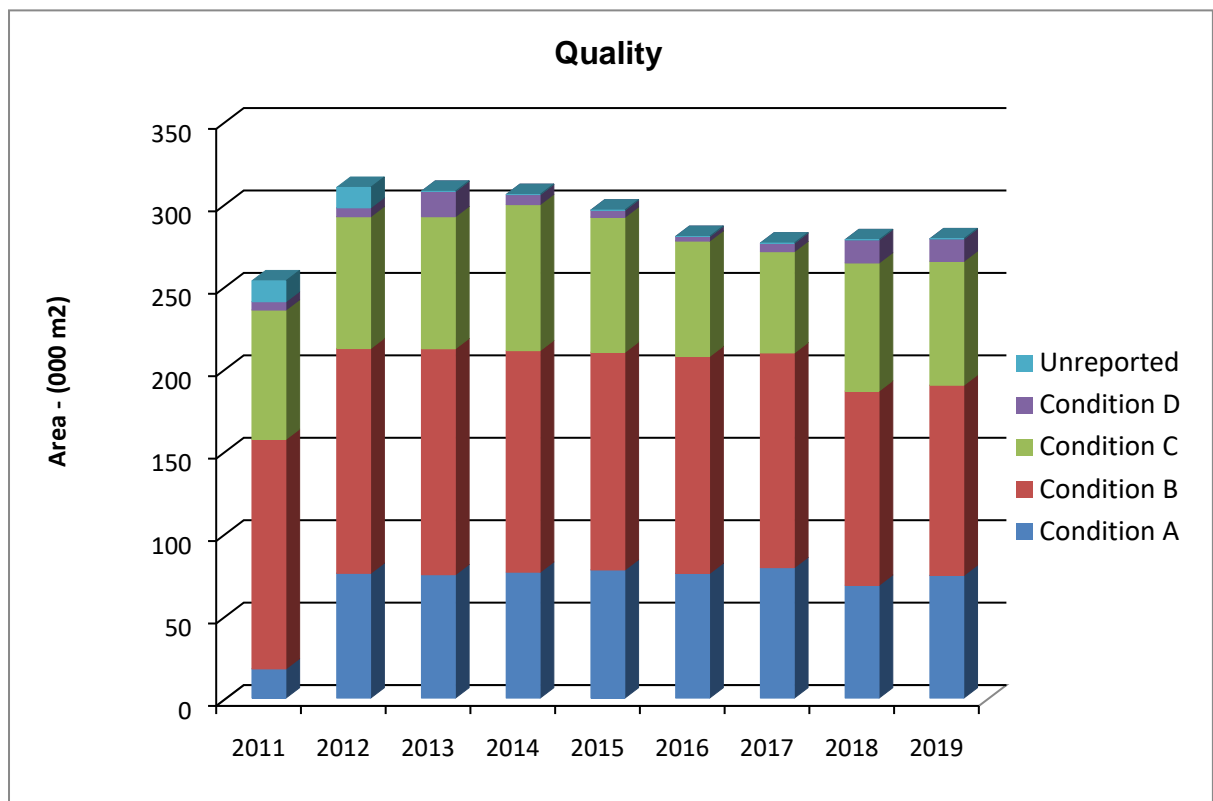
The NHS Fife objective in relation to the quality of our properties is to seek 90% of essential properties fall within the 'Satisfactory' or 'Very Satisfactory' categories. In those areas presently not within those categories the aim will be to provide:

An attractive and pleasing area for patients and staff (for example in terms of privacy, dignity, comfort, working conditions, signposting;

- An acceptable environment (for example is it well lit, adequately heated and cooled, noise and odour free); and,
- An internal/external environment attractively designed (for example in terms of good colour schemes, well decorated, well furnished, enhanced by art, plants, landscaping, views etc).

The potential changes in quality facet are a result of planned disposals and updating of Quality facet assessment figures as a result of improvements and shows that it may be possible to achieve the target figure.

The chart highlights the appraisal of quality and shows that a total of 67% of GIA was either 'Satisfactory' or 'Very Satisfactory', an increase of over 1% compared to the previous year.



## **3.2 Statutory Compliance and Assurance**

### **3.2.1 Overview**

NHS Fife confirms that there are measures in place to manage and control all identified statutory compliance and risks within Estates and Capital Services.

These measures include an estate wide Health, Safety and Risk Management Committee chaired by the Head of Estates and reporting directly to the Director of Estates, Facilities and Capital Services, a continual appraisal of staff training requirements through TURAS, the employment of a specialist health and safety advisor dedicated to compliance and access to the expertise of Authorising Engineers and compliance audits.

Where a gap in statutory compliance has been identified NHS Fife has a risk register and a risk based action plan in place to manage this risk. This Assurance Statement also includes PPP sites.

### **3.2.2 Where are we now?**

NHS Fife has a reporting structure in place (Appendix C.1). Through this structure the SCART risk / compliance status is reported on a regular basis.

SCART activity is an agenda item at the Estates Managers Meetings, the Estates Health and Safety Meetings and the Risk Management Meetings. This ensures that senior managers and other relevant personnel are aware of any outstanding issues. However, moving forward there is no agreed KPI's or a detailed reporting matrix to show comparisons.

There are departmental procedures and plans in place for the management of health and safety for all our staff and their day to day activities. This includes arrangements for monitoring the effectiveness of the control systems in place.

#### **3.2.2.1 Responsibility for Statutory Compliance within NHS Fife.**

Within NHS Fife the chief executive has the overall accountability for ensuring that the organisational structure, arrangements and resources exist to implement the Health & Safety Policy, its objectives and associated plans to ensure the health, safety and welfare of staff employed by NHS Fife and all persons (e.g. patients, visitors, contractors) liable to be affected by the activities of NHS Fife.

The NHS Fife Board is responsible for ensuring that NHS Fife complies with all the relevant standards inclusive of those related to health & safety. Authority is delegated to the NHS Fife Health and Safety Sub Committee which is required to provide regular reports on work undertaken to the Board.

The Director of Estates, Facilities and Capital Services also has the responsibility to oversee health and safety within NHS Fife and will report any known

significant organisational failings to the Chief Executive. Many of the duties arising from this responsibility are delegated to senior managers, line managers and to the Health and Safety Manager.

### **3.2.2.2 What measures are in place to manage and control Statutory Compliance risks?**

NHS Fife employs various control measures to ensure compliance, these include: use of the SCART tool, a dedicated compliance team, policies, procedures and audits of these control measures by both internal and external resource.

Where a gap in statutory compliance has been identified NHS Fife has a risk register and a risk based action plan in place which is assessed against three criteria, risk of harm, risk to board and risk to service. The risk register is reviewed bi-monthly at the Risk Management Meeting and all risks with a risk rating of 15 or more are then reported to the Executive Directors Group through the Board Assurance Framework. See appendix 3 for an excerpt of the SCART Action Plan.

There is an ongoing program of compliance audits for each site owned or operated by NHS Fife. These audits are recorded and evidenced on SCART. These audits have not been planned at present as the full resource has been concentrated on completing the audit within the Victoria Hospital.

There is a newly formed dedicated compliance team in place, which consists of a compliance manager, a compliance officer, 2.5 wte fire advisors and an admin assistant. The compliance department has autonomy and reports directly to the Head of Estates.

There is a full suite of policies and estates standard operating procedures available either through our NHS Fife Intranet page or from the department shared drive.

There is also :

- NHS Board Health and Safety Committee that convenes on a quarterly basis.
- A Corporate Risk Register in place.
- Appropriately trained staffs that are aware of their responsibilities.
- Comprehensive risk assessments in place.
- Authorising Engineers available to provide advice, information and practical assistance. These specialist advisors work with Line Managers and Supervisors to assist with statutory compliance requirements.

### **3.2.2.3 Where does the Board fall short on managing Statutory Compliance?**

NHS Fife takes their responsibilities with regard to statutory compliance seriously and is aware of the consequences of breaching Health and Safety Law.

The following issues were identified in Financial year 2018/19

- NHS Fife received one improvement notice relating to the Estates Dept. These issues were addressed by a comprehensive action plan and appropriate action and the improvement notice was closed.
- Contracts are in place to ensure thorough inspections for LOLER and Pressure Vessels are carried out, but there is no system to show NHS Ownership / control or an overview of the current situation.
- Documentation / Service Reports / Survey Information etc are not held in a central place where everyone, who requires, has access to it. Data is still stored on personal drives.
- Estates Standard Operating Procedures are out dated and have not been trained out.
- Additional Procedures need to be created to standardize operations across the estate
- Additional Authorised Persons are required to cover absence/ holidays etc.
- Contingency plans need to be created for the loss of various services.
- No SCART KPI / matrix report in place for communication up to director level.

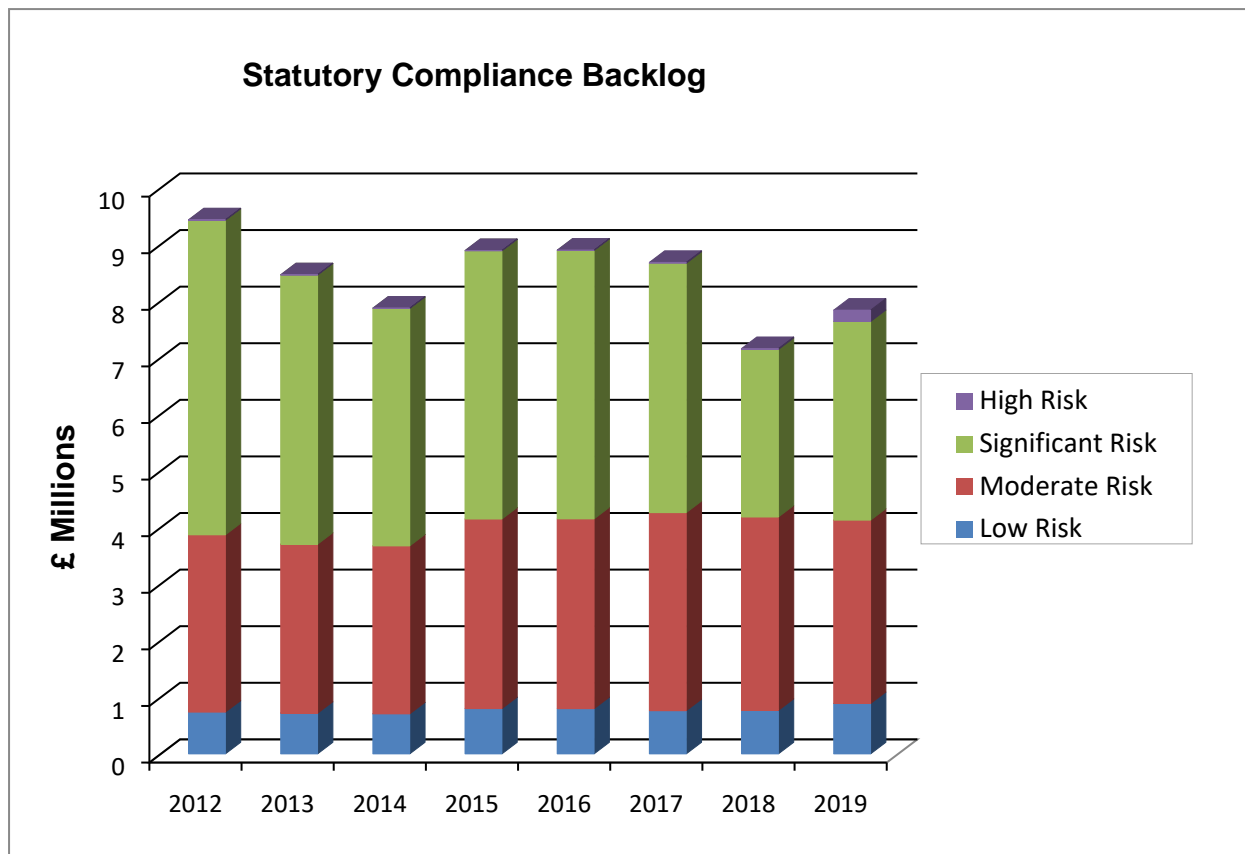
### 3.2.2.4 Current SCART Scores

The current maximum risk score, average risk score and compliance % score for the NHS Fife is:

	2017/18	2018/19	Difference
Maximum Risk	n/a	25	n/a
Average Risk	n/a	8.6	n/a
Compliance %	62.9%	63.5%	+0.6%

The small increase in compliance %age score is due to individual site audits now being carried out and accurately recorded/evidenced in SCART, these are not yet fully complete and the score will increase significantly when this process is finalized. Previous audits were “sector” based audits and were a generalization across the sector. The Average Risk across NHS Fife has reduced from 2016/17 scores (not shown), this is due to the high risk items being prioritised and actioned. A detailed breakdown of the topics, risk and %age compliance can be found in Appendix C.2.

### 3.2.2.5 Statutory compliance backlog maintenance recorded in EAMS



### 3.2.2.6 How is this being reviewed?

The need to further improve is discussed at the Estates Managers bi-monthly meetings and any issues that cannot be resolved quickly are recorded on the Estates Risk Register. SCART is also a standing item on the Estates H&S Risk Management Meetings.

### 3.2.3 How do we get there?

NHS Fife continues to invest in achieving the required improvement in statutory compliance and aims to reduce, so far as reasonably practicable, all non compliant items in essential properties by 2020. A 75% compliance score was originally targeted by the Head of Estates, however the individual site baseline audits are yet to be completed. Once these audits are completed, we will re-evaluate where best to invest resource.

#### 3.2.3.1 What needs to change to further improve Statutory Compliance:-

- MiCAD needs to be developed to hold all the compliance & service information in a central location. This will also allow NHS Fife to show ownership and control.
- Appoint all the required people.

- Key Performance Indicators to be set for continual improvement.
- Procedures need to be updated / created and trained out across NHS Fife estates to ensure all sectors are working in the same manner.
- Staff awareness of the implications of non compliance.
- A detailed working manual needs to be created to ensure all staff knows how to restore services in the event of a loss.
- SCART KPI / reporting matrix to be created for detailed reporting. With high risk topics being added to the estates risk register and a SCART risk being added to the corporate risk register.

### **3.2.3.2 SCART audits**

An annual audit program covering the 39 topics for all large / Estates manned sites where records are normally held should be created and published. This will identify good practices across the different sectors and allow these good practices to be rolled out across the other sector areas, thus ensuring consistency across NHS Fife.

During the next year a baseline will be established, identifying the high risk and non-compliant topics. This information will then be used to draw up the following years audit program.

As issues are resolved SCART should be updated to reflect the current SCART status. This ensures that SCART is a dynamic tool holding up to date information on all 39 compliance topics.

### **3.2.3.3 Action plan**

The first phase of the action plan is to identify all the actions to be taken and the priority of action to be taken. When the first phase is completed, the second phase is to add resources and timeframes required to complete. Responsibility to manage the implementation of the action plan will also be added. Example of the action plan can be found in Appendix C.3.

### **3.2.2.4 Training**

Within NHS Scotland we use the TURAS tool. Each member of staff has a personal development plan and as part of this tool we interview staff to identify staff training needs and agree future training requirements. Mandatory training is also identified on our Training Needs Analysis and is trained out as required by Scottish Health Technical Memorandum Documents for the required staff. We also review staff training on a regular basis.

Example of our Training Needs Analysis and Training Database can be found in Appendix C.4 & C.5.

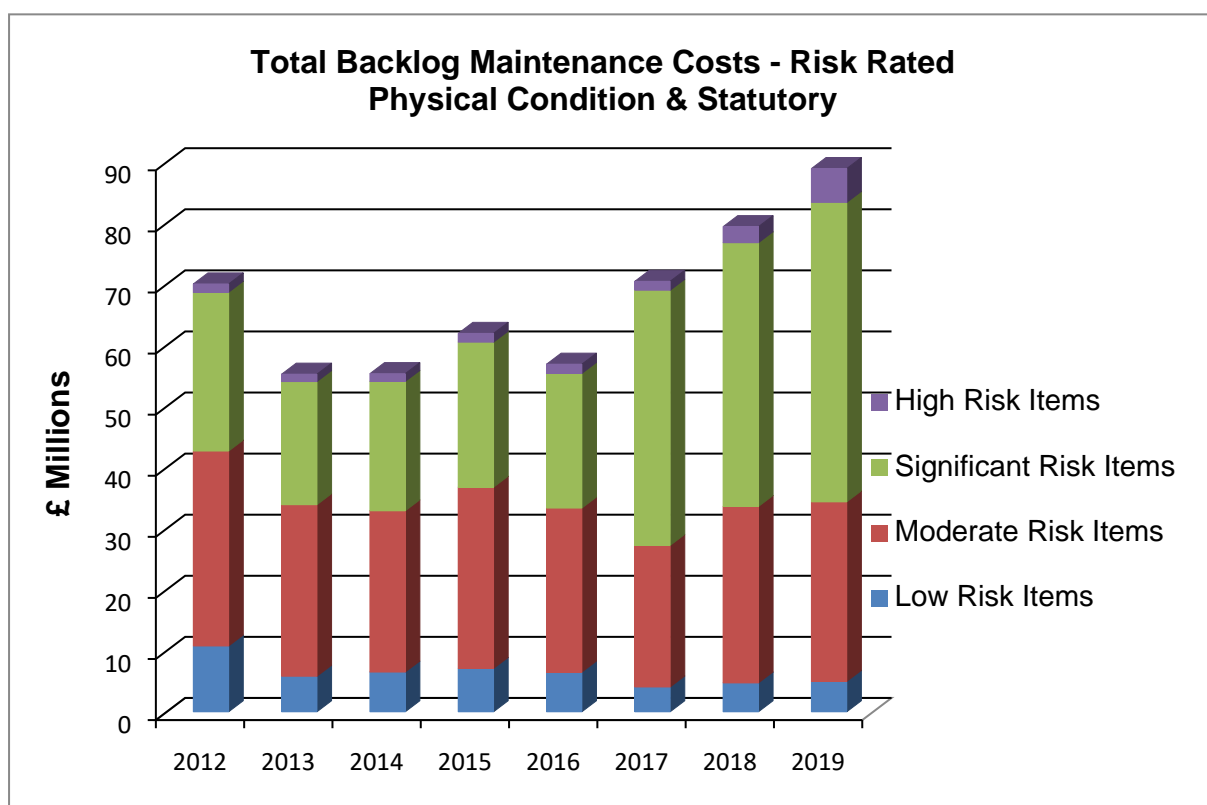


### 3.3 Backlog Maintenance

The investment required to bring NHS Fife properties up to an acceptable Physical Condition is known as “backlog costs”. The guidance defines backlog costs as the costs required to bring an element up to an acceptable condition (i.e. A or B). The guidance also states that the backlog costs should be expressed as a works cost only. Additional costs that are dependent upon the solution chosen (VAT, Fees, Decant, and Temporary Services) are excluded from the backlog costs; however, these are included within project costs brought forward for consideration.

Backlog maintenance is prioritised using the Estates Risk Register and SCART data. High risks and statutory non compliance are prioritised using the calculated risk score and action plans prepared accordingly. Capital funding is then allocated to eliminate these high risk areas whilst considering the long term strategic importance of the premises

For larger projects that require significant capital funding, these will be phased over several years; Examples of these could be asbestos removal, fire compartmentation and legionella works.



77% of NHS Fife's total Gross Internal Area of 291,860.42m<sup>2</sup> is now in excellent or satisfactory physical condition; however, this increases to nearly 81% when excluding non operational estate. Aspects of the physical condition of the estate which fall into an unsatisfactory category are risk rated relative to clinical service impact and are incorporated into the NHS Fife Capital Plans.

The risk assessed backlog costs for NHS Fife are currently £5m for Low Risk Items, £29.4m for Moderate Risk Items, £49m for Significant Risk Items and £5.5m for High Risk items.

This gives a total risk assessed backlog maintenance figure of £88.9m at 31<sup>st</sup> March 2019 which includes £5.35m of backlog costs associated with properties that are vacant and have been declared surplus. Rationalisation of the use of NHS Fife Estate results in ongoing reductions in the level of backlog maintenance, however, this reduction can only be applied when the building or property is demolished or sold. If a building or property remains in the ownership of NHS Fife then the backlog maintenance burden also remains. These figures detailed reflect the position at a particular date and are therefore subject to change when buildings are reassessed and data updated.

In 2018/19, conditional appraisal surveys were directed solely at the Phase 2 Tower Block at Victoria Hospital which was highlighted last year as our prime concern. It was envisaged that the tower be refurbished immediately after the completion of Phase 3 PPP in 2012 but the extent and complexity of the required works combined with the level of inpatient wards requiring decant was financially prohibitive at that time. The site strategic plan sees removal of all inpatient accommodation from upper levels and will allow flexibility in the complete refurbishment and cladding works.

Major changes of note from 2018/19 are increases of £7.3m noted at VHK Phase 2 tower block, £1m to The Sir George Sharp Unit at Cameron, £1m at Whytemans Brae Hospital, £1.9m of external repairs at Stratheden. More minor changes appear due to disposals and other changes in tenure but the final position is noted in Appendix B.

## Summary of Property Appraisal Results By Site for NHS Fife (Backlog £)

Site Code	Site Name	Use	Low	Moderate	Significant	High	Unreported	Total
F003B	Bennoch Health Centre	Clinical	0	11,360.85	0	0	0	11,360.85
F004T	Fife College of Nursing & Midwifery	Non-Clinical	142,075.47	767,207.45	936,448.40	93,339.00	0	1,939,070.32
F012A	Area Distribution Centre	Non-Clinical	4,059.29	75,773.56	40,592.96	0	0	120,425.81
F013A	Matthew Street, 26	Non-Clinical	8,337.12	6,765.49	22,686.68	20,742.00	0	58,531.29
F016C	Dalgety Bay Clinic	Clinical	2,706.18	6,449.30	30,751.57	0	0	39,907.05
F031B	Airlie Medical Practice	Clinical	0	4,459.53	0	0	0	4,459.53
F701H	Cameron Hospital	Clinical	48,548.25	403,228.48	865,447.06	671,650.27	0	1,988,874.06
F701H	Cameron Hospital	Non-Clinical	208,871.52	384,068.68	810,179.61	399,527.39	0	1,802,647.20
F704H	Victoria Hospital	Clinical	2,140,355.15	13,667,248.31	29,411,303.20	664,094.59	0	45,883,001.25
F704H	Victoria Hospital	Non-Clinical	140,563.60	844,229.33	2,540,733.97	119,266.50	0	3,644,793.40
F705B	Kennoway Health Centre	Clinical	0	0	21,649.60	0	0	21,649.60
F705C	Dovecot Clinic	Clinical	6,475.69	158,711.02	13,860.23	0	0	179,046.94
F705H	Forth Park Hospital	Non-Operational	0	4,993,069.28	13,046.96	0	0	5,006,116.24
F706B	Kirkcaldy Health Centre	Clinical	31,121.28	113,423.72	0	0	0	144,545.00
F707B	Leven Health Centre	Clinical	0	0	8,118.58	0	0	8,118.58
F708B	Masterton Health Centre	Clinical	795.24	150,758.42	0	0	0	151,553.66
F708H	Adamson Hospital	Clinical	7,259.70	73,647.35	171,640.05	32,668.65	0	285,215.75
F708H	Adamson Hospital	Non-Clinical	3,984.39	1,037.10	67,411.50	0	0	72,432.99
F709B	Cupar Health Centre	Clinical	0	12,143.69	0	0	0	12,143.69
F709C	Fair Isle Clinic	Non-Operational	67,645.32	92,735.15	180,689.86	0	0	341,070.33
F710B	Pitteuchar Health Centre	Clinical	25,675.52	186,885.95	21,699.22	0	0	234,260.69
F710H	Randolph Wemyss Memorial Hospital	Clinical	26,899.36	117,777.68	100,598.70	32,668.65	0	277,944.39
F710H	Randolph Wemyss Memorial Hospital	Non-Clinical	18,631.77	141,215.30	1,136.08	0	0	160,983.15
F711B	Cardenden Health Centre	Clinical	2,706.18	4,059.29	18,808.08	0	0	25,573.55

F711H	Whytemans Brae Hospital	Clinical	133,720.52	1,453,155.86	3,249,892.07	243,199.95	0	5,079,968.40
F711H	Whytemans Brae Hospital	Non- Clinical	18,809.48	59,530.83	261,913.70	5,185.50	0	345,439.51
F712B	Kinghorn Health Centre	Clinical	1,363.30	122,924.38	9,202.28	0	0	133,489.96
F712C	Ladybank Clinic	Clinical	6,765.47	4,059.29	0	0	0	10,824.76
F712H	Stratheden Hospital	Clinical	96,952.87	392,714.18	231,385.26	0	0	721,052.31
F712H	Stratheden Hospital	Non- Clinical	687,792.35	1,335,110.03	4,316,711.40	31,631.55	0	6,371,245.33
F713C	Leslie Dental Access Centre	Clinical	0	1,353.09	79,832.87	0	0	81,185.96
F714H	Weston Day Hospital	Clinical	5,412.38	0	33,827.47	0	0	39,239.85
F714H	Weston Day Hospital	Non- Clinical	13,530.98	12,177.89	350,282.31	0	0	375,991.18
F716H	Glenrothes Hospital	Clinical	11,080.08	54,061.77	126,100.46	32,668.65	0	223,910.96
F801B	Valleyfield Health Centre	Clinical	50,064.67	12,177.89	151,614.48	0	0	213,857.04
F802B	Kincardine Health Centre	Clinical	2,706.18	1,353.09	95,156.27	0	0	99,215.54
F804B	Oakley Health Centre	Clinical	9,471.67	23,002.69	275,355.74	0	0	307,830.10
F805B	Rosyth Health Centre	Clinical	32,474.36	4,059.29	51,254.99	0	0	87,788.64
F805H	Queen Margaret Hospital	Clinical	501,444.10	1,799,574.99	2,766,738.70	1,476,165.19	0	6,543,922.98
F805H	Queen Margaret Hospital	Non- Clinical	19,566.52	428,802.44	195,537.30	1,208,090.16	0	1,851,996.42
F806B	Kelty Health Centre	Clinical	2,706.18	44,587.17	66,304.12	0	0	113,597.47
F807B	Lochgelly Health Centre	Clinical	106,894.85	2,706.20	145,425.65	0	0	255,026.70
F810H	Lynebank Hospital	Clinical	156,963.36	744,744.47	667,244.72	185,215.75	0	1,754,168.30
F810H	Lynebank Hospital	Non- Clinical	216,157.65	637,954.28	389,029.03	323,442.46	0	1,566,583.42
F811B	Skeith Health Centre	Clinical	5,412.38	0	0	0	0	5,412.38
F811C	Rosewell Clinic	Clinical	8,118.56	14,884.09	151,344.72	0	0	174,347.37
F813C	Linburn Road Health Centre	Clinical	2,706.18	5,412.40	19,619.93	0	0	27,738.51
F815C	Gordon Cottage Clinic	Clinical	4,059.27	10,824.80	5,412.40	0	0	20,296.47
F827C	Cowdenbeath Clinic	Clinical	2,706.18	2,706.20	87,191.09	0	0	92,603.47
F838C	Cowdenbeath Dental Access Centre	Clinical	0	0	6,449.28	0	0	6,449.28

## Where are we now?

F841C	Linburn Road Dental Access Centre	Clinical	0	2,706.18	5,412.40	0	0	8,118.58
F842C	Cupar Dental Access Centre	Clinical	0	0	1,214.37	0	0	1,214.37
F843C	Kirkland Dental Access Centre	Clinical	0	6,765.49	0	0	0	6,765.49
F844C	Glenwood Dental Access Centre	Clinical	0	1,353.09	0	0	0	1,353.09
<b>TOTAL</b>			<b>4,983,590.57</b>	<b>29,394,957.01</b>	<b>49,016,255.32</b>	<b>5,539,556.26</b>	<b>0</b>	<b>88,934,359.16</b>
<b>Totals By Use</b>			<b>Low</b>	<b>Moderate</b>	<b>Significant</b>	<b>High</b>	<b>Unreported</b>	<b>Total</b>
Clinical			3,433,565.11	19,615,280.20	38,889,855.56	3,338,331.70	0	65,277,032.57
Non-Clinical			1,482,380.14	4,693,872.38	9,932,662.94	2,201,224.56	0	18,310,140.02
Non-Operational			67,645.32	5,085,804.43	193,736.82	0	0	5,347,186.57
<b>TOTALS</b>			<b>4,983,590.57</b>	<b>29,394,957.01</b>	<b>49,016,255.32</b>	<b>5,539,556.26</b>	<b>0</b>	<b>88,934,359.16</b>

### 3.4 Environmental Management Strategy

#### 3.4.1 Overview

NHS Fife, in common with other Boards, has a clear commitment to operating and developing sustainable practices. The Sustainability Group is chaired by the Director of Estates, Facilities and Capital Planning and meets at quarterly intervals assisting the Board's work in delivering its sustainability targets. Energy, water and waste sub-groups also meet regularly and report back to the Sustainability Group: the latter group monitors progress towards meeting revised energy reduction, carbon reduction and other targets.

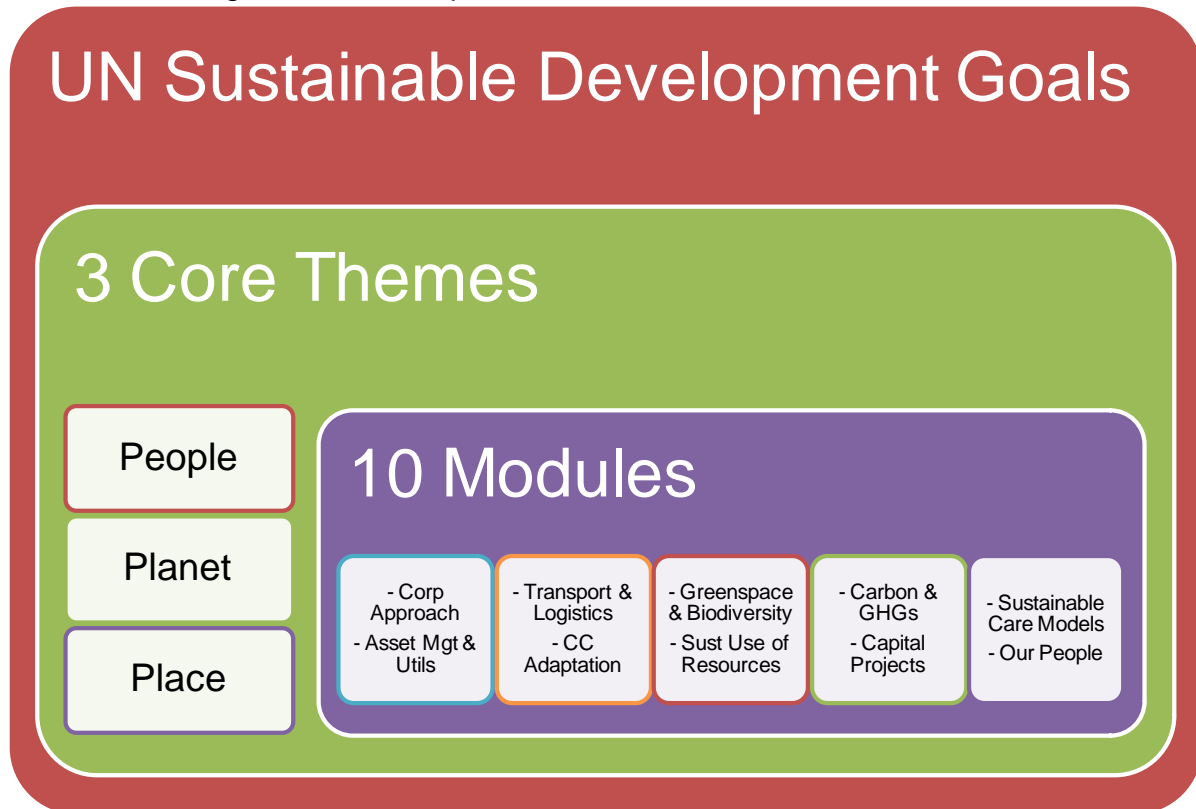
In 2018 NHSScotland began a project to look at sustainability across all 22 territorial and special NHS Boards and in particular to look at a replacement for the Good Corporate Citizen Assessment Model (GCCAM) which was deemed to be outmoded. To this end it ran a benchmarking exercise (which lasted about a year) to look at how Boards were aligning themselves with the United Nations Sustainable Development Goals as shown below

#### United Nations Sustainable Development Goals (UNSDG)



The GCCAM replacement has replaced the original six strands of GCCAM (Facilities Management; Workforce' Transport and Travel, Procurement, Buildings and lastly Community Engagement) with ten modules based around the three core themes of People, Plant and Place as shown below

UNSDG showing the relationship between the three cores themes and ten modules



All boards were assessed on their responses to 280 questions set to cover the modules and themes: the results were issued in March 2019. NHS Fife scored joint 8<sup>th</sup> out of 22, achieving Bronze Award Status (only one Board – NHS Ayrshire & Arran – was awarded silver, whilst three boards did not achieve Bronze status). A web-based toolkit (pre-populated with the benchmarking results) will shortly be available to Boards and will generate a Sustainable Development Action Plan (SDAP) to allow them to address deficiencies for subsequent regular biennial reassessments.

### 3.4.2 Strategy

Environmental Management is an important aspect within NHS Fife and continues to be implemented in line with Scottish Government and NHS Scotland objectives and targets. Current management systems and initiatives include the monitoring and targeting of utilities, waste management and reduction initiatives in accordance with the NHS Scotland Waste Management Action Plan. With regard to energy use, a number of performance indicators have been established to measure performance against the basic and stretch targets and these are defined below.

- Electricity kWh/m<sup>2</sup> – this figure includes electricity supplied from the grid, self generated by CHP units and renewable electricity from PV solar panels, etc.
- Fossil & Other kWh/m<sup>2</sup> – this figure includes all natural gas consumed, oil, biomass and other sources of renewable heat supplied to NHS Fife buildings including Ground Source Heating, etc.
- Energy kWh/m<sup>2</sup> – this is a sum of the Electricity and Fossil & Other figures.



- Electricity kg/m<sup>2</sup> – this figure converts the energy consumed from the electricity sources to kg of CO<sub>2</sub> using appropriate factors.
- Fossil & Other kg/m<sup>2</sup> – this figure converts the energy consumed from the electricity sources to kg of CO<sub>2</sub> using appropriate factors.
- Energy kg/m<sup>2</sup> – this is a sum of the Electricity and Fossil & Other figures.

The tables below summarise the potential performance based on the new series of targets, which replaced the previous HEAT targets used up until 2014. The Actual and Forecast figures show the actual and potential consumption of energy based on amount of energy, kWh, consumed per m<sup>2</sup> of gross internal area, up to 2020/21.

### 3.4.2.1 Basic Target

The Basic Target figures have been established with a minimum investment of £100,000 per annum in energy efficiency measures, lighting projects, heating controls projects, etc. Additional changes are also made to the target figures as a result of changes in floor areas, etc.

	Actuals & Forecast						Basic Target					
	Actual Electricity kWh/m <sup>2</sup>	Actual Fossil & Other kWh/m <sup>2</sup>	Actual Energy kWh/m <sup>2</sup>	Electricity kg/m <sup>2</sup>	Fossil & Other kg/m <sup>2</sup>	Total CO <sub>2</sub> kg/m <sup>2</sup>	Basic Target Electricity kWh/m <sup>2</sup>	Basic Target Fossil & Other kWh/m <sup>2</sup>	Basic Target Energy kWh/m <sup>2</sup>	Basic Target CO <sub>2</sub> - Electricity kg/m <sup>2</sup>	Basic Target CO <sub>2</sub> - Fossil & Other kg/m <sup>2</sup>	Basic Target CO <sub>2</sub> - Total kg/m <sup>2</sup>
Average	102	360	463	43.78	63.44	107.23	102	360	463	43.78	63.44	107.23
2014/15	103	303	406	40.86	51.68	92.54	101	359	460	43.34	63.20	106.54
2015/16	104	308	412	41.39	49.76	91.15	94	336	430	40.30	59.13	99.43
2016/17	103	283	386	40.95	48.54	89.49	93	335	428	39.89	58.90	98.79
2017/18	101	287	388	41.18	50.28	91.46	93	334	426	39.47	58.67	98.14
2018/19	99	271	370	41.24	46.77	88.01	92	332	424	39.06	58.44	97.50
2019/20							91	332	423	38.75	58.36	97.11
2020/21							90	331	421	38.33	58.13	96.47
% change from average figures	-2.83%	-24.79%	-20.11%	-5.80%	-26.28%	-17.92%	-11.56%	-8.25%	-8.98%	-12.44%	-8.38%	-10.03%

The forecast for the consumption of fossil and other fuels is that they will exceed the Basic Target but that the consumption of electricity will increase and not meet the Basic Target. 2018/19 saw the conclusion of the medium temperature hot water (MTHW) project at Victoria Hospital as well as the installation of LED lighting at both the dining room and laundry there, both projects helping to reduce energy/CO<sub>2</sub> to assist in meeting cash releasing efficiencies and the above targets.

### 3.4.2.2 Stretch Target

The Stretch Target figures have been established using identified energy efficiency projects that have been investigated during feasibility studies, etc. Again, additional changes are also made to the target figures due to floor area changes, etc.

	Actuals & Forecast						Stretch Target					
	Actual Electricity kWh/m <sup>2</sup>	Actual Fossil & Other kWh/m <sup>2</sup>	Actual Energy kWh/m <sup>2</sup>	Electricity kg/m <sup>2</sup>	Fossil & Other kg/m <sup>2</sup>	Total CO <sub>2</sub> kg/m <sup>2</sup>	Stretch Target Electricity kWh/m <sup>2</sup>	Stretch Target Fossil & Other kWh/m <sup>2</sup>	Stretch Target Energy kWh/m <sup>2</sup>	Stretch Target Electricity kg/m <sup>2</sup>	Stretch Target Fossil & Other kg/m <sup>2</sup>	Stretch Target Total CO <sub>2</sub> kg/m <sup>2</sup>
Average	102	360	463	43.78	63.44	107.23	102	360	463	43.78	63.44	107.23
2014/15	103	303	406	40.86	51.68	92.54	101	323	425	43.34	56.60	99.94
2015/16	104	308	412	41.39	49.76	91.15	94	301	395	40.30	52.55	92.85
2016/17	103	283	386	40.95	48.54	89.49	93	299	393	39.89	52.32	92.21
2017/18	101	287	388	41.18	50.28	91.46	82	296	379	34.25	51.82	86.08
2018/19	99	271	370	41.24	46.77	88.01	79	281	361	32.76	49.20	81.96
2019/20							76	273	349	31.19	47.77	78.96
2020/21							75	271	347	30.78	47.54	78.32
% change from average figures	-2.83%	-24.79%	-20.11%	-5.80%	-26.28%	-17.92%	-26.40%	-24.70%	-25.07%	-29.69%	-25.06%	-26.95%

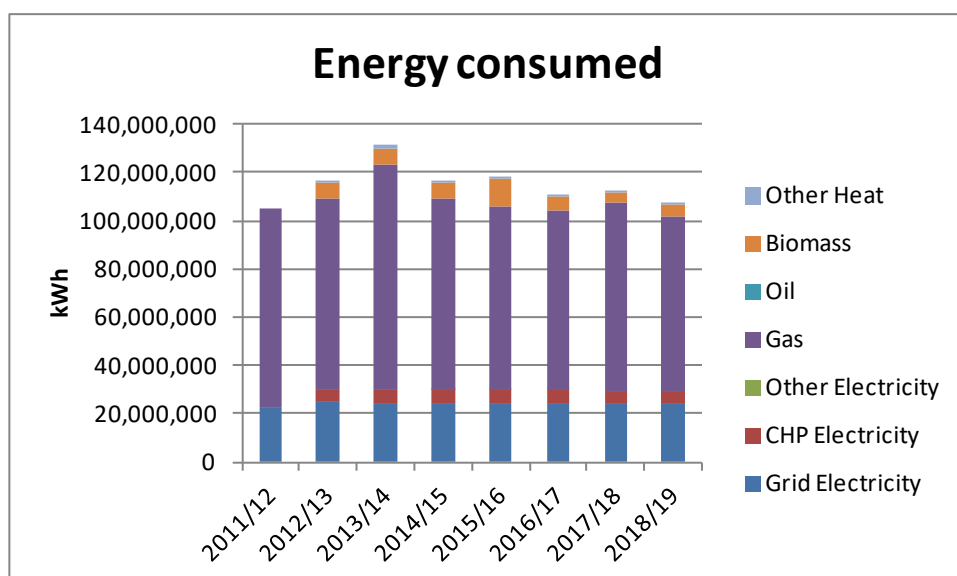


The forecast for the consumption of both electricity and other fuels is that they will not meet the Stretch Target, but fossil fuel consumption is on target and may continue to improve given a full year of operation (the MTHW project concluded in November 2018).

This reporting year marks the last year in Phase 2 of the Carbon Reduction Commitment Energy Efficiency Scheme (CRCEES) and indeed the end of the scheme in total as the third (and final) phase has been cancelled. In its place the Climate Change Levy (CCL) will increase to compensate and be deducted at source via gas and electricity invoices. The Combined Heat and Power (CHP) plant at VHK phase 3 has been submitted for Quality Assurance assessment, with the outcome of the application likely to be known at the end of June 2019 – if successful this will allow NHS Fife to obtain CCL relief on the gas used by the CHP.

Future projects that are being considered to improve the environmental performance of NHS Fife include:

- An energy-saving project developed for the QMH boiler house was postponed pending further revision. A final version to provide a, steam-free energy solution for the site is now being worked into a business case – in the form of a 'shovel-ready' project – to be ready in spring 2019.
- Glenrothes Hospital – installation of LED lighting.



NHS Fife consumed 4.5% less energy than in the 2017-18 reporting year, due to warmer weather over the reporting period (namely the absence of a 'The Beast from The East' repeat). The number of heating degree days (HDD) for the reporting year was 3216 compared to 3549 for the previous year.

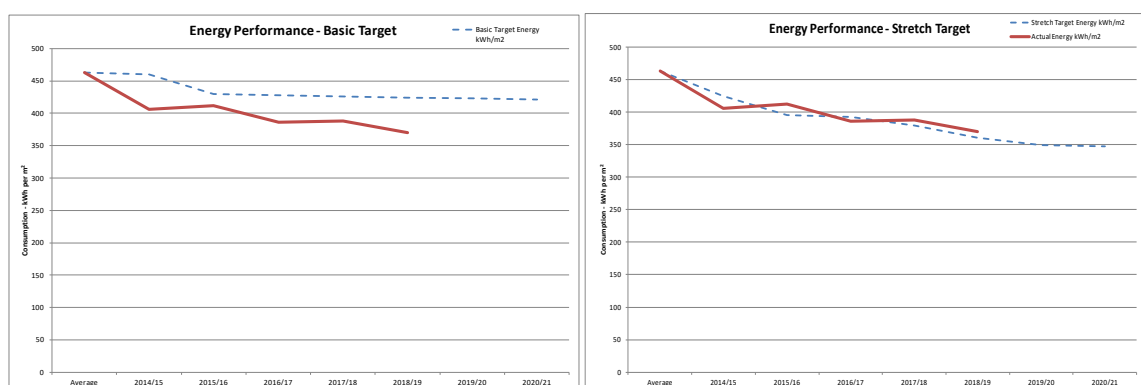
### 3.4.3 Environmental Management

Energy performance targets have been established in line with the requirements of Health Facilities Scotland for a basic and stretch energy and CO<sub>2</sub> reduction

targets. NHS Boards are expected to set their own targets on the basis of potential investments in properties. The target figures are assessed against an average consumption of a 3 year period, from 2011/12 to 2013/14. The table below details the targets that have been established for NHS Fife following the guidance from Health Facilities Scotland.

Criteria	NHS Fife : Energy & GHG Reduction Targets for 2020/21 (against 3-year average baseline 2011/12, 2012/13 and 2013/14)			
	Basic		Stretch	
Energy Consumption (kWh/m <sup>2</sup> )	Electricity	Fossil Fuel	Electricity	Fossil Fuel
	-11.56%	-8.25%	-26.40%	-24.70%
	Combined		Combined	
	-8.98%		-25.07%	
Greenhouse Gas Emissions (kgCO <sub>2</sub> e/m <sup>2</sup> )	-10.03%		-26.95%	
Criteria	NHS Fife : Percentage of Total Energy Consumption from Renewable Energy Sources			
	Basic		Stretch	
Percentage of heat consumption from renewable energy sources	7.04%		15.22%	
Percentage of electricity consumption from renewable energy	0.11%		2.29%	
Percentage of total consumption from renewable energy sources	5.30%		11.97%	

The first 3 years of this new reporting target regime have been successful for NHS Fife in that both the basic and stretch targets have been exceeded, however in years 4 and 5 the stretch targets have proved challenging to meet: capital investment in energy reduction measures will need to be maintained to meet the stretch target in future years.



With regard to the percentages of energy due to renewable sources, the respective values for heat, electricity and overall energy are 7.06%, 0.09% and 5.19% for the reporting year (up from 5.64%, 0.09% and 4.20% in 2017-18).

### 3.4.4 Travel Planning

Travel planning is a management process that brings together transport and other business issues in a co-ordinated strategy within an organisation. A Travel

Plan sets out measures and initiatives that aim to provide practical alternatives to single occupancy car use, i.e. a choice of other, easy and convenient methods of travelling. Travel planning also aims to make travelling by car, where necessary, more sustainable as well as reducing the need to travel at all through the use of technology, thus realising energy and time savings or reducing pollution of the local environment. Successfully implemented measures and initiatives within a Travel Plan also have a positive influence on the accessibility of an organisation. This increases the pool of potential employees available for recruitment and reduces stress through less congestion. A Travel Plan has the potential to realise cost savings for both the organisation and the individual and to improve access to serve the wider community.

In August 2006 NHS Fife Board published 'A STRATEGIC TRAVEL PLAN FRAMEWORK FOR NHS FIFE'. Since then a number of site-specific travel plans have been developed, focusing on issues relevant to those sites, however many of the measures contained therein are common since they are intended to achieve the following aims:

- Increase social inclusion by improving transport links for patients and visitors to our facilities,
- Increased access to health care services and facilities for all,
- Improved health of employees, patients and visitors by encouraging more active travel (walking, cycling),
- Reduced transport based pollutants entering our local environment,
- Reduced traffic congestion,
- Reduced road traffic accidents,
- Increased opportunities for employment and education.

### **3.4.5 Travel Plan Measures introduced across NHS Fife**

Since 2006, a number of measures have been introduced and enhanced – this section aims to summarise these to date, with subsequent annual updates demonstrating how the organisation is shifting to more sustainable methods of travel. NHS Fife works closely with partner organisations, including Fife Council Transportation Services (FCTS), Police Scotland, the south-east Scotland regional transport partnership (SEStran), Stagecoach East Scotland (SES), Sustrans and Cycling Scotland.

### **3.4.6 Public Transport**

After a couple of years' gap (due to restructuring amongst partner organisations) the 'How To Get To..' series of leaflets have been revived, which summarise Public Transport that serves Ninewells Hospital (Dundee), QMH, SACH and VHK sites - these major sites all have on-site bus-stops with shelters. Leaflets should soon be available from hospitals, GP surgeries and health centres, as well as Fife Council buildings.

Besides these major sites, buses also serve Adamson, Cameron, Glenrothes, Lynebank and Randolph Wemyss hospitals, with health centres and GP

surgeries having stops also adjacent or nearby. At all sites, timetables for relevant bus/train routes are usually available in reception areas.

NHS Fife has dedicated on-line Traveline Scotland journey planners for QMH, SACH, VHK sites (both on the intranet and on the public facing website), where users can enter their home postcode and preferred date/time of travel to produce a dedicated journey plan that details bus stop locations, necessary changes etc. The NHS Fife intranet (for staff) also has links to downloadable apps (usually free) for some smart phones.

The real-time bus-information screens located at the main entrances of QMH, SACH and Glenwood Health Centre (Glenrothes), with independent screens at both Ph1 and Ph3 VHK entrances have reverted to just showing timetable information (instead of real-time) due to system incompatibility issues: work is ongoing to resolve this, with the possibility of real-time screens being installed at a couple of bus shelters also being investigated.

### 3.4.7 Walking & Cycling

NHS Fife operates a Cycle to Work salary sacrifice scheme: to date there have been ten windows, each attracting 28-30 users before funding was fully allocated. Of the 269 scheme members so far, 126 are based in Kirkcaldy, with the remainder based all around Fife. An eleventh window is scheduled for May 2019.

In November 2015 NHS Fife gained the 'Cycle Friendly Employer' (CFE) award from Cycling Scotland for each of its Adamson, Glenrothes, Lynebank, QMH, SACH, Stratheden, Randolph Wemyss Memorial, Whyteman's Brae and VHK hospital sites, as well as at Glenwood (Glenrothes) and Kirkcaldy health centres. Renewal of CFE accreditation is scheduled for 2019. Current cycle parking provision is summarised in the table below.

Cycle parking at major sites.

Site	Cycle lockers	Covered storage	Uncovered storage
Adamson Hospital	10		4
Cameron Hospital			4
Glenrothes Hospital		8	
Glenwood HC			10
Kirkcaldy HC			10
Lynebank Hospital			10
QMH		20	
Randolph Wemyss Memorial Hospital			10

SACH	5	18	
Stratheden Hospital		10	
Whyteman's Brae			10
VHK	10+bulk locker	30	
<b>Total</b>	<b>25</b>	<b>86</b>	<b>58</b>

### 3.4.8 Car-sharing

NHS Fife has operated a free, voluntary staff car-sharing scheme since 2007. Take-up has slowly risen since the scheme was introduced, as shown in the table below. Membership increases over the years can be directly attributed to marketing campaigns (e.g. national lift share week, on-site roadshows etc.) however growth still remains slow.

Membership rates for NHS Fife's car-sharing scheme.

<b>Year</b>	<b>New members registered in year</b>	<b>Members removed in year</b>	<b>Cumulative total members</b>
2007	86	20	66
2008	37	10	93
2009	9	4	98
2010	26	3	121
2011	41	11	151
2012	36	7	180
2013	6	12	174
2014	11	8	177
2015	13	14	176
2016	7	3	180
2017	7	24	163
2018	15	6	172

### 3.4.9 Parking Provision & Management

NHS Fife has a staff parking policy (GP/C8), which advises staff as to where they should and should not park. In general, beyond dedicated blue badge and operational user (i.e. key staff) spaces, most on-site parking across NHS Fife sites is available for both the general public and staff, with the latter encouraged to use facilities further away from entrances. At QMH and VHK, there are protected spaces for non-staff use (i.e. patients and visitors), located close to entrances. The following table summarises parking provision across NHS Fife sites. In order to reduce the

impact of the grey fleet (see subsection below) thirty pool cars have been distributed across the NHS Fife estate as detailed in the car parking provision table.

Car parking at major sites.

Site	Blue badge spaces	Patient/visitor spaces	Short-stay spaces	Pool car spaces	Total spaces
Adamson Hospital	9		48	5	135
Cameron Hospital	21			2	258
Glenrothes Hospital	2			2	64
Lynebank Hospital	13		7	3	242
QMH	55	302	9	4	897
Randolph Wemyss Hospital	3				39
SACH	10			4	190
Stratheden Hospital	14			2	253
VHK	88	725	241	8	1646
<b>Total</b>	<b>170</b>	<b>441</b>	<b>296</b>	<b>30</b>	<b>3489</b>

Both Car Park 2 at QMH and Car Parks A and B at VHK are controlled by barriers, which are raised manually at 09:00 on weekdays – this means that staff (who usually start by then) are discouraged from using these spaces. Car Park H at VHK is also intended for outpatients and access is controlled by means of showing a valid appointment letter until 09:30 (again, to discourage staff from using these spaces). As there are numerous childcare services collocated at QMH, Car Park 2 has 8 parent and child spaces.

Security staff routinely sticker/and or leaflet inappropriately parked vehicles, with the aim being to educate and encourage behavioural change where possible, to achieve staff buy-in.

Operational user parking on both sites is managed by swipe card to gain access to dedicated, barriered parking in Car Parks K & L at VHK, (480 spaces). Blue badge parking on both sites is covered by traffic regulation orders (TROs), as are on-site double yellow lines within these sites.

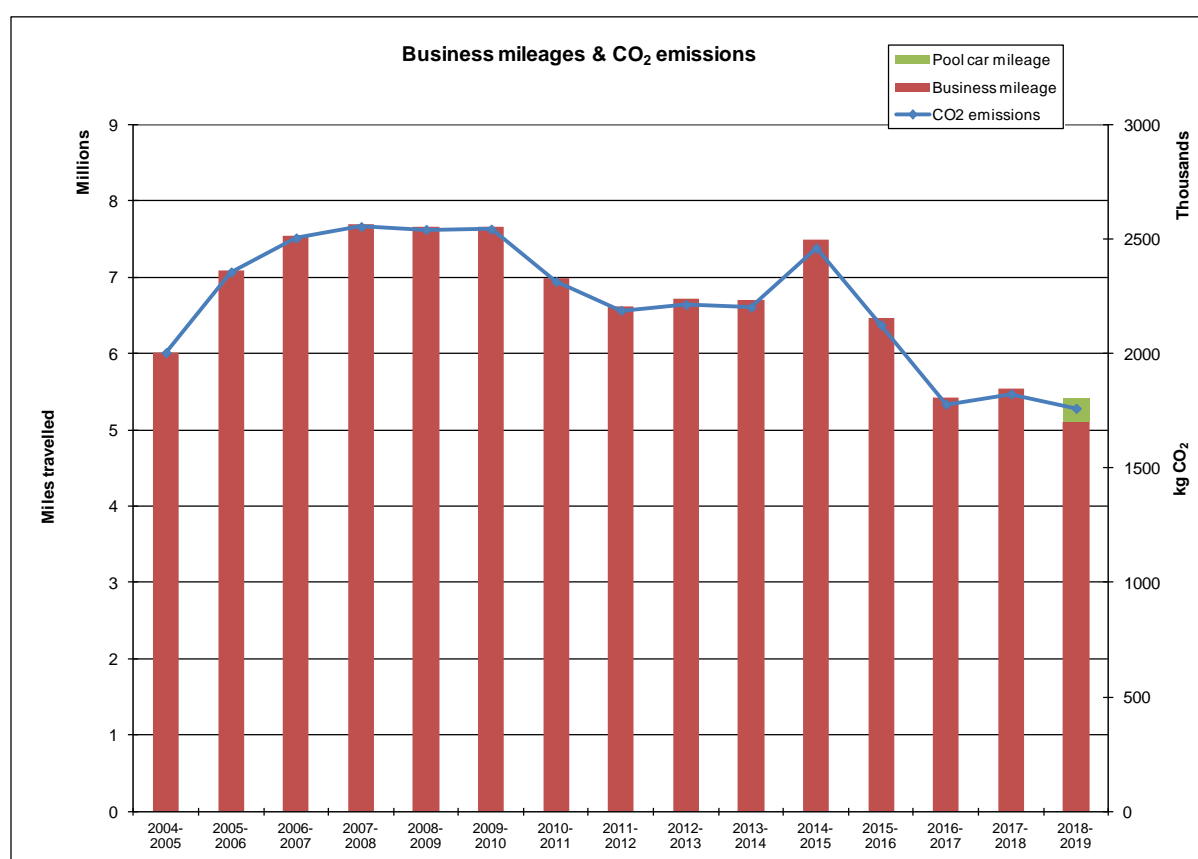
Publicly-accessible, electric vehicle (EV) fast charging points (up to 22 kW) are available for two vehicles in both Car Park 2, QMH and Car Park F, VHK: these

spaces are designated short-stay, with a maximum period of 90 minutes to encourage multiple charging transactions in a day.

### 3.4.10 Grey Fleet

In common with most Scottish NHS Boards, there is a considerable amount of business mileage conducted by staff using their own vehicles, commonly referred to as the Grey Fleet.

The following graph shows the business mileage (and associated CO<sub>2</sub> emissions) attributable to NHS Fife activity in the period 2004-2019. Apart from the period 2014-15, there has generally been a gradual reduction in business mileage, mainly due to increasing adoption of telephone and/or video conferencing between sites. The introduction of pool cars in 2018 has seen an improved reduction in CO<sub>2</sub> emissions due to the pool car fleet achieving 38.7 mpg on average during their use over 289k miles in the reporting period.



### **3.5 State of the Board's Office Accommodation**

Our 2017 interim PAMS noted that base data in Primary Care premises previously presented in Net Internal Area has now been updated to gross internal area providing a uniform benchmark across Fife. The resulting breakdowns of useable space to gross areas are now complete and the 'Smarter Offices' comparison will be presented in next year's document. The actual population headcount per m2 has also been updated and the opportunity will be taken to incorporate newly develop administration areas.

It should however be noted that stand alone Office accommodation is rare in NHS Fife and embedded office accommodation predominates in separate clinical locations making area cost comparisons difficult. We propose to develop a further strand of embedded accommodation. Quite simply, NHS Fife will consolidate office accommodation to current space standards, utilise hot desking wherever possible and draw administration work from highly serviced and more costly clinical accommodation. .

Our strategy to best use accommodation has been augmented by the introduction of a web based room booking system across Fife. Not only does ensure equality of access and release multiple staff from the task but ensures better utilisation of a lower number of meeting rooms.



### 3.6 State of the Board's Medical Equipment

#### 3.6.1 Current Arrangements

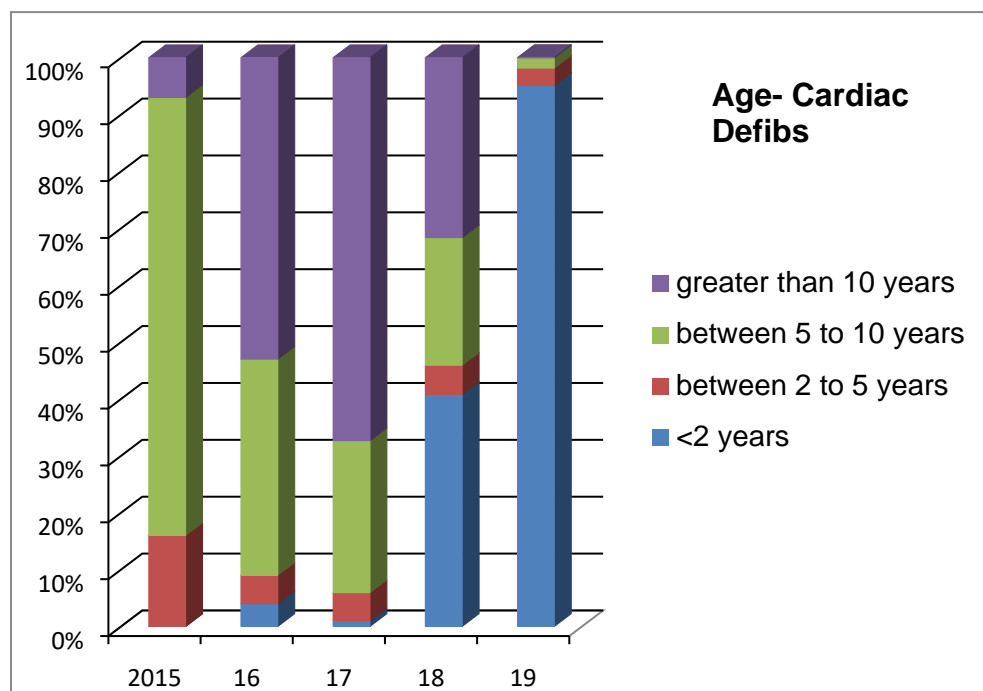
In 2018/19, NHS Fife committed c£3.6m to new and replacement equipment, the major items being the replacement MRI unit at Victoria Hospital, (£1.5m) an Olympus stacking system, (£157k), Microscope, (£112k) and plate organisation system, (£114k). The breakdown is shown in Appendix D

#### 3.6.2 Condition & Performance

The NHS Fife Capital Equipment Management Group continues to monitor the performance of medical assets and provide advice and guidance on equipment policy development and implementation.

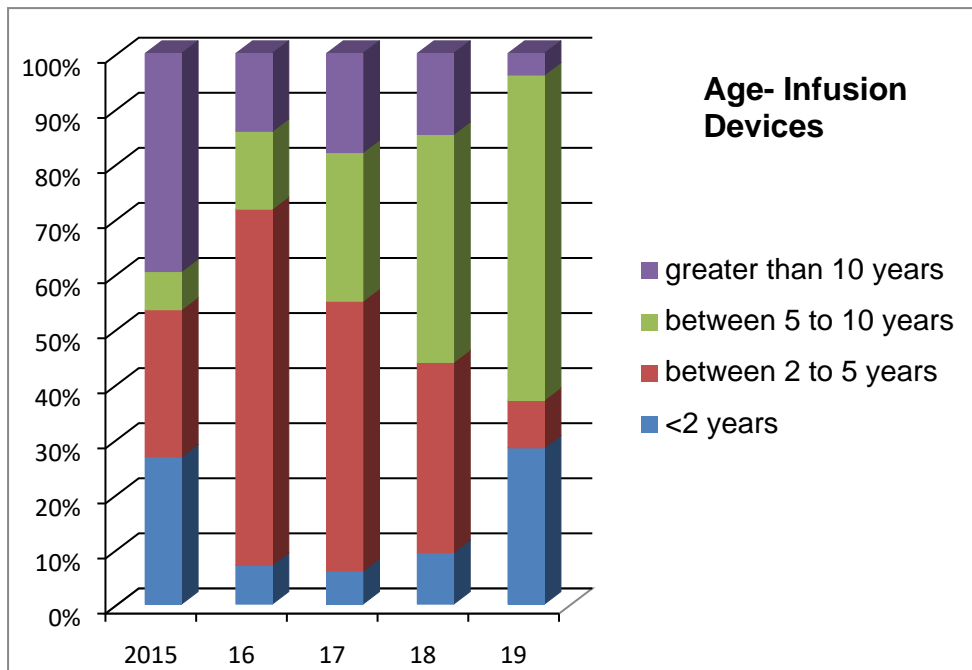
The charts below give indication of the age profile for some of the boards most significant Medical Equipment

##### 3.6.2.1 Cardiac Defibrillators (164 Units)



The majority of Cardiac Defibrillators across the whole of NHS Fife have been replaced since mid September 2018. Over £260K has been spent on this project over the last year. All within Acute Hospitals were replaced; most of those not replaced in H&SCP sites are also under two years old.

### 3.6.2.2 Infusion Devices (842 units)



The age profile of NHS Infusion Devices has improved significantly through all obsolete Graseby 3000 Syringe pumps being replaced by new Braun devices in both acute hospital sites in late March 2018.

A similar plan to replace the aging Asena model Syringe pumps currently in use within Special Care Baby Unit has also been submitted, which will standardise all general purpose, PCA and TCI Syringe Pumps throughout both acute sites.

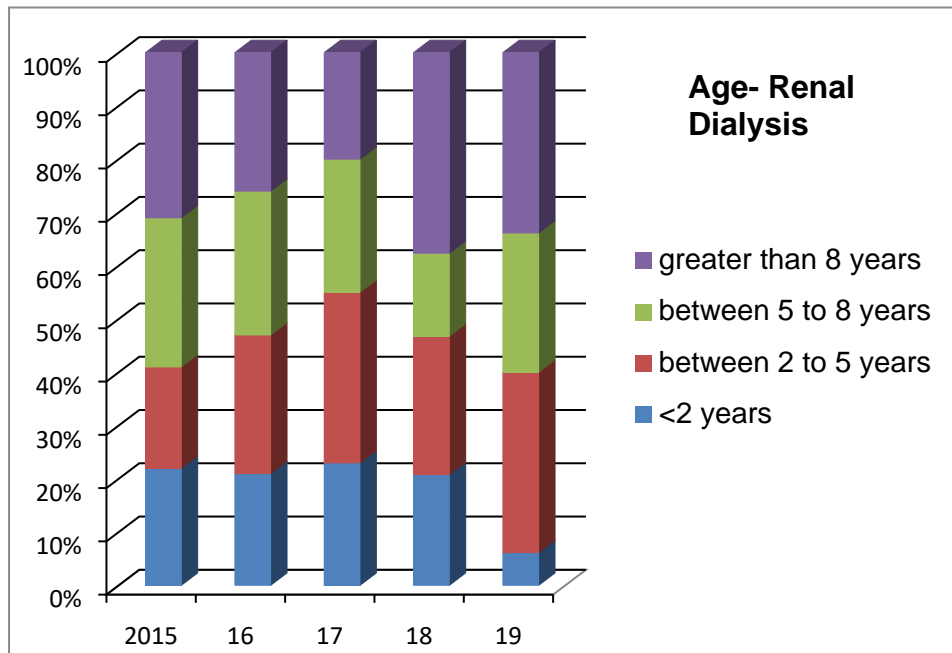
NHS Fife's fleet of over 360 Baxter Colleague Volumetric pumps range from 3 to 7 years old; most towards the older end of that scale. The manufacturer has declared these models to be at end of sale point now, and will be unsupported by December 2023, but cost of parts has risen in recent years and the closer it gets to the end of support date the more likely expensive repairs will be deemed uneconomic. This may lead to future equipment shortages in some areas well before that date. This potential future shortage and recent new area requirements has highlighted the need to identify what will be the standard volumetric infusion device for the next 10-15 years in NHS Fife. The Capital Equipment Management Group is aware of this requirement.

### 3.6.2.3 Imaging Equipment

The imaging equipment replacement will continue to be planned via Capital Equipment Management Group to allow the lowest dose best quality imaging available to comply with the Health and Safety act, IR(ME)R and IRR99.

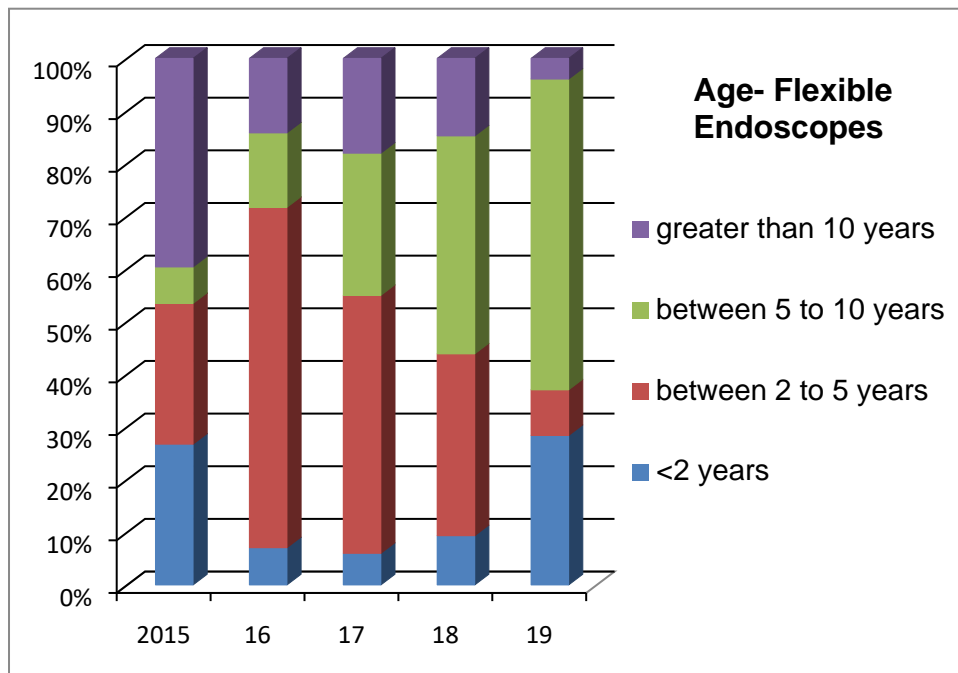
The most recent high value acquisition is a new MRI scanner at Victoria Hospital Kirkcaldy, due to finish installation May 2019.

### 3.6.2.4 Renal Dialysis (65 units)



In conjunction with our Technical Services Manager from NHS Lothian all dialysis machines are identified with planned replacement dates and this information is shared with the Capital Equipment Management Group to ensure appropriate allocation of funding as a standing priority to achieve an acceptable age profile. The aim is to maintain the current numbers of dialysis machines and current management arrangements for this equipment are seen as fully adequate.

### 3.6.2.5 Flexible Endoscopes (142)



The majority of endoscopes and endoscopy equipment are from one company which allows for service contracts to attract a large discount by negotiating a 4 year contract. Over the next seven years many endoscopes and endoscopy equipment will no longer be covered by these contracts. NHS Fife must develop a robust endoscope and endoscopy equipment replacement plan to ensure the continuation of an endoscopy service for the patients in NHS Fife.

The phased withdrawal of service contracts from endoscopes and endoscopy equipment means that NHS Fife will replace the equipment and endoscopes from the same company. These replacements will be planned through the equipment management group.

### 3.6.3 Management Arrangements

#### 3.6.3.1 General

Medical equipment is essential for the delivery of healthcare. A report by Audit Scotland titled 'Equipped to Care: Managing medical equipment in the NHS in Scotland' was published in March 2001. The report highlighted that:

- Medical equipment is essential to patient care;
- The correct equipment needs to be available in the right place at the right time;
- Properly trained staff must be available to use the equipment;

- The need for NHS organisations to have adequate systems in place to manage their medical equipment;
- The importance of these issues with the establishment of a formal duty of clinical governance;
- Given the strategic importance of medical equipment overall responsibility needs to be taken at Board level.

A subsequent report was published in February 2004 entitled 'Better equipped to care'. This reviewed progress across Scotland since the first report. Its main findings were:

- Strategic management of medical equipment needs to be given a higher priority;
- More needs to be done to manage medical equipment risks;
- Information to support the management of medical equipment needs to improve.

These reports together with other guidance from the UK Medicines and Healthcare products Regulatory Agency (MHRA) have guided arrangements for the management of medical equipment in NHS Fife.

### 3.6.3.2 Policies and Procedures

Compliance with CEL 35 (2010) requires,

- Boards to manage their medical equipment effectively, with supporting strategies governance and reporting arrangements.
- Boards to have clear knowledge of their medical equipment (condition, lifecycle replacement programme, value, and cost of ownership).

Policy GP/E4 - Electro-Medical Equipment Management Policy has been revised and renamed as Medical Equipment Management Policy to as closely as possible reflect the most current MHRA guidance document Managing Medical Devices - Guidance for healthcare and social services organisations, dated April 2014.

This policy is supported by;

- E14.1 Equipment Procurement.
- E14.2 Accessing Equipment.
- E14.3 Equipment Inventory.
- E14.4 Equipment on Loan or Free Issue.
- E14.5 Equipment permanent Location Change.
- E14.6 Condemnation of equipment.
- E14.7 Transfer of liability for Written-Off Equipment.
- E14.8 Equipment Maintenance.

E14.1 was re-written late 2018, the remainder now need to be revised and re-issued or incorporated as Appendices to the main GP/E4 Policy.

### **3.6.3.3 Safety Action Notices**

NHS Fife has a distribution system for the dissemination of all safety warnings received. This work is undertaken by Corporate Services.

### **3.6.3.4 Equipment Incidents**

All reportable incidents in NHS Fife are recorded using Datix. Each month a report on all those relating to equipment is issued to the EMG. These are then reviewed at our monthly meeting to ensure that all appropriate action has been taken. This may involve, for example, ensuring that the incident has been reported nationally or that additional staff training has been delivered.

### **3.6.3.5 Medical Equipment Management Group**

See section 10.1.4 for terms of reference

### **3.6.3.6 Department Equipment Controllers**

Each ward or department formally nominates a person to carry out the duties of the Department Equipment Controller (DEC). Overall responsibility for Equipment Control lies with the line manager/charge nurse. The duties of the DEC include:

- a. Maintain an up to date list of all equipment in the department;
- b. Participate in equipment selection arrangements;
- c. Ensure new equipment is commissioned before use;
- d. Be responsible for User equipment servicing;
- e. Record all events and build a history of each item in conjunction with Estates Department;
- f. Ensure equipment is maintained in accordance with manufacturer's recommendations;
- g. Record movement of equipment.

A record of all Department Equipment Controllers is held within Estates Department.

### **3.6.3.7 Inventories**

A comprehensive asset and maintenance register is required to enable us to know what equipment we are looking after and provide its service history. In NHS Fife this information is managed by the Estates Department utilising MiCAD; a commercial asset management database. All new equipment is given an electronic asset tag and is logged by the Estates Department and also locally by the Department Equipment Controller.

### 3.6.3.8 Procurement of Medical Equipment

The process for procuring medical equipment is laid out in the aforementioned Equipment Procurement Policy and the Board's Financial Operating Procedures.

The Capital Equipment budget is managed and allocated by the CEMG and the group maintains a list of requests for new or replacement Capital Equipment that has been identified by departments. All requests are scored using the standard Datix risk grading matrix and funding allocated by the highest priorities identified by the risk scores. Managers who view a lack of equipment to be a valid risk to patients enter the concern on the Datix Risk Register.

Unfunded items are carried over to the next year and risk score reviewed for reconsideration. The CEMG now manages the Capital Equipment Condemnation budget.

Part of the remit of the CEMG is now also to consider non-capital equipment that is used throughout both Acute sites.

### 3.6.4 Current Challenges and Future Strategy

Three major improvement projects are being considered at the moment;

- We need to replace all Criticare branded lower end specification patient monitoring devices, (approximately 110), as they are no longer supported. This will require detailed consideration of manufacturers and models which can be standardized over the next 10 years.
- Similarly, volumetric infusion pumps will be declared end of life at December 2023 and consideration of manufacturers/models to standardize across Fife will commence shortly.
- All anaesthetic machines and monitoring at Queen Margaret Hospital theatres are nearing end of life.

### 3.6.5 Investment Needs

An outline of the Boards five year equipment procurement plan, including cyclic replacement, is set out in Appendix D. Current budgets of c£2m per annum need raised significantly if equipment condition is to be maintained. We conservatively estimate in the region of 65% for 2019/20.

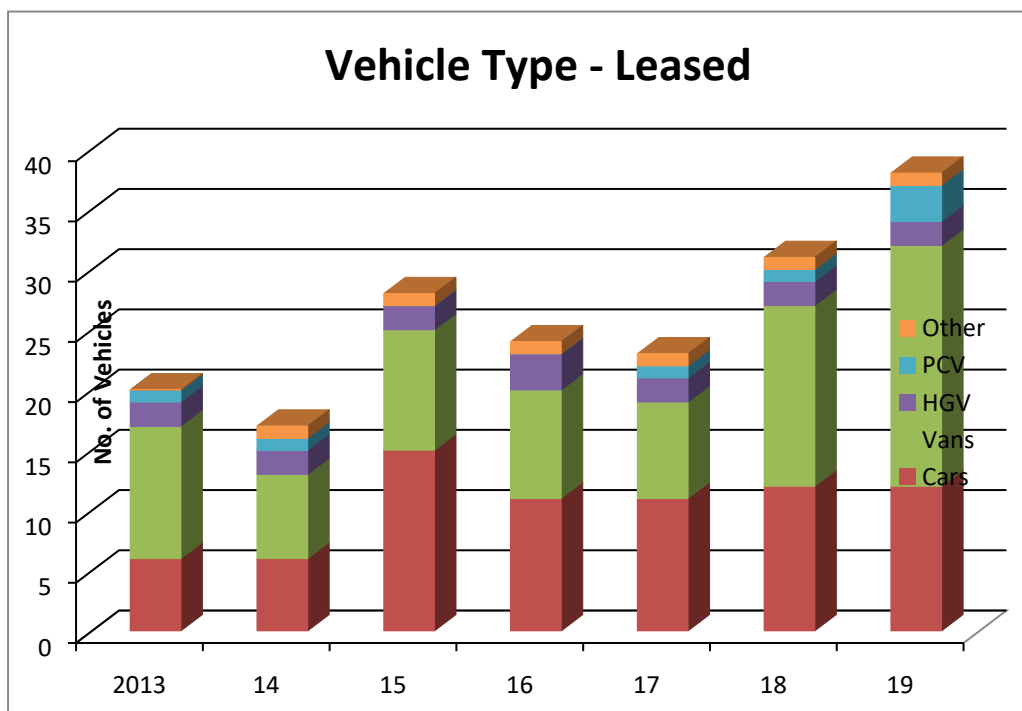
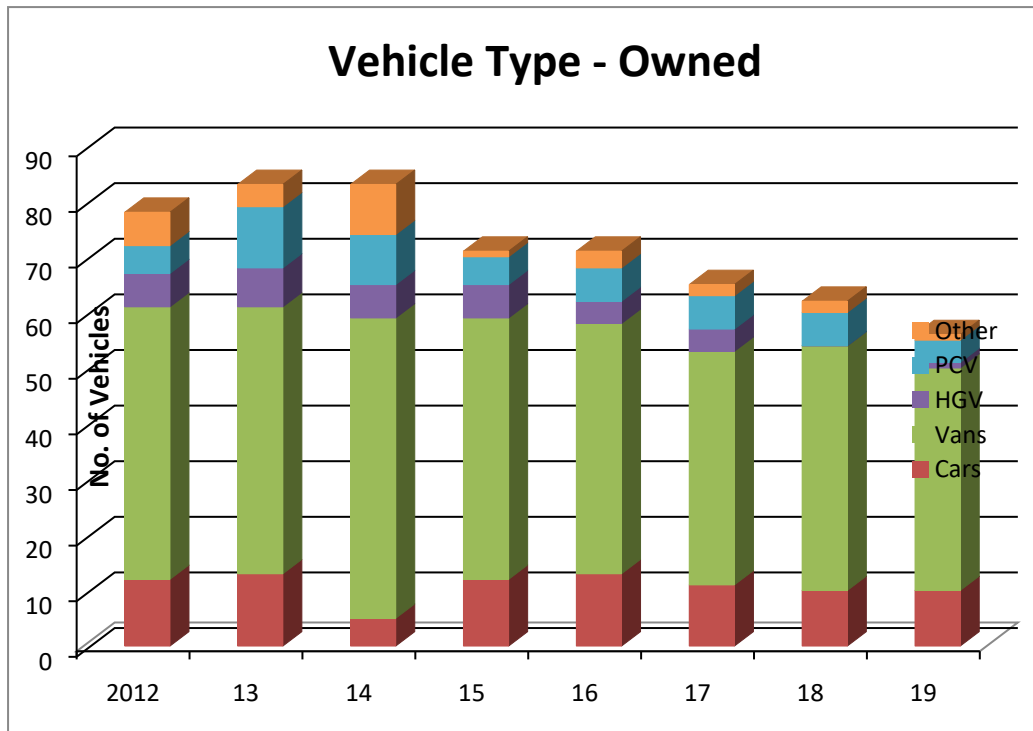
### 3.7 State of the Board's Vehicular Fleet

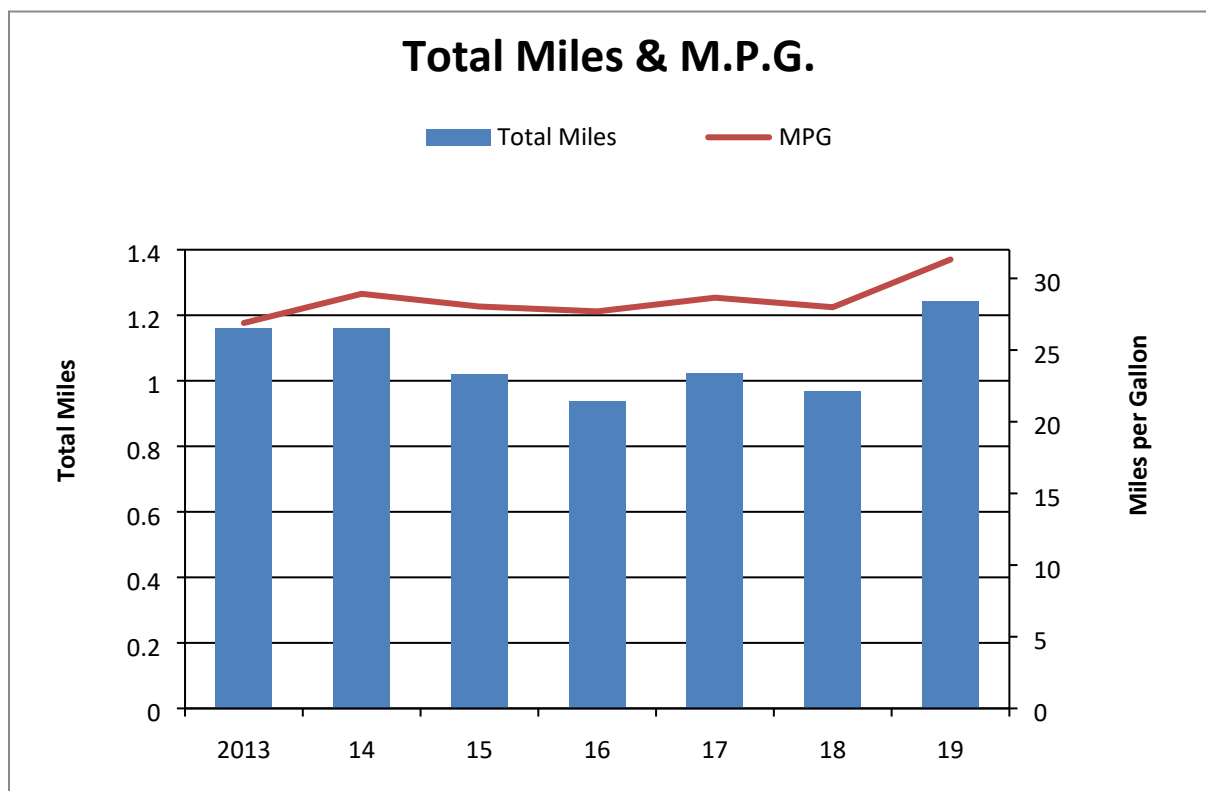
#### 3.7.1 Transport Assets

The total number of vehicles within NHS Fife has increased but there are plans to reduce numbers in the near future back to the previous level. However, more than 66% of the vehicles owned by NHS Fife are in excess of 5 years old. The replacement of owned vehicles as part of NHS Fife Capital Investment Plans will be addressed as funding allows. 60% of vehicles are owned by the Board and 40% leased on a three, four or five year basis as determined by the National Procurement contract through which they were procured. The percentage number of vehicles being leased has increased and this will help address future replacement plans.

	2016/17	2017/18	2018/19
<b>Owned</b>	65	62	56
<b>Leased</b>	23	31	38
<b>Staff Car Scheme</b>	184	154	
<b>Long term hire (Enterprise)</b>	4	30	30
<b>Total</b>	276	277	
<b>Age (% less than 5 years old)</b>			
<b>All Vehicles:</b>	43	83.3	
<b>Mileage (average per vehicle)</b>			
<b>Owned</b>	10473	9971	9083
<b>Leased</b>	14842	8948	11917
<b>Staff Car Scheme</b>	8186	12897	
<b>Fuel Type (percentage)</b>			
<b>Petrol</b>	15	46	14
<b>Diesel</b>	82	52	76
<b>Alternative (state type(s)): Petrol/Electric</b>	3	3	2







While the total mileage for NHS Fife fleet vehicles has increased, the efficiency of vehicles in terms of miles travelled per gallon of fuel consumed has also increased. Also, 280,339 miles included as a result of using the Enterprise Car Club vehicles, will see a corresponding reduction in staff using their own personal cars for NHS business.

### 3.7.2 Condition & Performance

Whilst the leased vehicles are routinely replaced at the end of their lease, the owned fleet is becoming increasingly older. The consequence of this is that high maintenance costs are being borne to keep the vehicles mobile, lower fuel efficient vehicles are being operated and our carbon footprint cannot be significantly reduced in the short term.

The fleet management system has been replaced with a new fleet management system, purchased for use throughout the NHS in Scotland. This in conjunction with the vehicle telematics system which has also been procured on a national basis will, once implemented, enhance the vehicle, driver and utilisation data available to influence operational and vehicle replacement plans.

### 3.7.3 Financial consequences

There is an ongoing replacement of the leased fleet with the lease costs generally being similar to current. The Board spends £150K on current leases per annum. Routine maintenance of this fleet is included within the lease costs. The replacement cost for the owned fleet of vehicles is in excess of £968K. During the year a capital investment of £50K per annum was made available for owned fleet replacement.

Routine maintenance and all mandatory checks are pre planned 12 months in advance as recommended by Driver & Vehicle Standards Agency, (DVSA). Maintenance is carried out by several suppliers, including Fife Council. All new vehicles remain with franchised approved dealers during warranty period, normally three years.

Vehicle maintenance is undertaken to manufacturers recommended time/mileage periods with larger Operator Licence and a number of passenger carrying minibuses being subject to more frequent inspections.

### 3.7.4 Fleet Complement

Vans - These vehicles are used for a variety of functions by various departments in NHS Fife. Their tasks include meals delivery, labs/courier service, estates, horticulture, clinical waste, dental service and chilled vaccine delivery.

Lorries - This type of vehicle is required to carry heavier loads and come under the O licence regulations and therefore require regular planned safety checks. The drivers require c licences, Certificate of Professional Competence and regular medical assessment. These vehicles are used to carry laundry, clinical waste and carry heavy/bulky cargo such as, beds, furniture, and pallets of goods. The clinical waste drivers also require ADR vocational training every five years. The drivers of these lorries are subject to roadside checks by enforcement authorities. It is intended to replace these large vehicles with smaller vans during the coming year.

Patient Carrying Vehicles - These vehicles are used primarily for transport of children to Child Assessment Centres in Fife. As such they are built to a child friendly specification. This reduces the amount of awkward lifting required to be carried out by staff. The seats in the most recent four are on tracks to allow for sufficient spacing between passengers where required. The vehicles are 14/15 seat capacity reduced to 8/9 to allow for extra space required. As passenger carrying vehicles they are, voluntarily, subject to Public Service Vehicle inspection regulations and drivers also hold a Midas training certificate. Two of these vehicles were replaced during the year.

Cars - The cars are used primarily for light goods, patient /staff transfer, case notes, etc. Three vehicles are used as pool cars and two are 4x4, one used by security which is redirected for bad weather duties as and when required.

Condition - A number of vehicles are showing signs of significant wear and damage, with six becoming uneconomical to repair throughout the year and requiring disposal.

### 3.7.5 Recent Initiatives

A number of developments have been implemented over the last few years to reduce cost and contribute to carbon emissions targets, including;

- A reduction in large vehicles;
- Improved fleet utilisation with corresponding reductions in miles travelled by the fleet vehicles;
- Review of latest technology and vehicle improvements, incorporating national targets and industry KPIs;
- Use of tracking, speed limiters and fuel saving equipment, providing reduced fuel consumption;
- Implementation of multipurpose vehicles to further increase utilisation.
- The new nationally Managed Fleet Management System has been introduced and is being developed.
- A Transport Supervisor has been appointed in 2018 to aid operational improvement and rationalisation of duties and our Fleet Manager is now employed direct on a part time basis.

NHS Fife services are continually bench marked through the National Fleet Support Unit of NSS. There are also formal meetings between Health Boards to discuss working practices and legislative matters on a Shared Service fleet management basis. Where possible there is engagement with external partners where experiences are shared, and information exchanged. NHS Fife joining the Ecostars Fleet Recognition Scheme is a recent example.

NHS Fife also engages with third party suppliers and transport operators to maintain knowledge of various improvements, new technology, best value products and efficient vehicles. There is also a good relationship with the Freight Transport Association regarding training and prior notification of regulation changes, which may affect NHS Fife.

NHS Fife has presence on the Senior Fleet Managers Group organised by the National Fleet Support Unit of NSS, National Procurement Commodity Advisory Panels, where we both give and receive advice on pertinent transport matters, including insurance and vehicle purchasing/leasing and new technology such as in-cab telematics systems, fleet management system.

### **3.8 State of the Board's IM&T Assets**

#### **3.8.1 Current Arrangements**

NHS Fife's eHealth strategy & IM&T assets offer the opportunity for eHealth to be a real enabler in order to improve the quality of healthcare delivery through the introduction and use of modern technology to both healthcare professionals and patients. The organisation is demanding robust and resilient 21<sup>st</sup> century IT with high levels of availability and reliable business continuity

NHS Fife has made steady progress improving the 'foundation state' of IM&T over the past 2 years. The core infrastructure has received investment to bring it up to date, improve resilience and ensure that most hardware and software is within support lifecycle. The GP server estate has been refreshed and centralised backup will remove legacy tape solutions. Significant investment continues to be made in the endpoint estate working towards a 4-5 year refresh cycle. The rollout of Windows 10 is 50% complete aiming to complete before Windows 7 becomes End of Life. Significant progress has been made to improve the Cyber Resilience Posture in Fife with additional security tools and allocation of skills and resources. There has been a 2 year transition to TrakCare PMS which has just completed and NHS Fife is now leading the way with regards to 'Scottish Edition' alignment and running the latest TrakCare releases. The TrakCare infrastructure is approaching 3 years into its 6 year life. The Telephony infrastructure is 3 years into its 5 year life. The core server farm and storage infrastructure is also 2 years into its 5 year life.

NHS Fife's main IM&T assets consist of:

NHS Board: FIFE	Number (of units, systems, outlets, etc)	Replacement Value	Net Book Value	Ownership (%)		Age Profile (%)			
				(approx. % of replacement value)		(approx. % of replacement value)			
		(£'000's)	(£'000's)	NHS owned	Non-NHS owned (e.g. Leased)	Over 7 years old	5 - 7 years old	3 - 4 years old	Up to 3 years old
Cabling Networks (Wired outlets)	39560	2,783	432	75%	25%	58%	10%	7%	25%
Cabling Networks (Wireless access points)	1195	418	147	100%	0%	35%	18%	15%	33%
Network Server Infrastructure (circuits, switches, routers,etc)	650	2,333	652	100%	0%	28%	18%	12%	42%
Network / Cyber Security Appliances	70	350	90	100%	0%	0%	0%	0%	100%
Virtual Server Platforms	400	205	n/a	100%	0%	0%	0%	0%	100%
Data Storage	475 TB	670	520	100%	0%	0%	0%	0%	100%
Physical Servers	112	811	577	100%	0%	0%	16%	6%	78%
Communication Platforms (Telephony)	40	2,290	1,145	100%	0%	0%	3%	3%	94%
Handsets, Smartphones & Deskphones	8208	901	701	100%	0%	0%	3%	5%	92%
Desktops / Laptops	7538	2,860	2,066	99%	1%	0%	21%	51%	28%
Mobile Devices	776	198	138	100%	0	0%	32%	39%	29%
<b>TOTAL</b>	<b>58549</b>	<b>13,819</b>	<b>6,468</b>						

### 3.8.2 Condition & Performance

Infrastructure	High Level Description of Assets and Usage
Data Networks	Used to network IM&T devices and peripherals including IP Telephony.
Standalone Servers	Used access to digital information across the network. Some are used for storage.
Core Enterprise Server Technology	Used to provide core / critical systems and includes: SAN Storage Arrays, SQL Database Farms, Virtual Server Farms and Standalone Critical Application Platforms.
Endpoint Infrastructure	User access tools including desktop personal computers and peripherals, mobile personal computers and peripherals and other mobile devices including Wi-Fi telephones and mobile telephones.
Software	Application Software which has a perpetual licensing model.
Modernisation	Cloud Computing, Software as a Service, Hosted Solutions, Shared Instances, Shared Services, Shared Premises etc.

The high level where are we now status of each of these assets is summarised below:

- Data Networks - Networking and IP Telephony technology investment has not been on a permanent replacement cycle and 7+ year old kit exists. The recent IP Telephony project forced investment in this area and has made a big difference. But we need to replace the outstanding ageing kit and maintain the 6 year supportable asset horizon. The Wide Area Network requires some investment to improve performance at some sites which are experiencing Network saturation and currently will not be able to absorb the additional demands of O365.
- Standalone Servers - The server estate is on a 5 – 7 year replacement cycle and standalone servers are consolidated onto Virtual Server Farms where possible. Any servers with local storage are also consolidated into SAN as the refresh cycle allows. Improvements are being made slowly as funding becomes available. The GP estate has recently received significant investment in hardware which was up to 10 years old. This is an ongoing challenge to maintain a robust and supported estate which does not have legacy infrastructure contributing to Cyber Security vulnerabilities.
- Core Enterprise Server Technology - Is generally where critical platforms are hosted and a 5 year replacement cycle is maintained where funding allows. The ultimate aim is to maintain all critical platforms within a 6 year age limit. Significant investment has been made over the last 36 months following a spate

of outages, fragmented technologies and widespread end of life or out of support hardware. We now need to maintain the 6 year supportable asset horizon.

- Endpoint Infrastructure - NHS Fife is half way through an 18 month programme to upgrade from Windows 7 to Windows 10. This programme is also replacing all personal computers older than 5 years and upgrading to solid state disks and increasing memory where appropriate. Annual investment in the PC estate is required to maintain a 5 year cycle.
- Software - In terms of software, perpetual licensing (especially amongst the large software and enterprise vendors) is being phased out and as software is moving towards being licensed on a subscription basis, meaning NHS Fife (and all other health boards) will not own any licences in the future. The severe ongoing revenue impacts of this have begun this year with a National Microsoft EA subscription for Windows 10 and Office 365 licences.
- Modernisation – The modernisation of IM&T means that NHS Fife and other NHS Scotland organisations are considering all the options when refreshing ageing 'on-premise' platforms. This means considering the 'once for Scotland', regional solutions and other joint ventures with attractive economy of scale. A prelude to this will be movement towards a Regional IT Service Desk with Lothian and Borders. Aligning out IT Service Management process and toolset will path the way to adopting other means of modernisation.



### **3.8.3 Financial Consequence**

Ehealth is currently reviewing and improving IM&T 'contract alignment' so that support and maintenance costs will be assigned to infrastructure / services. Not available at this time.

We do not currently measure incidental running costs such as electricity, cooling, premises etc.

### **3.8.4 Current Challenges and Future Performance**

NHS Fife is working towards a fully supported and within lifecycle IM&T estate to enable a solid foundation for delivery of our 2019 – 2024 Information and Digital Technology Strategy. Delivery of this strategy will enable and empower service users to utilise digital to engage with their healthcare and will support our workforce to provide the most efficient health and care services possible through exploitation of technology. Considerations will be made on up and coming core infrastructure refreshes whether they should remain on premise, move to cloud or shared with other NHS Boards (Regional working).

### **3.8.5 Investment Needs**

A detailed breakdown of the current 5 year plan, a detailed breakdown can be found in section 8.5

### 3.9 State of Independent Facilities

#### 3.9.1 Current Arrangements

##### **New GP Contracts and the National Code of Practice for GP Premises**

There are a range of independent GP contractor facilities that provide a supporting role to NHS Fife in the delivery of health and care services across the area.

Following the establishment of a Scottish Government short life working group in 2015/16, recommendations regarding the long-term management of GP premises that sought to address the problems created by premises-related issues in terms of GP recruitment and retention were approved by ministers in December 2016

An implementation Group was subsequently established with representation from NHS Boards, the SG, BMA & H&SCPs. This group developed a Code of Practice to support and facilitate a phased move from the current position to one where GPs do not own or lease premises, with accommodation being provided entirely by Health Boards.

The Code was launched November 2017 alongside finalisation of the new GP contract, and both were accepted by the BMA on January 2018. Consequently, the Code has been formally adopted and is now in the implementation stages. In both the short and longer term this Code of Practice will result in a significant impact on NHS Fife's asset plans. The Code sets out how the Scottish Government and Health Boards will enable the transition over a 25 year period to a model where GP contractors no longer own their premises.

A key measure around which the Code is built is to offer all practices an interest-free loan. This loan, known as the GP Sustainability Loan Scheme, will be lent by Boards using a standard security against premises, and will be for up to 20% of the property value, or more in exceptional circumstances, to be used to secure stability in the GP premises system by allowing practices to, for example, repay part of their mortgage, pay off outgoing partners or address other premises-related issues that threaten practice viability.

The Loan will only be repayable if the premises are sold. Boards may also purchase premises. The process for this is set out in the Code, with Boards forbidden to purchase at anything other than District Valuer (DV) value and with stipulations over the condition of the building being in place – any rectifications required will be at practice cost.

There is currently little GP premises condition information recorded in NHS Fife's Estates Terrier although the National Proposals are to include all by 2023.

To inform this process the Scottish Government is commissioning a survey of all GP owned/GP leased premises and this data will assist NHSF and the HSCP with strategic decisions will be made on the future management, development and performance of the independent contractor facilities and to form part of the baseline position.

Purchase will only take place where the Board is satisfied that the Loan would not resolve the practices issues, or where the Board itself decides it wishes to do so.

As a consequence of the Code, the Board will have to undertake the following actions, in addition to existing processes in relation to GP property:

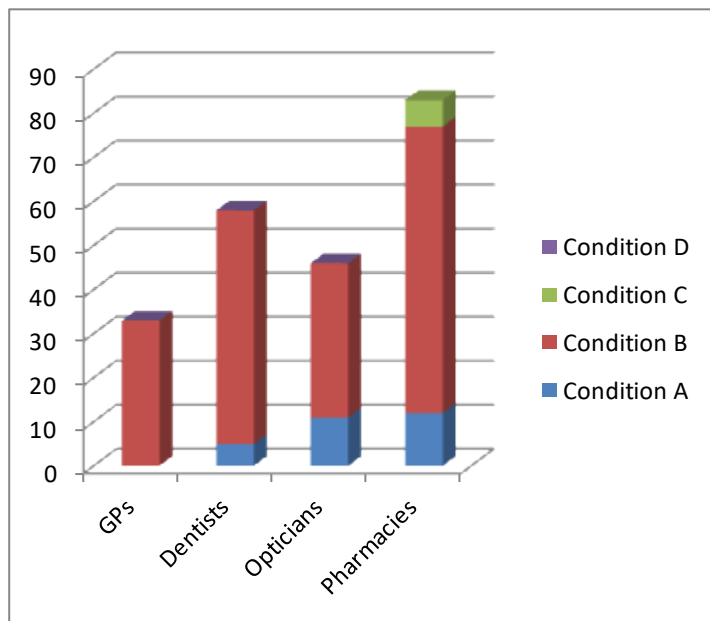
- Play its part in undertaking the survey of GP premises
- Accept, carry out due diligence and administer applications to join the Register
- Accept, carry out due diligence and administer applications for loans under the Code and account for these in its financial processes.

The Code also defines the actions that GP contractors who no longer wish to lease their premises from private landlords must take to allow Health Boards to take on that responsibility. This will be managed through the NHS Fife Sustainability Group but no actions have arisen so far.

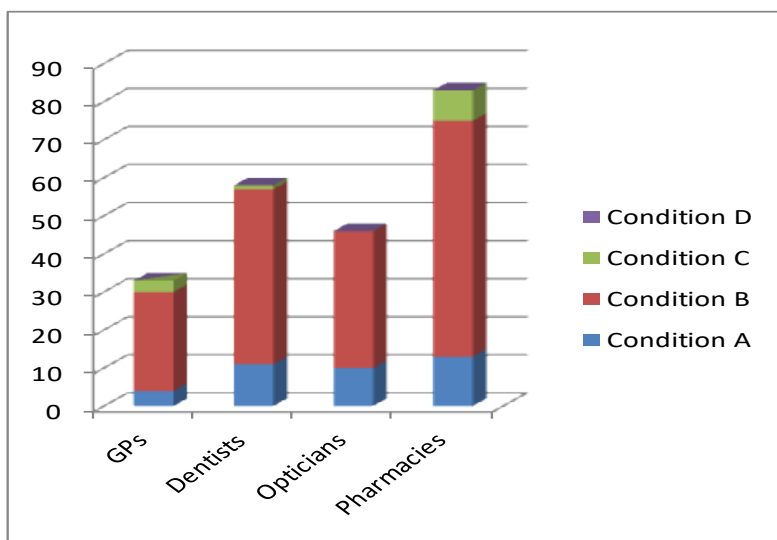
### 3.9.2 Condition and Performance of Independent Facilities

There are currently no formal conditional surveys carried out in independent premises as this is not funded as part of the NHS Fife owned reviews. A desktop review of condition, functional suitability, space utilisation and quality was carried out in late 2017 confirming these premises, although aging, are generally in good order. A detailed synopsis is provided in Appendix G.

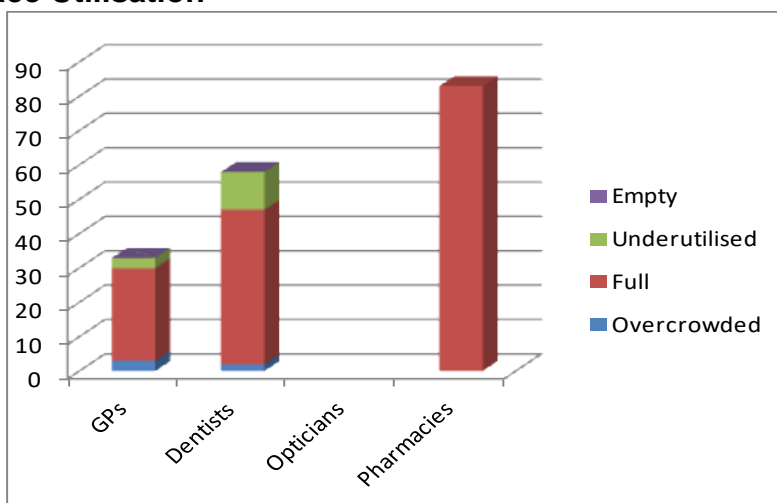
#### Condition



#### Functional Suitability

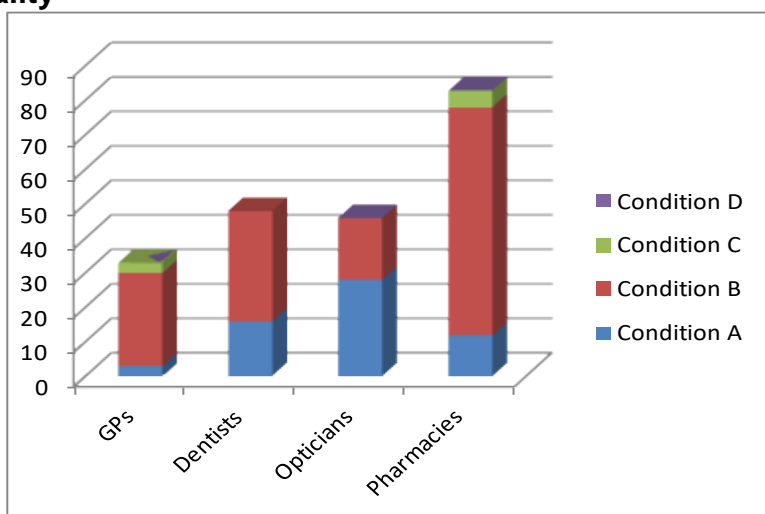


### Space Utilisation



No information is available for Optician and Pharmacy data is incomplete.

### Quality



These premises are not owned by NHS Fife but deliver services on behalf of NHS Fife. At the present time, the 33 GP Practices occupy 14231 m<sup>2</sup> and 57 Dental

Practices occupy 5910m<sup>2</sup>. The areas occupied by Optometrists and Pharmacies have not yet been collected.

The Estates Compliance Manager has carried out three random audits which have highlighted some compliance issues which are being addressed.

The current tenure data held for the Primary Care premises is for GP and Dental Practices only and shows that more than 75% of the buildings are owned by the occupier.

### **3.9.3 Current Challenges and Future Strategies**

#### **Support and Prioritisation**

The Code of Practice confirms that Primary Care priorities must support HSCP and Health Board improvement plans as the HSCP take into account needs of population. The HSCP must also take into account the need to provide fit for purpose premises when they identify investment in these. NHS Fife achieves this by consultation via the Primary Care Medical Services Sub Committee which has local medical input and by GP members on the Local Medical Committee Premises Group.

#### **GP Support Accommodation**

Facilities are working with the implementation team for the new GMS contract to secure additional space for the clinical support which will be given to GPs as part of the new contract. This includes additional Phlebotomists, Pharmacists, ANPs, First Contact Physios, CAHMs Immunisation teams etc. In some cases this may mean simple rearranging of the site users, in others we are looking at who can be moved elsewhere eg: centralising Health Visitors and/or School Nurses, and for some, significant amounts of capital may be required but this is as yet at an early stage and no real estimates are yet available.

## 4.0 Competing Asset Based Investment Needs

### 4.1 Local Competing Asset Based Investment Needs

(Note: This section refers to a direct assessment of current asset based needs. Developments from Strategic Plans will be detailed in Section 7.)

An overview of the current condition and challenges for each of the assets has been provided. These challenges are compounded by

- Aging assets
- Compliance with legislation
- Functionality
- Advanced Technologies
- Additional Service Demands

The financial outlook remains challenging maintaining competing demands on the Board's Capital and Revenue Budgets. It is therefore essential that the Board continues to review its assets to ensure that they are all put to their most efficient use.

A number of capital projects were completed last year with others due for completion which will resolve a number of issues and also reduce some of the competing demands as detailed in Section 1

The capital projects will not eliminate all the competing demands, and it is therefore essential to explore alternative solutions which can build capacity within the system without the need for capital investment.

The Board has established a robust prioritisation process which includes the preparation of a Strategic Assessment for major service proposals which require capital investment. Fifes' Capital Planning Group, (FCIG), reviews and decides how Capital investment is allocated on this basis.

**4.1.1 Backlog maintenance:** The 2019/20 proposals for backlog maintenance drawn from our conditional surveys, SCART and Datix sources and listed in order of risk priority are tabled in Section 9. £3.579m has been allocated this year in order to deal with top priorities. Funding is allocated primarily in risk order in conjunction with consideration of clinical and estates strategies but it should be noted that this level of funding will in no way maintain the estate at condition B. In context, it should be noted that the current significant and high risk Backlog, (elemental figures excluding fees, decant, VAT etc) total some £52m.

**4.1.2 Equipment;** The Capital Equipment Management group has identified a five year investment plan as detailed in Section 9. Ideally, c£3.6m would be required in 2019/20. £2.126m has been allowed PA in the 10 year Capital plan.

Year	19/20	20/21	21/22	22/23	23/24
<b>Total Investment Envisaged (£)</b>	£2,000,000	£1,45,600	£622,000	£704,000	£183,000

**4.1.3 IM&T;** The capital plan for the next 5 years is in the red all the way along (recent Scottish Government funding has been £1.1M p.a.) so is subject to prioritisation, individual business cases and modernisation. The eHealth department is not adverse to receiving donations from other public sectors organisations to replace ageing equipment e.g. recently received 300 Wi-Fi access points from Dundee University saving us £120K. There is a risk that some assets will need to be 'sweated' and legacy equipment retained if full funding is not able to be sourced. This may result in less than optimal Production environments, affordable performance regarding availability and NHS Fife slipping in and out of compliance with the Cyber Security Framework (due the additional security vulnerabilities running legacy assets may afflict).

Year	19/20	20/21	21/22	22/23	23/24
<b>Total Investment Envisaged (£)</b>	£1,578,000	£1,257,250	£1,762,000	£2,185,000	£1,935,000

**4.1.4 Transport;** The following table identifies the required level of investment to maintain the owned fleet to an ideal age profile standard. This level of investment is simply not available and vehicles are retained until capital becomes available.

Year	19/20	20/21	21/22	22/23	23/24	24/25
<b>Total Investment Envisaged (£)</b>	£841,900	£90,000	£94,232	£68,577	£11,050	£50,436

(In terms of leased vehicles, we currently require £150k of revenue funding annually to maintain the current fleet.)

## **4.2 Regional Working and Competing Investment Needs**

### **4.2.1 National Approach**

The Scottish Government's Health and Social Care delivery plan sets out the importance of delivering better health, better care, and better value. The National Clinical Strategy and Health and Social Care Delivery Plan sets the approach and way forward for the delivery of high quality healthcare services for the people of Scotland. Within these, the Scottish Government has stated that "future delivery should be based around individuals and their communities; planning hospital networks at a national, regional or local level based on a population paradigm providing high value, proportionate, effective and sustainable healthcare; transformational change supported by investment in e-Health and technological advances".

At present Estates, Facilities, Asset Management and Capital Planning are carried out at Board level, however there are clear opportunities for these services to operate at a Regional level. The current approach is becoming increasingly challenging due to the changes in demographics, financial climate, increasing patient expectation and the large number of staff reaching retirement.

The Shared Services Programme has adopted a once for Scotland approach. To enable, where appropriate, services that should be managed on a Region/Scotland wide approach and be delivered in a consistent way.

### **4.2.2 East Region Approach**

In line with the Regional Delivery Plan there is a requirement to develop a Regional Asset Management Plan (RAMP), which will demonstrate the joint working across the region and that services are being planned on a regional basis. A combined RAMP will provide the greatest potential of securing future investment in support of the Regional Delivery Plan.

### **4.2.3 Development of East Regional Asset Management Plan**

It is recognised that there will always be a need for the delivery of services at a local level. However, it is proving difficult in some areas to provide specialist expertise in all Estates, Facilities, Asset Management and Capital Planning Services across all areas. Additionally, to ensure the delivery of a sustainable, efficient service, more consideration should be given to the opportunities that cover more than one NHS Board, which where appropriate may move naturally to a Regional solution or indeed a National approach where appropriate. Estates, Facilities, Asset Management and



Capital Planning leads have proposed to focus collaborative efforts to identify the best service delivery solution be that on a national, regional or local level.

The following areas have been identified suitable to be taken forward as part of the Shared Services Programme in Fife

- Catering Services
- Fleet Management
- Decontamination
- Laundry Services
- PAM's
- Public Private Partnerships (PPP)

The East of Scotland Estates, Facilities, Asset Management and Capital Planning Group and Property Planning Group will work with those tasked with delivering the shared services agenda to ensure that the East Region is fully responsive to providing the most effective and efficient delivery model(s) and current projects ongoing are as follows;

#### **4.2.3.1 Catering Services – Cook Freeze Project**

NHS Scotland National Catering Production Strategy developed in 2016 proposed that NHS Boards move over time to larger scale “cook freeze” central production units (CFPUs) with potentially four purpose built units servicing the needs of NHS Scotland.

The East Region, (including NHS Tayside), supports 22 production kitchens which are difficult to sustain with varied menus and varied levels of food waste. Some deliver low patient satisfaction (not NHS Fife), varying levels of compliance with FFN Specifications and considerable disparity in food costs per patient day.

Environmental Health Officer inspections at NHS Lothian facilities, have highlighted under investment in catering and they require significant capital funding.

As part of the Regional Estates & Facilities agenda an opportunity has arisen to create a “proof of concept” CFPU to supply NHS Boards with frozen meals in the South East Region ie: NHS Lothian, Fife, Borders and Tayside.

For 4 sites in NHS Fife, (which service approximately 60% of the inpatient numbers) a delivered meal service is used. A delivered meal service is where the bulk of the food is purchased readymade. Notably this system delivers consistency, NHS Fife has the highest patient satisfaction and lowest food cost within the region. Cost is not the only driver for change. There are other organisational risks in catering production and having a standardised menu which complies with all current legislation and best practices will help

minimise these risks. This will reducing reliance on local resources and may reduce risk from allergen mismanagement.

The CFPU will likely also be located in Lothian, option appraisals will be carried out to determine whether leased premises are used or new build. The IA has therefore been drafted with NHSL as the lead board.

Discussions are underway re the financial model as NHS Fife's challenge is that there is less incentive for the CFPU to provide a value for money due to our efficiency. Indicative costs on options being considered now range from c£15.8m, (do minimum), to £35.6m for a complete new facility.

#### **4.2.3.2 Regional Fleet Management Opportunities**

There are currently 30+ commercial and Car Leasing fleet operations across NHS Scotland (NHSS), which are independently managed by Fleet/Transport/Car Leasing Managers who carry out a wide range of duties at a local level. In addition, there are a number of NHS Boards who allow their operational departments to manage their own individual fleets, where there is no central governance or control within the NHS Board. There is consensus across the NHSS Transport community that due to the current structure and limited strategic visibility of transport services, a number of efficiency improvements and good practice previously identified, have not been fully realised, and there is limited control of risk associated with the operation of the vehicles.

The National Review of Fleet Management identified considerable opportunities for a more joined up approach across Scotland, with potential to achieve better utilisation of vehicle and logistics resource and improve the effectiveness and efficiency of the operations.

This initiative foresaw the restructuring of the NHSScotland (NHSS) Fleet Management operation in order to:

- Create a national strategic function for Transport/ Fleet Management operating at best in class standards, reducing variation and delivering efficiency savings for future investment in front line patient services to support local Fleet operations
- Ensure more effective and efficient use of NHSScotland fleet resource and deliver service improvements
- Ensure consistent governance and resilience is embedded across NHS Scotland Fleet Management operation and the function has the ability to adapt and respond to a changing Health & Social Care environment

The Business Case was approved by Scottish Government to fund an integrated Fleet Management System, and to establish a professional national Fleet Management support function within NHS National Services Scotland (NSS). This new unit has been operational since October 2016.

A report on East of Scotland Fleet Management opportunities was circulated to members in December 2018 to consider the benefits and potential options for collaborative working across Fleet Management and Car Leasing in the East of Scotland NHS Boards. The NHS Boards that have agreed to be part of the collaborative working proposal are Borders, Fife, Lothian and Tayside. The works are still at an early stage.

#### **4.2.3.3 Regional Decontamination Project;-**

The East Region Estates & Facilities Group has initiated a regional review of decontamination services, specifically to look at “in-sourcing” of the quarterly testing, improve the logistics and potentially employing apprentice decontamination technicians. This should not only achieve significant savings but make the service more sustainable. Again, these works are at an early stage.

#### **4.2.3.4 National Laundry Consolidation Project – Regional Aspect**

In 2014 the Programme began investigating ways to improve efficiencies and value for money in the NHSScotland laundries. A Laundry Strategic Review Group (LSRG) was formed to take this forward. The group included a Programme Director, representatives from each of the NHSScotland territorial health boards' Laundry/Linen Services Management, Trade Union representatives, NHSScotland Strategic Facilities Group, National Services Scotland (NSS) Finance, territorial health boards' Finance and NSS Project Management and Administration. The LSRG quickly decided that it was necessary to develop an Outline Business Case (OBC). In the absence of territorial health board resources being available it was agreed to engage external consultants Capita to work with NHSScotland to produce the OBC.

Following a series of six workshops the agreed draft OBC was presented to the NHSScotland Chief Executives Group who asked that this be used to create a National Laundry Production Strategy, in line with NHSScotland Catering Services. A National Laundry Production Strategy was then produced which recommended that an effective, efficient, modern and sustainable Laundry Service should be developed through a programme of rationalising the eight mainland laundries to four (the three Island Health Board laundries would not be affected).

Recommendations regarding the final scenario combinations, including contingency planning, will be presented in the formal business case to the NHSScotland Chief Executives Group in 2019. This group will decide whether or not to proceed with the Programme Board's recommendations. If it is decided to progress the recommendations, these will be implemented on a phased basis.

#### 4.2.4 Regional Prioritisation

In addition to an internal prioritisation process, NHS Fife is working in partnership with NHS Lothian and NHS Borders to develop a regional approach to property, asset management and capital planning in the East of Scotland. In order to facilitate this, a Regional Capital Investment Group (CIG) has been established, with membership drawn from each of the three Boards and chaired by the nominated Finance Director Lead for the East Region.

The initial objectives of the Regional CIG are to:

- Create a virtual regional capital plan, based on a common set of assumptions and parameters, with a view to identifying areas where a common or co-ordinated approach could offer benefits arising from synergies between individual Board's plans – for example, where more than one Board is seeking to procure the same, or a similar, IT infrastructure replacement ;
- Establish processes that reinforce the inclusion of a regional dimension in capital investment governance processes, in particular, such that full consideration is given to the potential for a regional approach in the early strategic assessment and service planning stage;
- Share best practice, particularly in areas where a Board has devised a solution to an asset development issue that can be rolled out to other Board areas;
- Consider ways in which resource, skills and expertise can be shared between Boards and managed on a region-wide basis, particularly in the area of procurement and project management.

#### 4.2.5 Other Regional Work

The most developed proposition within the East region health and social care delivery plan is that of Laboratory Medicine. The work stream has resulted in the creation of the operational Board – East Region Laboratory Medicine Operational Board (ELMO) which will meet for the first time in late June 2018. This is chaired by the Chief Executive of NHS Fife. The Board will oversee a challenging programme of work across the region and form the basis for an integrated regional service.

The national Property Transaction Group which reports to the Scottish Property Advisory Group (SPAG) has identified key issues and a work plan has been developed to address these, including the management of the Community Empowerment req

## **PART B: Where do we want to be?**

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### **Overview**

The Board remains committed to helping sustain and improve health and to providing safer, more effective, person-centred healthcare for the population of Fife and beyond as outlined in its Clinical Strategy

As NHS Fife continues to deliver high quality services to its communities, the work to shift the balance of care from acute to community health services will progress as different ways of working are explored and more services are moved out of hospitals and into communities, re-prioritising spend on these services.

Through the East of Scotland Health and Social Care Delivery Plan Programme Board, NHS Fife continues to work with its regional and national partners to provide specialist services where required and plan on a wider population level to ensure better value and the sustainability of services. NHS Fife continues to explore how to implement its strategies within existing resources and investigate how services can be re-organised to maximise these resource.

Investment in the Board's infrastructure will be based on the design and needs of health care services and will reflect and address future requirements, taking cognisance of the latest advances and best practice and designed in collaboration with partners and with flexibility to evolve and meet future challenges.

The following section reviews the national and local context for service change. It outlines how this context shapes asset arrangements and improvement plans and provides the framework from which investment plans are formed.

## 5.0 Context for Service Change

### 5.1 National Context for Service Change

#### Population

In line with predictions for Scotland, current predictions for Fife show an increasing population, nearly 8% by 2037 to more than 400,000. Data for 2013 highlights nearly 20% of the current population age is 65 and above and this percentage is likely to increase in future years. This will impact on all services provided by NHS Fife.

#### Multi morbidity in Scotland

Multi morbidity is the presence of two or more long term conditions and people living with multiple conditions is becoming more common. This trend is becoming important in terms of physical assets as health service buildings are typically designed to provide services for single diseases or conditions and along specific care pathways. Future delivery of care will likely require a review of layouts of buildings to accommodate service provision.

#### Strategic Overview

The Scottish Government defines the national framework for improving Scotland's health and healthcare in its Quality Strategy which sets out NHS Scotland's vision to be a world leader in healthcare quality, described through 3 quality ambitions: **Effective**, **Person Centred** and **Safe**. The Quality Strategy builds on Better Health, Better Care and together with subsequent supporting publications they provide the overall strategic context.

Building on the progress made in implementing the Quality Strategy, a vision for healthcare services in Scotland was introduced to provide a focus and impetus in developing these health services. To deliver Patient Centred, Safe and Clinically Effective care, the 2020 Vision proposes that;

Everyone is able to live longer, healthier lives at home or in a homely setting.

It describes 12 priority actions in 3 domains, known as the "triple aims". These are;

- **Quality of Care** – further improving the quality of care with a particular focus on;
  - Increasing the role of Primary Care,
  - Integrating health and social care,
  - Accelerating the programme to improve safety in all healthcare environments,
  - Improving the way unscheduled and emergency care is delivered,
  - People-powered health and care services,
  - Improving the approach to supporting and treating people who have multiple and chronic illnesses.

- **Health of the Population** – improving the health of the nation with a focus on;
  - Early years
  - Reducing health inequalities
  - Preventative measures on alcohol, tobacco, dental health, physical activity and early detection of cancer.
- **Value and Financial Sustainability** – securing the value and financial sustainability of the health and care services provided,
  - Increase our investment in new innovations which both increase quality of care, and reduce costs and simultaneously provide growth in the Scottish economy,
  - Increase efficiency and productivity through more effective use of unified approaches coupled with local solutions and decision making where appropriate.

How assets are managed in the NHS is ultimately driven by health policy. All NHS organisations have plans to redesign their services to achieve the aims of the Scottish Government's key policies as set out in the Healthcare Quality Strategy for NHS Scotland and the 2020 Vision. This service redesign will require significant changes in the way that assets are managed and used in the NHS.

## 5.2 Regional Context for Service Change – H & SC Plan

In September 2018, the paper 'Common Ground – Developing a Health & Social Care Plan for the East of Scotland' highlighted the drivers for change through population age, increase in service demand and workforce challenges.

Our 5 Objectives in the East Of Scotland are to;

1. Shift the balance of care and investment from hospital care to primary and community care settings so that people receive more of their care closer to home
2. Shift the emphasis of our system so we are focussing much more than ever before on the prevention of ill health
3. Improve access to care and treatment in unscheduled (urgent and emergency) and elective (planned) care including a new elective centre and regional specialist cancer centre
4. Improve the quality of care and the experience that patients have
5. Deliver recurring savings each year to break even while responding to increased demand driven by demographic change and population growth.

### 5.2.1 A Plan for Scotland

The Scottish Government published the National Health and Social Care Delivery Plan to respond to the question of how we meet these challenges in a sustainable manner. It describes a vision of joined up health and social care systems that work together to provide the right care in the right place at the right time while taking account of staffing, financial and service access challenges. It requires Health Boards to work together to deliver safe and sustainable health services across the East Region. We must develop new models of care that



harness innovation and make the most of our collective resources to be the best we can be.

### **5.2.2 A Plan for the East of Scotland**

In the East of Scotland NHS Borders, NHS Fife and NHS Lothian are working together to develop such a plan, working with the region's Health and Social Care Partnerships and local Councils because services need to be joined up if they are to be effective. Much consultation has been carried out with the population to help us frame our vision for the east of Scotland. We already collaborate across Health Board boundaries to make sure all our populations get access to the services they need. For example, Fife is home to a regional endoscopy unit which offers diagnostic testing to patients from Lothian and Forth Valley as well as Fife.

We have a number of networks that work across all East Region Boards to support high quality, resilient and sustainable services including joint ventures in education and training e.g. South East Cancer Network, Child Protection network and Learning Disability and Mental Health networks.

The emphasis in the East is much more about sharing our collective expertise and resources to develop new models of care and new ways of working so that the best care is available to everyone who needs it, regardless of where they live.

It is proposed that in future there will be a Regional Property Asset Management Plan developed.

### **5.2.3 Key Propositions**

Over the coming months we will develop our propositions. Moving forward we plan to:

- Agree the best models of service and treatment thresholds for the region for a range of priority specialties for acute (hospitals) services
- Progress a region wide approach to laboratories. This will achieve the same high standard of service across the 3 Boards, while making best use of technology as well as providing better value for money.

### **Next Steps**

The development of a Health and Social Care Delivery Plan for the East of Scotland is an ongoing process. To be successful and to produce a plan we can all have confidence in, we will involve patients who are users of the specific services we are developing and will also be communicating and engaging over the coming months with carers, Third Sector organisations and the professional bodies such as the health unions. We will also continue to work side by side with our health and social care partners and the region's six councils. We look forward to listening to as many people as possible and in particular to the involvement of the experts: those who use our services.



## 6.0 Local Context for Service Change

Positive changes in lifestyles alongside advances in medical science mean that the population of Fife is living longer, with a projected increase of around 32,000 in the coming 20 years which will increase demand for all forms of healthcare. It is this demand coupled with greater complexity in the needs of those requiring healthcare, which means that the delivery of services must be examined and adapted if we are to ensure that the ongoing health needs of our population can be met appropriately.

Over the last year, NHS Fife has worked in partnership with clinicians, partners, patients, carers and the public, to review our services and how these are presently delivered to ensure they fit with the clinical strategy. The review considers existing arrangements and how these can be enhanced in order for NHS Fife and the Integration Joint Board (IJB) to continue to provide high quality care to the people of Fife.

The development of the strategy has been driven by 7 distinct groups, each made up of senior clinicians and representatives drawn from across the health, social care and the third sector and the public. These groups focused on one of the following key areas;

- Urgent and 24/7 Care
- Scheduled Care
- Chronic Conditions and Frailty
- Cancer, Palliative and End of Life Care
- Women and Children's Services
- Mental Health and Learning Disabilities
- eHealth, Estates and Support Services

### Health and Social Care Integration

Progress towards the provision of integrated care will provide opportunities to review assets, specifically building asset provision along with local partners. It has been recognised by NHS Fife and Fife Council that significant changes may be experienced; however, the detail and timescales concerning the changes are yet undecided and unlikely to happen while service strategies are being developed. Fife Partnership has however committed to looking across the whole public sector estate and is keen to find synergies as part of our discussions in implementing our clinical strategy.

The Clinical Strategy is underpinned by a number of key principles that serve to provide a clear statement of purpose for the people who will use services, along with families, carers, partners and staff. The development process ensured that the following principles are embedded within the new strategy:

- Take a Person Centred Approach
- Ensure services are Safe, Sustainable, Efficient and Adaptable over time
- Ensure care is provided closer to home wherever possible
- Ensure services are integrated between health and social care and between primary and secondary care

- Provide affordable solutions to utilise available funding as effectively as possible.

The aim of the strategy is to provide services which support people to remain well at home and when further health needs develop, ensuring that any intervention is delivered as close to their home as possible. The strategy is aligned with Scotland's National Clinical Strategy. The strategy will enable NHS Fife to continue to deliver effective healthcare, which is fully integrated with social care partners, promotes improved health and reduces health inequalities whilst maintaining a continued focus on providing high quality patient care.

## 6.1 The NHS Fife Clinical Strategy

NHS Fife's Clinical Strategy, 'Transforming Healthcare in Fife 2016 -2021', still drives the changes in healthcare through integrated working with partners. This strategy proposes to build on the successes of the 'Right for Fife' strategy and is seen as a re-fresh, not a re-start. It sits in the context of:

- SGHSCD 2020 Vision
- NHS Scotland Quality Strategy
- NHS Scotland Efficiency & Productivity Framework
- NHS Scotland National Clinical Strategy

This Clinical Strategy is designed to transform the delivery of health and care in Fife. The focus of this strategy is to;

- Support the population to maintain their health and wellbeing,
- Provide an integrated multidisciplinary Primary Care Service,
- Provide intermediate care with specialist outreach across the professions,
- Develop acute care services, and
- Develop tertiary care services.

The PAMS will therefore interpret the proposed service changes in terms of their impact on the need for physical assets. It should demonstrate how the current supply of physical assets will need to change through investment, acquisition or disposal to meet future service needs. This inclusion of the organisation's current strategies and plans for change is fundamental to the identification of the gap between the organisation's vision and the adequacy and ability of its existing asset base to support that vision. Those current strategies and plans are embodied within the current version of the NHS Fife Annual Operational Plan (the previous LDP).

Our 2018 Interim PAMS identified the progress made to this document with the 'One Year On' paper.

### 6.1.1 Clinical Strategy – 'One Year on'.

The Scottish Government's National Clinical Strategy for NHS Scotland (2016) requires increased collaborative working across NHS Boards. the Clinical Strategy in

Fife; providing the very best specialist treatment for our patients, regardless of where they live, with follow-up care delivered locally where appropriate.

Work is underway to develop a Regional Health and Social Care Delivery Plan for the East of Scotland. This will define the priorities for further regional working across NHS Borders, NHS Fife and NHS Lothian. This work will be informed by the National Health and Social Care Delivery Plan (2016) which itself takes its cue from key national strategic documents such as the National Clinical Strategy, Transforming Urgent Care for the People of Scotland by Professor Lewis Ritchie and the National Health and Social Care Workforce Plan.

The NHS Fife Clinical Strategy was developed in response to the changing needs of an increasing and ageing population. The Strategy articulates the vision of healthcare delivery in Fife over the next five years and beyond.

The Strategy was developed in partnership with a wide range of stakeholders and describes a future model of effective and proactive healthcare. It is aligned with key national and local strategic plans, including 'The National Healthcare Quality Strategy for NHS Scotland,' 'The Route map to the 2020 Vision for Health and Social Care', 'The National Clinical Strategy for NHS Scotland (February 2016),' 'The National Health and Social Care Delivery Plan (December 2016)' and NHS Fife's, 'Local Delivery Plan 2017-2018: A Transformational Approach for Health & Social care Delivery Plan.' The Strategy was developed through seven work-streams under the direction of a Steering Group. Clinicians from primary and secondary care led this work with support from multidisciplinary teams and other stakeholders, including our public. Each work-stream produced a fuller detailed report with recommendations which sit within the values of NHS Fife's Strategic Framework.

1. Urgent Care
2. Scheduled Care
3. Chronic Conditions and Frailty
4. Cancer, Palliative Care and Last Days of Life
5. Women and Children
6. Mental Health and Learning Disabilities
7. eHealth and Support Services

NHS Fife's Strategic Framework outlines the Board's vision, values and aims which underpin the Clinical Strategy. In addition, NHS Fife worked in partnership with Fife Council through the Integrated Joint Board to develop the Health and Social Care Strategic Plan for Fife which was finalised in February 2016. The critical role that the Health and Social Care Partnership have in delivering those services commissioned by NHS Fife must also be highlighted.

The Clinical Strategy was developed through engagement with staff, patients, the public and third sector stakeholders. This development was then followed up with formal consultation throughout the summer of 2016. The final step saw the Strategy formally approved by NHS Fife's Board in October of that year. This report is structured into three sections: National and Regional Context, Transformation Programmes and Quality and Safety Initiatives.

### 6.1.2 Key Recommendations

The recommendations from the seven work-streams of the Clinical Strategy were distilled, refined and consulted on. These key recommendations were themed and alongside the Health and Social Care Strategic Plan will guide the development and delivery of health and care services in Fife going forward. The work-stream recommendations were themed under the headings:

- Person Centred
- Prevention and Health Promotion
- Health Inequalities
- Access
- Ongoing Support and Follow Up
- Community Service Development
- Acute Service Development
- Health and Technology
- Workforce and Estate

### 6.1.3 Progress to Date

Of the seven work streams, not all will have asset impact but the following are ongoing.

Urgent Care; No model has yet been agreed for Urgent Care but the hub is envisaged at VHK although positioning will be problematic in relation to A & E.

Scheduled care; Progress will centre on the development of the Elective Orthopaedic Theatres at VHK.

Chronic Conditions and Frailty: The most significant work that has development in the last 2 years is the care approach to patients who regularly access emergency services and have complex multiple chronic conditions – these patients have been cohorted together under High Health Gain (HHG) individuals and managed in the community.

### 6.1.4 Transformation Programmes

A series of nine transformation programmes are being delivered in a joint and collaborative approach between NHS Fife and the Health and Social Care Partnership. These combine to deliver the Clinical Strategy and remain underpinning activities for the National and Regional initiatives and from an asset perspective the four pertinent to this PAMS are;

- **Community Hubs;** The need for a new, innovative and transformational model of health and social care, via ‘community hubs,’ was one of the key conclusions that resulted from the extensive consultation processes, with the public, professionals and public bodies, during the creation of the NHS Fife Clinical Strategy and the Fife Health and Social Care Partnership’s Full Strategic Plan for Fife (2016-2019). The development of seven community

hubs will be linked to the seven localities in Fife (see map in section 2.3), but to date, only the Dunfermline Hub at QMH has been established.

- **Urgent and Primary Healthcare Out of Hours Services Review;** Fife, like the rest of Scotland, is experiencing increasing demand for urgent care services, particularly for increasing numbers of frail, older people with multiple long term conditions and complex care needs. Current services are fragile and not sustainable in terms of capacity, workforce and facilities.
- **Estates and Facilities;** NHS Fife and the Fife Health and Social Care Partnership continue to reconfigure and optimise the estate and technical infrastructure, supporting continuous improvement of clinical services and patient experience. The current estate is a mix of owned or leased premises and there remain challenges in relation to configuration, backlog maintenance, range and type of services provided from site, location of non clinical support staff accommodation and space utilisation. Following a number of dedicated workshops, an estates' rationalisation plan was co-produced by both Boards. Delivery of the plan is ongoing and some surplus stock has been released. As at 31 March 2019, the plan has delivered Capital receipts of £3.65m (excluding fees) and a Space reduction of 4868m<sup>2</sup> since April 2016.

## 6.2 The NHS Fife Annual Operational Plan (AOP) 2019-20

Replacing the Local Delivery Plan process the Scottish Government issued guidance to support development of an Annual Operational Plan (AOP) 2018-19 for all Boards, to be shared and aligned with the strategic plans of their relevant IJBs.

NHS Fife's second Annual Operational Plan (AOP), has been produced in line with guidance received from the Scottish Government's NHS Scotland Director of Delivery and Resilience on 25 February 2019

The 2019/20 AOP outlines plans for delivery of NHS Fife's local priorities identified through key planning assumptions for performance, strategic planning, financial and workforce planning.

**There are four local key priorities for NHS Fife during 2019/20 which underpins all aspects of the Board's strategic planning:**

1. **Acute Services Transformation Programme**
2. **Joining Up Care - Community Redesign**
3. **Mental Health Redesign**
4. **Medicines Efficiencies (Not part of this PAMS Strategy)**

The key planning assumptions which support these local priorities are:

### **Planning**

- Planning of services locally will continue to be whole system and will include regional planning where appropriate
- NHS Fife will continue to be well represented at Director and Clinical level in the East Region programme of work
- The Transformation Programme including the use of digital technology will remain the focus of delivery of the Clinical Strategy 2016-21

### **Quality & Safety**

- NHS Fife will move towards an approach of continual self assessment in line with the national Quality of Care approach
- Key clinical priorities for 2019/20 have been identified and will continue to be monitored

### **Performance**

- Where performance standards are met in 2018/19, this will be sustained into 2019/20
- Trajectories have been agreed to improve performance towards defined target where performance standards have not been met in 2018/19
- Performance will be enhanced through the commitment to and delivery of the Waiting Times Improvement Plan and the associated Quality Improvement Access Collaborative

### **Financial Planning**

- The financial plan for 2018/19 has been developed around a confirmed overall baseline income uplift of 2.6% additional recurring funding plus 0.3% NRAC parity funding.
- Assumption of at least £6.7m funding from Scottish Government to support a move toward achievement of access targets in 2019/20
- The baseline funding assumption includes continuation of at least £2.5m Additional Departmental Expenditure Limit (ADEL) funding
- The baseline budget currently assumes recurring funding of £3m from the Pharmaceutical Price Regulation Scheme (PPRS).
- Expenditure commitments reflect assumptions per the Corporate Finance Network as well as locally agreed developments. Cost pressures are not included, nor does the plan take account of any risk share of social care costs, through the accounting for the Integration Joint Board.
- The budget position for 2019/20 is broadly balanced in year (£2.65m gap) although this increases to £17.3m, prior to any remedial action, when unachieved legacy savings are taken into account.
- The financial challenge for our acute services is most significant (£10.2m or 5.6% including the 'set aside' services).
- By comparison the health budgets delegated and managed by the Health & Social Care Partnership have a £6.5m or 1.7% efficiency target; this takes account of a notional budget uplift of 2.5%, thus delivering on the Scottish Government expectations of a real terms increase for integration authorities.



### **Workforce Planning**

- NHS Fife's Workforce Strategy will support the delivery of the Clinical Strategy and enable the transformational programme to be realised.
- By working with the Integration Joint Board and Fife Council, the revised planning arrangements will ensure connectivity between the Acute Services and Health and Social Care Partnership Workforce Plan.

## **6.3 The 4 Local Key Priorities**

### **6.3.1 Acute Services Transformation Programme**

The focus of the Acute Services Transformation Programme (ASTP) for 2019/20 will be the development of four key strategic themes and we expect these to cover improvements in 7-Day Working, Patient Administration & Outpatients improvement work, Acute & Front Door improvement, and Ward Improvements. The existing Site Optimisation Programme has been completed and a formal closure report will be issued in due course. (See section 8.2.4.2 for details and implementation of this strategy). The other elements of the improvement plan, where appropriate, will be incorporated into the four new key themes as outlined above, and will include potential improvements which were highlighted in the annual Service Review process, or included as part of the national programmes such as the Waiting Time Improvement Plan.

Service Reviews of all areas within the Acute Division were held during January and February 2018 and these provided both an overview of and improved understanding of current service provision, together with outline proposals for future improvement and how these proposals aligned with the recommendations of the Clinical Strategy.

The Waiting Times Improvement Plan, published on 23th October 2018, has outlined the expected steps and timescales required to reduce the length of time people are waiting for key areas of healthcare including New Outpatients and TTG as well as for Diagnostics and Cancer Waiting Times.

A local plan on improved waiting times is currently being finalised and where required this work will be incorporated in to the Outpatient Improvement programme. The projected improvement in waiting times is now based on receiving a smaller amount of additional funding, and therefore the key deliverables have been amended to reflect what can now be achieved within NHS Fife and is set out in this plan.

One of the major developments in 2018/19 for NHS Fife was the invitation to produce and submit an outline business case for a specialist Orthopaedic Centre. This acknowledges the outstanding Orthopaedic Service in NHS Fife, a service which has been commended for its excellence in care by the British Orthopaedic Society and its work is renowned across Scotland, consistently performing within the upper quartile in national performance figures. This standing and reputation of the Orthopaedic team has helped support NHS

Fife's plans for a new specialist Orthopaedic Centre which will bring together all orthopaedic service into one facility, allowing them to continue their improvement journey across all orthopaedic patient care pathways.

### **6.3.2 Joining Up Care Transformation Programme- Community Redesign**

This programme has been running for 2 years with the most significant work being the care approach to patients who regularly access emergency services and have complex multiple chronic conditions – these patients have been cohorted together under High Health Gain (HHG) individuals and managed in the community.

In addition to the HHG work, locality huddles have been established in each of the 7 localities. This is a multi-disciplinary meeting held fortnightly where complex cases are brought for discussion and a health and care plan for individuals are produced. The patients discussed at these huddles include but are not limited to HHG patients. The case conference approach is evolving with HHG individuals now being identified at the front door so intervention is more immediate.

Community Hubs are the next element of the development of community services. The inaugural facility in Queen Margaret Hospital will provide services which focus on patients on the frailty pathway. Patients are referred by Acute, Community, Locality Huddles and HHG case management services. By taking an integrated approach, patients can be treated holistically, which can also include good links with Mental Health. Plans are in place to rollout the Community Hub Model with configuration in line with the Community Hospital redesign at locality level.

Once the “hub” model is more clearly defined a significant capital investment will be required for new builds or refurbishment of existing facilities.

Community Hospital and Intermediate Care bed redesign is the last element in the Joining Up Care programme to redesign and develop integrated community service delivery. Following extensive engagement an option appraisal was undertaken between September and December 2018. This identified options for community hospital and intermediate care bed redesign that are currently being developed and will propose the transformation of bed based care within the Health and Social Care Partnership. These will be presented to the Integrated Joint Board for consideration in summer 2019.

Underpinning all of the transformation work is the comprehensive consultation on the Joining up Care Transformation Programme which took place from June to September 2018. The feedback from this engagement work and the principles of equality and care close to home continue to be the foundations of the transformational work of Joining Up Care.



### 6.3.3 Mental Health Redesign

The whole system redesign process is reviewing and looking to rationalise inpatient sites as appropriate, supported by developing community alternatives. Following completion of the refreshed local Mental Health Strategy for Fife, there will be a review of all voluntary sector funded organisations to ensure that community priorities are informed by the new refreshed strategy.

Consideration is at an early stage with housing colleagues regarding purpose built community resources to meet the needs of those with complex Learning Disabilities and to avoid placements outwith Fife or in hospital for children and young people. The aim of this work is to develop a single multi-disciplinary team to ensure children and young people receive the right support, at the right time, in the right place/setting.

Key strategic intentions include the 'Our Minds Matter' which ensures an integrated approach across schools, third sector, social work and school nurses to children and young people's emotional health and well-being. This is supported by CAMHS primary mental health workers.

### 6.3.4 Medicine Efficiencies

Not part of the Property & asset Management strategy but the fourth Key NHS Fife priority; noteworthy that the Medicines Efficiencies Programme has been running for 3 years and there has been significant work to deliver medicines efficiencies in the region of a total of £10 million across acute and primary care, with an additional projected £3.5M during 2018/19. The ability to continue to deliver this work depends on the availability of accommodation within GP practices as outlined in 3.9.4 GP Support Accommodation.

## 6.4 Workforce Strategy

Work continues to progress the aims of Parts 1, 2 and 3 of the National Health and Social Care Workforce Plan. The aims are to:

- Support whole system workforce planning
- Enable the NHS, Integration Joint Boards and their commissioning partners in Local Government, in addition to the third and independent sector, to identify, develop, retain and support the workforce they need to deliver safe and sustainable services
- Improve workforce planning for Primary Care in Scotland

It is recognised that improved workforce planning can benefit the sustainability of services at national, regional and local levels.

Implementation of the Board's Workforce Strategy, being led by the Director of Workforce, will enable the common themes and recommendations emerging from

NHS Fife's transformational programmes to be realised. These themes and recommendations highlight that a sustainable health workforce, which is motivated, adaptable and highly trained, is crucial to delivering high quality healthcare in the changing health landscape and to meet the NHS Fife vision for health and social care by 2020 and beyond.

Internal workforce planning arrangements now include:

- NHS Fife Strategic Workforce Planning Group
- Health & Social Care Partnership – Workforce & Organisational Development Strategic Implementation Group
- Representation at East Region and National Workforce Planning Groups
- Integrated process in conjunction with Service Planning and Financial Planning within the Board

Work is continuing with the Integration Joint Board and Fife Council to identify the interconnections between workforce planning activity and, where appropriate, build on the joint working currently undertaken to advance common priorities for the future. In addition, the revised planning arrangements will ensure that there is connectivity, where appropriate, between the Health and Social Care Partnership workforce plan and the Acute Services workforce plan.

In support of the overall transformational change programmes within the Board it is recognised that workforce planning is fundamental to achieving and sustaining future models of service delivery. We are continuing to embed a fully integrated approach to service, financial and workforce planning within the Board.

## **7. Competing Service Based Investment Needs**

All NHS Boards are competing for Service based investment needs. Following the completion of the NHS Fife Clinical Strategy, these are still being developed.

### **7.1 Local Competing Service Based Investment Needs**

#### **7.1.1 The Hub Model for Community Redesign**

The 'Hub' models as described above, will be critical for NHS Fife's future development, the numbers and services to be provided in these 'Hubs' is still under discussion.

#### **7.1.2 Mental Health Redesign**

Development of the Mental Health redesign as described above is still at the early stages therefore no notional Capital expenditure is as yet available but will be key to NHS Fife's strategy.

#### **7.1.3 Automation of the Pharmaceutical Supply Chain in Fife**

Pharmacy are key to ensuring that medicine use is optimised to reduce harm, variation and waste and it is vital that the pharmacy workforce is provided with the necessary skills and training to deliver enhanced pharmaceutical care in support of the Clinical Strategy and the Scottish Government's strategic plan for Pharmacy "Achieving Excellence in Pharmaceutical Care" (AEPC) where the use of digital solutions and automation are recommended. In addition, the Clinical Strategy advocates that patients should be discharged from hospital in a safe and prompt manner with the turnaround of discharge prescriptions specifically highlighted as an enabler for this.

NHS Fife is one of the few boards in NHS Scotland that does not use pharmacy or ward based automation and relies on a largely manual system via two pharmacy stores located in QMH and VHK. There is no automation in use in clinical areas or pharmacy and to maximise the one-stop dispensing model, improve turn-around times and facilitate the delivery of enhanced pharmaceutical care for all patients and release nursing time a transformational project will be undertaken where the key expenditure points are;

- Centralisation of the pharmacy stores to maximise and to support the introduction of pharmacy automation. (Pharmacy stores are at QMH and VHK)
- Introduction of centralised pharmacy store automation to increase the accuracy and speed of supplies to clinical areas. Potential costs (exc. VAT) for one robotics system is £180K although it is highly likely given the

number of packs requiring storage and issue, up to 3 robotic systems would be required at an estimated cost of £390K. Additional options are available e.g. refrigerated system to allow refrigerated items to be stored within the robotics system £22K and a standalone controlled drug (CD) cabinet £31K.

- Introduction of automation in clinical areas to reduce workload burden for pharmacy and nursing staff managing medicine orders and supplies, enable stock inventory to be managed efficiently and improve the security of medicines in clinical areas. Potential costs (exc. VAT) for all hospital beds (acute and H&SCP) in NHS Fife would be approximately £3.6M with a recurring revenue cost of £78K.
- Introduction of dispensing automation. Potential costs for a dispensing robotic system have not yet been identified however; only one robotics system would be required.

The plan is for the business case to be developed and approved in 19-20 with implementation in 20-21.

#### **7.1.4 HEPMA Project (Hospital Electronic Prescribing & Medicines Administration)**

Scotland's eHealth Strategy Board has approved the national full business case for HEPMA. Scottish Government has indicated that central funding is available over a number of years to support the implementation of HEPMA across NHS Scotland. This funding is intended to support license and implementation costs, with the largest proportion to manage the complex and critical change process of moving from paper to electronic prescribing and medicines administration systems. It is anticipated that following the completion of local business cases, further discussion around funding would take place with Scottish Government and the region.

Capital funding of £1.7m is available from SG and total implementation costs for staffing are expected to be in the order of £189k.

The NHS Fife Executive Director Group have supported the development of a detailed business case and project management support is being put in place to undertake this. The plan would be to have the business written in 19-20 with implementation in 20-21.

## **7.2 Regional Service Based Investment Needs**

Regionally, a number of key priorities for 2019/20 are highlighted below:

**7.2.1 Laboratory Medicine** - deliver an integrated laboratory medicine service for the region which delivers high quality, equitable, affordable, sustainable and accessible services for patients creating a 'One Laboratory Medicine Team' approach across the region through:

Review of workforce and seek solutions through regional working.

Look at options for reorganising services to ensure all appropriate testing maximises current estate and technological capability (automation, robotics, digital and artificial intelligence) and reduces duplication and variation in support of laboratory quality.

Use a single information platform to deliver benefit through integration of procurement process and consideration of single managed service contracts where applicable.

**7.7.2 Ophthalmology** - Through the newly established East Region Ophthalmology Network Board the focus in 2019/20 will be on outpatient service optimisation, theatre productivity and developing a regional model which will support sustainability and mitigate workforce risks, utilising community based services to shift the balance of care from acute to community.

**7.2.3 Regional Trauma Network** - implementation of the Scottish Government commitment to deliver a trauma network for Scotland which will direct patients to the most appropriate level of care for their injury, save more lives and improve patient outcomes from point of injury to rehabilitation. The region is working towards establishment of a Major Trauma Centre at the Royal Infirmary of Edinburgh in 2021/22 with supporting Trauma Units and integrated rehabilitation and repatriation systems which will support improved outcomes, recovery and care as local as possible where appropriate.

**7.2.4 East Region Partnership for the Prevention and Reversal of Type 2 Diabetes** – as part of our commitment to prevention and upstream intervention at the regional population level, the 3 East Region Health Boards, 6 IJBs and 6 Councils have committed to developing a multi-agency approach to tackling Type 2 diabetes in the region – a largely preventable disease which incurs significant personal, financial and social consequences. Equitable and consistent weight management services are being implemented across the region, with the focus in 2019/20 on developing an approach to reversing and preventing Type 2 Diabetes through evidence based, community delivered programmes

**7.2.5 Radiology** - Radiology services in the East Region, like other parts of the UK remain fragile with insufficient radiologists or radiology trainees to meet current and expected future demand. During 2019/20 we will look at developing our regional approach in light of recent developments with national connectivity, emerging collaboration on interventional radiology services and future national radiology programme deliverables.

**7.2.6 Regional Approach to Innovation and Digital Developments** - The East Region is building a coordinated, regional approach to Innovation drawing on the experience, relationships and networks developed through NHS Lothian's experience as an Innovation Test Bed pilot site. Opportunities to exploit the commissioning and adoption of new technologies will be maximised with a focus on addressing the challenges of managing demand and patient expectation along with availability of workforce.

**7.2.7 Cancer Services** – Opportunities present during 2019/20 and beyond to develop a more regional approach to addressing access and workforce challenges using the existing well established regional cancer network arrangements and collaboration on the development of the new regional cancer centre.

In addition to the clinical services noted above, work continues on a regional model for payroll and procurement services as well as ongoing discussions in relation to a number of HR related functions.

## PART C: How do we get there?

### 8. The Strategic Asset Plan

The previous sections updated the Board's progress on the Clinical and other key strategies in response to the national and local context, providing a framework from which investment plans will be formed.

This section outlines how the Board intends to develop its major investment proposals and using the Boards Capital Investment Prioritisation Process assesses competing investment needs. It will also outline the Board's asset management arrangements for successfully implementing such plans.

A number of facets help us develop the Strategic Asset Plan from the clinical strategy. The follow section highlights asset related activities completed during 2018/19 and system improvements ongoing which will assist in developing a robust PAMS document.

#### 8.1 Property Management & Data Update

##### Property Review and Capital Plans

To retain and maintain adequate Estate for the clinical need.

Item	Objective	Action	Lead	Status %	Timescale
1	Continue Property reviews.	Continue review of property performance and selected disposal.	Director of E & F	100%	Next review 12 Months
2	Create Site Master plans for Stratheden, VHK and Cameron	Property advisor appointed, considerations being given to each site.	Director of E & F	50%	Ongoing
3	Replacement Kincardine & Lochgelly Health Centres.	Develop IAD. Business Case development upon approval of IAD.	Director of Health & Social Care	25%	Ongoing
4	Elective Orthopedic Unit - VHK	OBC expected July 2019, Project Director appointed.	Project Director	15%	Ongoing

**NHS Fife PAMS Base Data Review & Standardization**

(Collect and collate data on which to base the evaluation of the Estate.)

Item	Objective	Action	Lead	Status %	Timescale
1	Standardise EAMS Property data across Fife	Review all EAMS Property data in Acute and Primary Care to ensure consistency across Fife in terms of identification and measurement	Capital Planning Manager	100%	Dec-18
2	Standardise CAD data across Fife	Review all NHSF owned property CAD plans, standardize format and polyline to determine address system/room numbering and exact Gross Internal Areas on which all NHSF data is reported	Capital Planning Manager	100%	Apr-18
3	Update Smarter Offices Accommodation reporting methods	Existing Office data appears to be calculated in various formats. New CAD data will allow standardization.	Capital Planning Manager	100%	Oct-18
4	Present NHS Fife property	Finalize review of Condition, Space	Capital Planning Manager	100%	May-18

**EAMS Condition Survey Reviews**

(Collect data on six condition facets of the Estate, identifying, quantifying and prioritising Capital needs.)

Item	Objective	Action	Lead	Status %	Timescale
1	Update costs all recorded potential repairs and Backlog	Review all existing NHS Fife EAMS/3i data line by line to improve confidence in reported backlog	Capital Planning Manager	100%	Dec-18
2	Update Statutory Compliance Capital Requirements	Review EAMS compliance items, record any Backlog issues adding outcomes to EAMS from SCART2 question set.	Capital Planning Manager/ Compliance Manager	75%	Mar-19



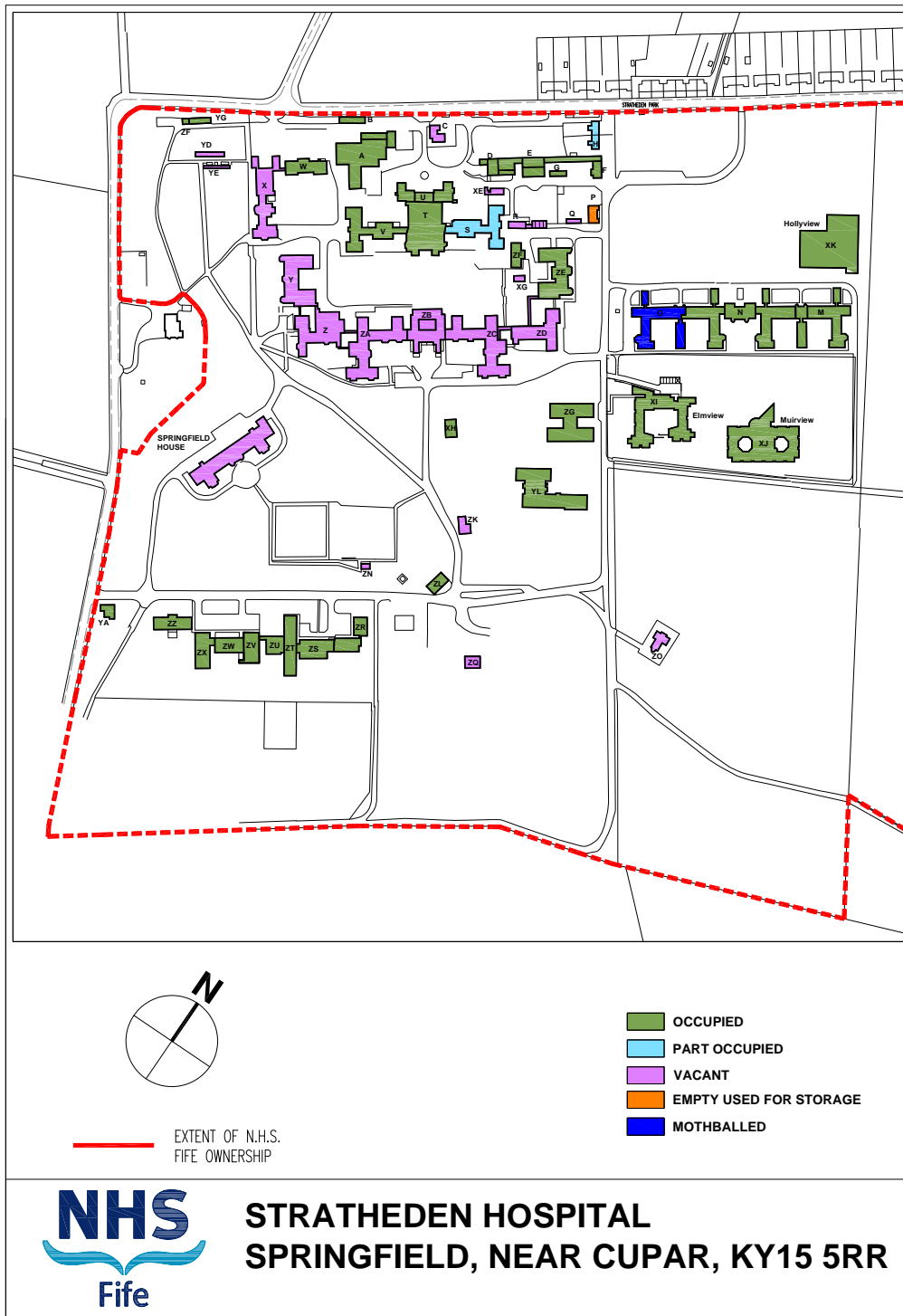
**Other Property Data Updates**

Item	Objective	Action	Lead	Status %	Timescale
1	Replace obsolete Apollo System to maintain EAMS data source.	Procure/Install/training in MiCAD FM and Maintenance Reporting System to manage all facets of Estates Maintenance across Fife	Information Services Manager	100%	May-18
2	Complete SCART 2 question set	Complete revision of SCART 2 Question set for Fife	Compliance Manager	75%	Oct-19
3	Asbestos register update	Utilize new CAD drawings and room numbering to more accurately record position and develop software	Estates Managers Information Services Manager Compliance Manager	10%	Sep-18
4	Estates Terrier	Consider development of data into Estates Terrier	TBC	0%	Ongoing
	EAMS Risk Manager - Fire	Move to V10 Risk Manager to link Fire data –( awaiting HFS software update)	Compliance Manager	0%	Mar-19

## 8.2 Master Planning of the NHS Fife sites

Site Master plans are being developed for the major NHS Fife sites. These are medium to long term strategies which align Clinical and Estates aspirations. These include Stratheden Hospital near Cupar, Cameron Hospital Windygate, Victoria Hospital Kirkcaldy, Queen Margaret Hospital Dunfermline and Lynebank Hospital Dunfermline.

### 8.2.1 Stratheden Hospital

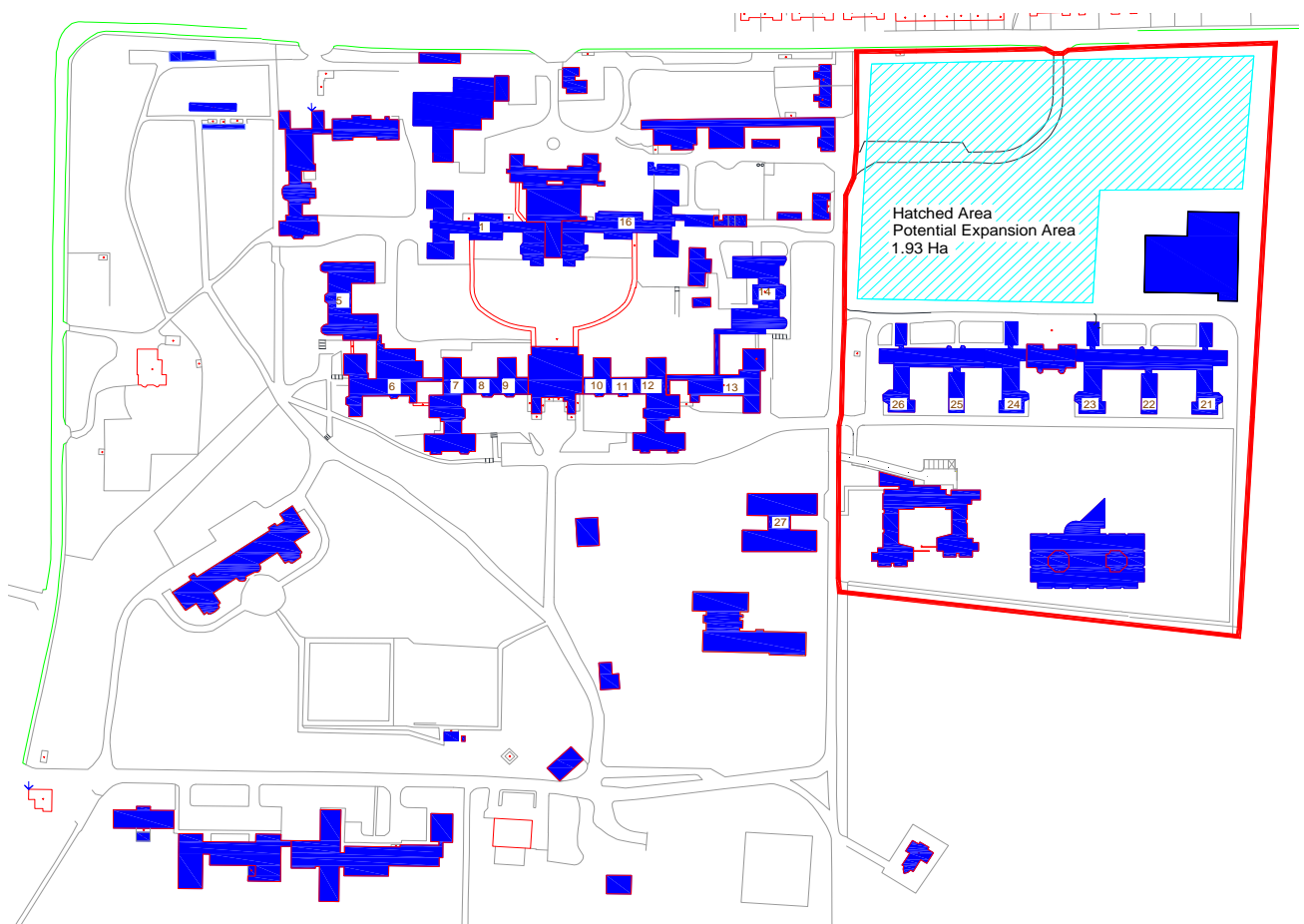


Stratheden Hospital near Cupar is first for consideration as a large proportion of the site is now vacant and some blocks will be impossible to re-commission due to dilapidated condition and high backlog maintenance needs.

NHS Fife is currently reviewing options to reduce tenure on this site (as per the example below) to a core area which will include sales of adjacent agricultural land. Discussions with Historic Scotland have confirmed there is no intention to list any part of the site

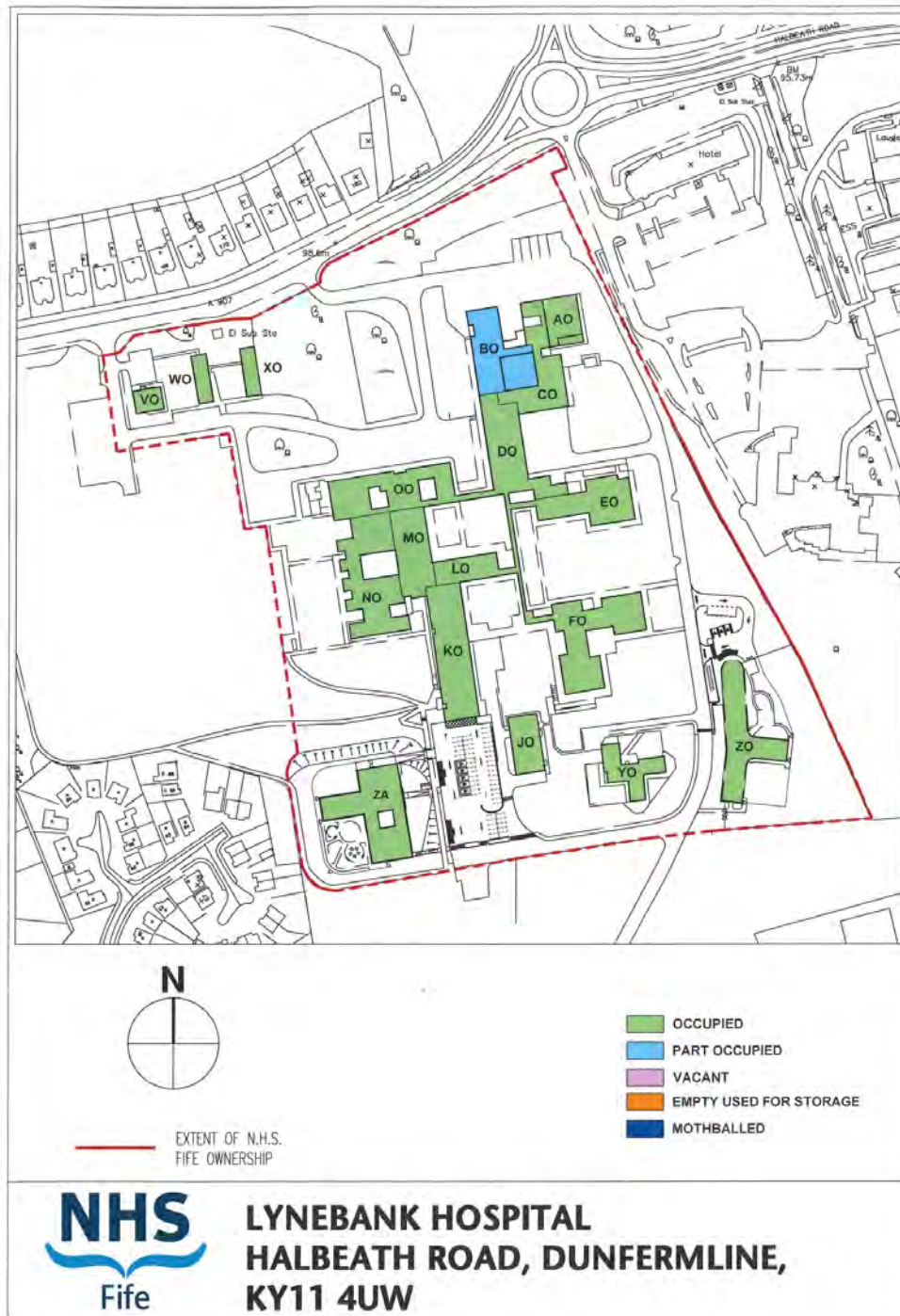
Contraction of the site is currently hampered by main utilities provision within non operational property and a few strategic operational properties central within the site which will require service relocation. In conjunction with Fife's recently approved Clinical Strategy, we will now develop options for the potential partial disposal of this site. A property Advisor has been appointed to assist with this process.

Prior to declaring the "old part" of the site surplus, it will be necessary to modify the site services infrastructure to support the remaining area. Some capital investment will be required to implement this but also to refurbish existing wards with the potential of some new build to provide support services.



Example of potential future proofing the retained future Estate at Stratheden

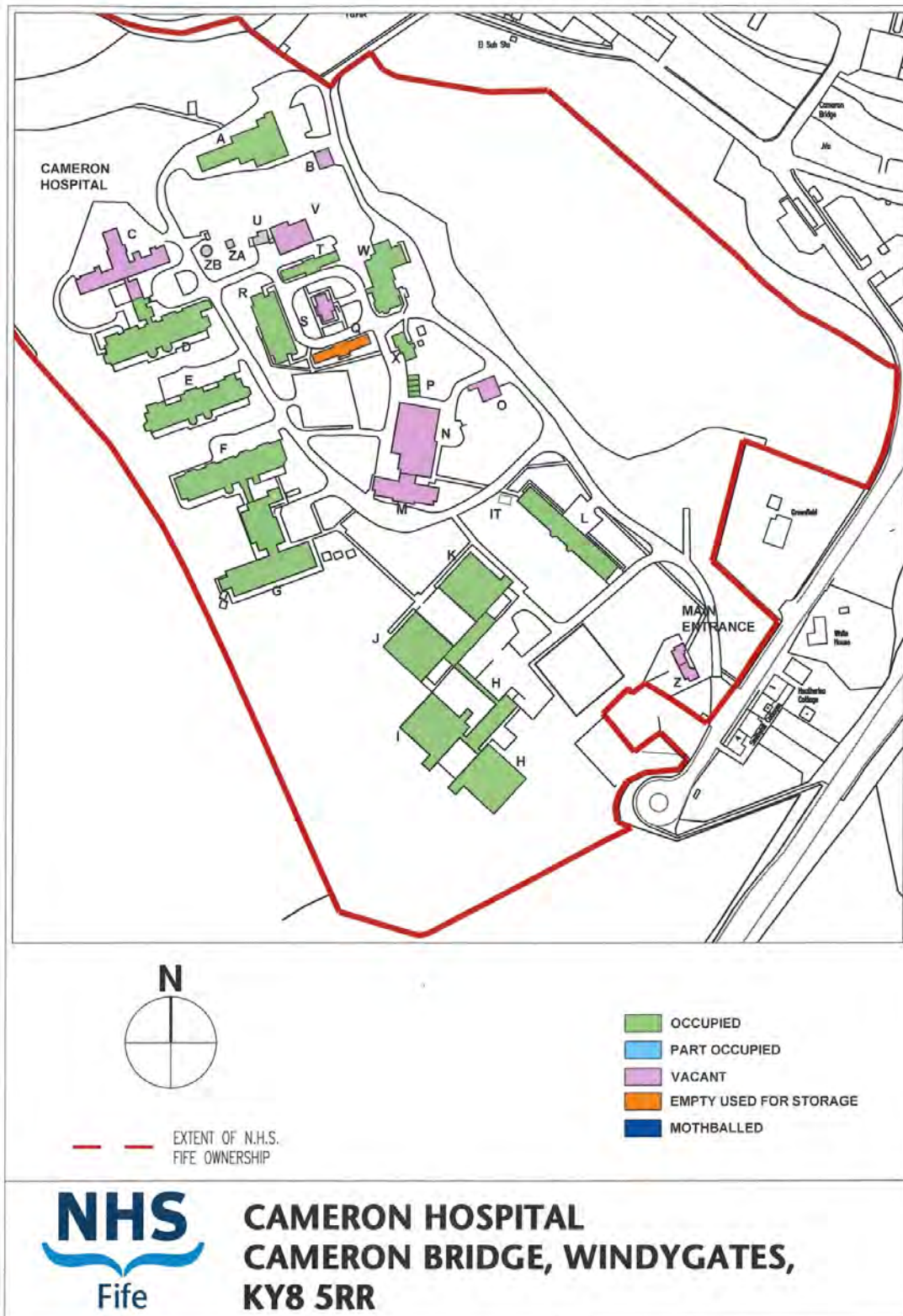
## 8.2.2 Lynebank Hospital



Our strategy for this site has been to demolish disused buildings and dispose of two large parcelages of land to the west. Originally, (predominantly), a mental health facility, the number of clinical areas has declined and remaining buildings are increasingly being utilised for non clinical purposes to take pressure from acute sites. Car parking is becoming an issue therefore development proposals are underway to increase the number of spaces on remaining land.



## 8.2.3 Cameron Hospital



Cameron Hospital is a Community Hospital located to the north of Leven/west of Windygates on the A915 main trunk road between Kirkcaldy and Leven. The site extends to 15.82 hectares and contains a number of buildings ranging in ages from late 1800's to 1970's. The total GIA for the site is 14,687m<sup>2</sup> with 1,238m<sup>2</sup> currently

vacant. Services provided on site at present include Rehabilitation, Care of the Elderly, Addictions Services, Health Promotion and CHP Offices.

The site is adjacent to the Diageo distillery which, due to the nature of its business, is a COMAH site, (Control of Major Accident Hazards). Discussions with Fife Councils planning department have intimated they are open to development of the low & med risk areas but will not entertain development on the high risk blast zone.

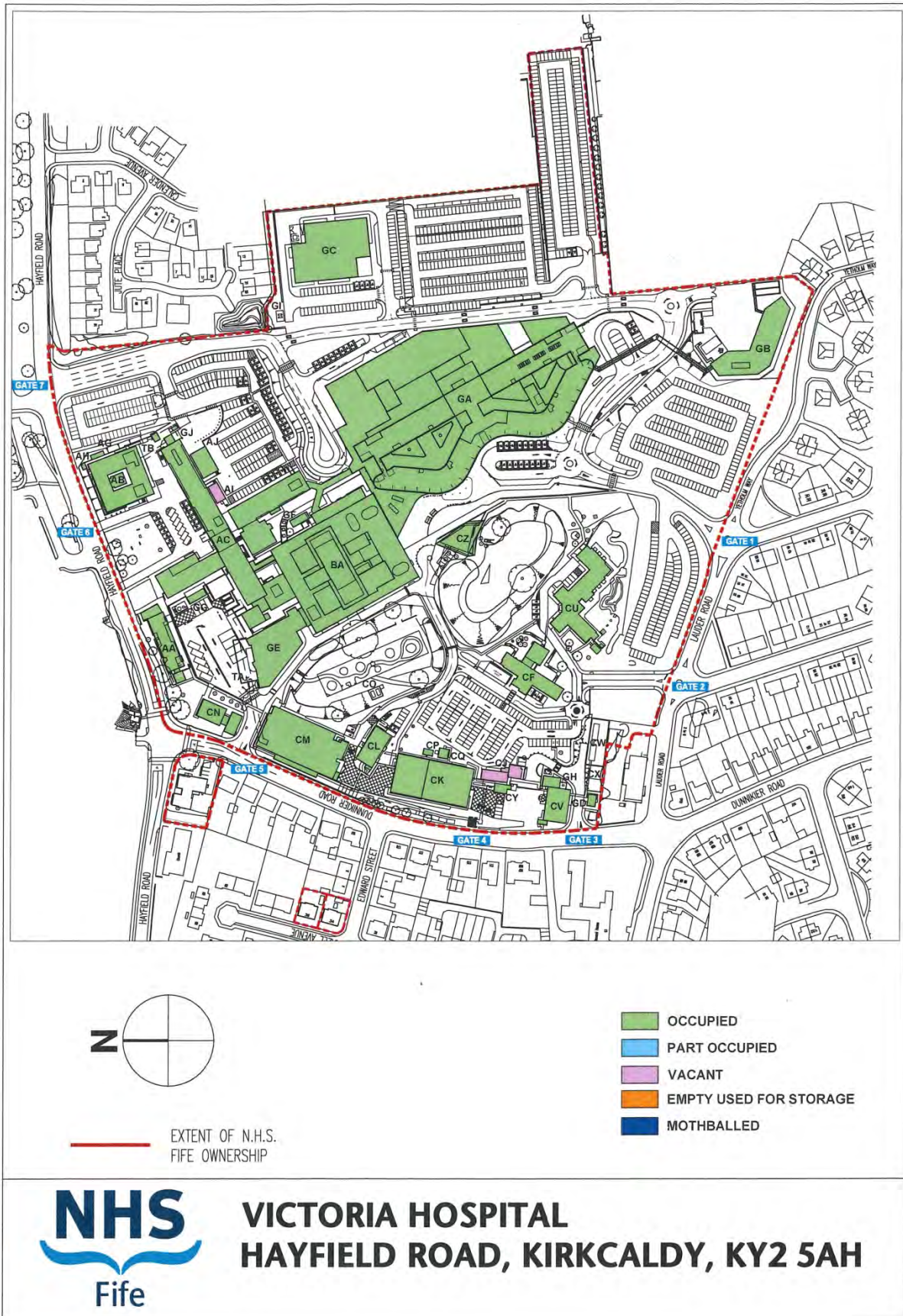
The potential blast zone extends to approximately 70% of the site making it less attractive to any developers due to the limited development potential which will have a negative impact on capital receipts should NHSF opt to declare it surplus for subsequent disposal.

Diageo have confirmed they have no interest in the site therefore we are investigating development of areas outwith the blast zone. Given that Community redesign is still ongoing the possibility still exists that we can use this site. Until these plans are developed and intentions confirmed, our intention is to maintain buildings which remain open at minimal maintenance cost, but in a safe and functional condition.

Unfortunately the centralised site steam heating systems is at the point of collapse and work is underway to review decentralised systems. The road way infrastructure is again extremely poor but as the final layout of the site is unknown, basic safety works are being carried out.



## 8.2.4 Victoria Hospital



#### 8.2.4.1 Overview

Discussions with senior clinicians have informed site master plans which, dependant on capital funding which aligns both the clinical services and estates aspirations for the sites. These are medium to long term plans, not cast in stone, broken down into several phases and programmed as and when funding becomes available.

Elective orthopaedic theatre:-

The current prime development on the VHK site and reported in detail elsewhere in this paper.

The Phase 2 tower block:-

Relocate of inpatient wards has continued under the Site Optimisation program leaving only orthopaedics which will be addressed as part of the above scheme. The entire block is in poor condition including the outpatients department in the podium which is as installed in the 1960s. A rolling programme of refurbishment is envisaged for this block in conjunction with major external cladding works and a roof mounted window cleaning system. A technical report on the cladding was commissioned this year and gave a further 5 year life therefore our plans to refurbish immediately have been deferred.

Hayfield House:-

It was proposed to consolidate this site into the refurbished tower block in high density open plan space. A recent survey into substantial settlement in the building has highlighted that it may have a limited life therefore plans to reconfigure for other services have been deferred meantime.

Relocation of north laboratory:-

The North laboratory is in very poor condition, again originally built in the 1960's, it has seen little major development since. The proposal was to relocate to a new build on top of the new South laboratory which was specifically & structurally designed to accommodate 2 further floors but work in the Regional Laboratories project has postponed immediate review.

#### 8.2.4.2 Site Optimisation

As outlined in Section 6.3, last year we began a significant new program of work for Acute Services which will deliver on the agreed recommendations of the Clinical Strategy and is the next step in our ever-evolving improvement journey. The Site Optimisation program will build on work to date and improve our services and the experience of our patients further, by:

- Improving patient pathways and flow
- Enhancing the quality and safety of patient care in the Acute setting
- Making the best use of our estate, ensuring services are in the most appropriate places



At the heart of Site Optimisation are five key workstreams which will undertake specific projects, with multiple pieces of work running across the Site Optimisation programme at any one time;

- Site Utilisation
- Site Management
- Front Door Flow
- Women and Children's Services
- Cancer

Site Optimisation provides an opportunity to explore enhanced ways of working, ensuring safe, effective, efficient and sustainable care in the right place at the right time. It is a key programme of work over the next three years, which will deliver on and implement agreed recommendations from the Clinical Strategy across Acute Services.

Its focus is on ensuring sustainability and value, to ensure that we are continuously improving the patient experience, delivering safe, effective and efficient care in the right place at the right time.

Staff have already played a crucial role in shaping the Clinical Strategy and will continue to have a key role in influencing and developing this programme. After extensive consultation across both Planned Care and Emergency Care with Clinical Teams and Management, three Winter Tests were agreed by the Senior Leadership team.

A variety of moves within VHK were carried out to achieve this. A second phase in the plan relocated all inpatient accommodation from the aging tower block, barring orthopaedics. This latter ward shall be relocated as part of our elective theatre project reducing clinical operational risks when we come to refurbish the tower.

These initial changes will not only improve the way we utilise our estate at VHK to make sure we continue to provide the best possible care for our patients, they will also help us deliver our Winter Plan.

### **8.2.2.3 Other Issues**

As a addendum, Historic Scotland have visited the site with a view to listing five buildings on site – Phase 1, Phase 2 tower and podium, Hayfield House, North labs (and the Whytemans Brae site). This may have a bearing on the final site master plan.

## **8.3 Other Property Based Developments**

### **8.3.1 Strategic Liaison Group**

More robust links with Fife Council Planning Department is being established to ensure that the NHS Fife PAMS is communicated to appropriate personnel within partner organisations. This is an important link in light of recent developments. i.e. in the Cupar area where the potential for new housing could result in more than 1000 homes being built in the area over the next 5 to 10 years. Discussions have already taken place with local staff regards potential impacts on local health provision and close monitoring of the progress with the housing will take place.

### **8.3.2 Space Management Group**

Continuing efforts are being made via this group to validate and update space data, set space standards and forecast future space requirements whilst considering space requests and options.

Space targets are set and provide recommendations on space allocation and prioritisation.

The ultimate aim of this group is to maximise the space utilisation of our properties and dispose of any surplus space.

### **8.3.3 Office Accommodation**

Essentially, NHS Fife is consolidating office accommodation to current space standards where possible. A good example of this is at Victoria Hospital.

When the Victoria Hospital Phase 3 PPP was built, little work was done on the retained estate which is now over 50 years old and in dire need of improvement. As part of the VHK site master plan our goal is to remove inpatient clinical services from the phase 2 tower block and occupy with mainly non clinical services. A draft proposal using smaller workstations was prepared and it was determined that each floor could potentially accommodate approximately 150 staff per floor. Where possible, new working practices are being implemented, i.e. hot desking arrangements. This will drastically improve the space utilisation of the tower block.

### **8.3.4 Further Potential Developments**

It is essential for NHS Fife to actively engage with Fife Council to understand the local development plans which will have an impact on clinical services. A number of developments across Fife are envisaged which NHS Fife is considering in the context of future service delivery.

## 8.4 Medical Equipment

Item	Objective	Action	Lead	Status %	Timescale
1	Replace obsolete Graseby 3000 series syringe pumps.	Assess options, choose replacement model, identify funding, purchase devices, train staff, introduce devices in clinical areas.	Capital Equipment Management Group. Medical Physics Manager	100%	Apr-18
2	Replace all obsolete and no longer supported Defibrillators in Acute Hospitals	Identify model of replacement, approve/allocate Capital Finding, purchase and install.	Cap. Equipment Management Group and Resus Committee. Medical Physics Manager	100%	Sep-18
3	Implement RFID tracking of prioritized medical devices at Victoria only.	Install/commission system hardware and software. Identify first priority mobile medical devices that are hard to locate for service, tour hospital to attach and log RFID tags. System	Estates Services Manager Victoria. Estates project Managers. Medical Physics Manager	95%	Tagging ongoing – awaiting software fix to complete
4	Replace all Criticare branded lower end specification patient monitoring devices (approx 110) as no longer supported by a supplier in UK.	Confirm actual numbers of all lower end specification held, regardless of model or manufacturer and review actual clinical requirements to indicate realistic numbers needed. Identify manufacturer and models to be considered standard for next 10 years.	Capital Equipment Management Group. Head of Nursing - Acute Services.	5%	At early stages of discussion at CEMG, timescale has not been set.
5	Identify standard replacement model of Volumetric Infusion Pump declared end of	Identify manufacturer and models to be considered as standard for at least next 10 years.	Capital Equipment Management Group. Head of Nursing - Acute Services.	0%	At early stages of discussion at CEMG, timescale has not been set.

### Investment Needs

The 5 year Medical Equipment Capital Plan is dynamic but the current yearly strategy is detailed in Section 9.

## 8.5 IM & T Assets

Item	Objective	Action	Lead	Status %	Timescale
1	Maintain Internal SLA and Core Infrastructure availability within budget,	Focus on continuous improvement and innovative ways to Protect the Production Environment within limited means	Head of IT Operations Service Delivery Manager	75%	Ongoing
2	Complete the SG Cyber Resilience Plan and create baseline	Continue working towards Cyber essentials and NIS objectives to improve the organisations Cyber	Head of IT Operations Cyber Security Manager	55%	Mar-20
3	Complete the GP Estate IM&T improvements programme under	Finish GP server upgrades and centralised backup, roll out Windows 10, consolidated printing, Wi-Fi	Head of IT Operations Endpoint Team Leaders	40%	Mar-20
4	Continue to move the organisation to a 'paperlite' environment	Starting with new scanning solution for Health Records to reduce paper and carbon footprint	Head of Strategy & Programmes	20%	Mar-20
5	Introduce a robust and layered	Improve engagement with stakeholders and services	Head of IT Operations	0%	Mar-20
6	Implement the O365 Business Transformation Programme	Business Transformation Programme for O365 to maximise investment, improve productivity and	Head of Strategy & Programmes Head of IT Operations	25%	Dec-20
7	Maintain a standardised and	Hardware upgrades to support Windows 10 with	Head of IT Operations	50%	Ongoing
	Morse Community	Replace MiDIS Community System with Morse using	Head of Strategy & Programmes	5%	Jan-20
8	Clinical Portal (H&SC Portal)	Development of Clinical Portal, horizontal expansion	Head of Strategy & Programmes	25%	Mar-22
9	HEPMA (Hospital Electronic Prescribing & Medicines Administration)	Action: Develop Business Case	Head of Strategy & Programmes	5%	Mar-20

## Investment Need

A breakdown of investment needs can be found in section 9.

## 8.6 Transport & Vehicular Fleet

Item	Objective	Action	Lead	Status %	Timescale
1	Replace obsolete Chevin Fleet Management System to maintain vehicle data source.	Participate in Procure/Install/training in new Tranman System to manage fleet data	Fleet Manager	80%	Sep-19
2	Implement new in-vehicle telematics system	Participate in Procure/Install/training/governance for new Traffilog System	Fleet Manager	50%	Oct-19
3	Implement regional fleet management structure	Participate in inter Health Board/NSS proposal for regional service	Head of Facilities	40%	Mar-20

Fleet replacement will involve the requirement for a vehicle being justified, the right size/type of vehicle being specified and procured to enable the service to be provided in an effective manner. This involves Service User input.

The continued replacement of vehicle fleet by means of capital and leasing expenditure in line with the target vehicle replacement programme as described below:

- Pool cars – 4/5 years;
- Commercial vehicles up to 3.5 Tonnes - 4/5 years dependant on condition;
- Large Goods Vehicles - 5/7 years;
- Minibuses - 5 years.

Environmental considerations will lead to the further development of alternatively fuelled vehicles being added to the fleet; there are two vehicles at the moment. We will continue to participate in these initiatives that enable us to procure and operate such vehicles.

### Investment needs

2019-20 planned fleet replacements include;

By lease:

- small cars operated by Mental Health Services
- 1 small car for QMH use
- 1 people carrier for Lynebank Daleview
- 1 3.5 tonne laundry van
- 3.5 tonne clinical waste vans
- small vans for Estates Department

By purchase: (£60k funding requirement)

- 1 medium van – Grounds
- 1 small van – Lab services
- 1 medium van – Estates
- 1 small van - Estates

## 9.0 Prioritised Investment & Disposal Plans

### 9.1 Prioritisation of Investment Proposals

#### 9.1.1 Capital Investment Programme

The Scottish Government Health and Social Care Directorate (SGHSCD) are to provide £7.4m Formula Allocation to NHS Fife in 2019/20.

Formula capital is designed to cover ongoing requirements for equipment, IT, Minor Capital works schemes and Statutory Compliance / Backlog Maintenance.

In addition to the above sources of funding, the Board is able to supplement these allocations through the Hub Initiative which can provide Revenue funding to finance Primary Care and Community Care development proposals.

NHS Fife has identified three schemes through the Capital Planning System (VFA) with evaluated priority scorings as follows

	<b>Scheme/Development</b>	<b>Est. Base Cost (£000)</b>	<b>VFA Prioritization Score</b>
<b>1</b>	Kincardine Health Centre	£5,000	95
<b>2</b>	Lochgelly Health Centre	£6,000	91
<b>3</b>	Victoria Hospital Fife Elective Orthopedic Centre	£30,000	92

In light of the Clinical Strategy, NHS Fife proposes to review the three proposed Community Hubs accommodation. In addition to the projects detailed in the above table, proposals are currently being developed for the refurbishment of Phase 2 tower block at Victoria Hospital, Mental Health strategy, pharmacy robotics and HEPMA.

## 9.2 Investment Plans

### 9.2.1 Summary 10 Year Investment Plan

10 Year Investment Plan (£millions)												Comments
Investment Projects likely to be revenue based (Hub, NPD, etc) - include total capital value, upfront costs, and equivalent capital spend												
Projects:	Total Capital Value	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	(Equivalent capital spend should be profiled over the anticipated construction investment period)
	0											
	0											
	0											
Capital / Board Funding Projects:												
New Investment Projects:	Total Capital Value	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	
	0											
Investment in Existing Estate:	Total Capital Value	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	(including refurbishment schemes, direct backlog maintenance projects, environmental improvements projects etc)
Backlog	35.79	3.579	3.579	3.579	3.579	3.579	3.579	3.579	3.579	3.579	3.579	
Refurbishment / upgrade	5.58	0.558	0.558	0.558	0.558	0.558	0.558	0.558	0.558	0.558	0.558	Minor Capital/Scheme Development
Contingency	1	0.100	0.100	0.100	0.100	0.100	0.100	0.100	0.100	0.100	0.100	
	0											
Investment in Other Assets:	Total Capital Value	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	
Medical Equipment	21.26	2.126	2.126	2.126	2.126	2.126	2.126	2.126	2.126	2.126	2.126	
IM&T	10.41	1.041	1.041	1.041	1.041	1.041	1.041	1.041	1.041	1.041	1.041	
	0											
Any Other Investment Plans												
Projects:	Total Capital Value	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	
Orthopaedic Centre	30.00		2.000	8.000	20.000							
Kincardine Health Centre	5.00				5.000							
Lochgelly Health Centre	6.00				6.000							
VHK Tower Block Refurb	0.00											To be confirmed
Mental Health Strategy	0.00											To be confirmed
Community Redesign	0.00											To be confirmed
Pharmacy Robot	0.00											To be confirmed
HEPMA	0.00											To be confirmed
	0											
Planned Disposals												
Properties:	Total Value	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	Include current anticipated / estimated disposal value
Lynebank Hospital Land	1.58		1.575									Value held at OMV
Forth Park Hospital	0.54		0.541									Value held at OMV
Fair Isle Clinic	0.08		0.082									Value held at OMV
ADC	0.40		0.396									Estimate (based on nbv)
Skeith Land	0.06		0.061									Estimate
	0											
SUMMARY												
	Total Value	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	
Total Investment	115.04	7.404	9.404	15.404	38.404	7.404	7.404	7.404	7.404	7.404	7.404	
Total Disposal Receipts	2.655	0	2.655	0	0	0	0	0	0	0	0	
Balance	112.385	7.404	6.749	15.404	38.404	7.404	7.404	7.404	7.404	7.404	7.404	

## 9.2.2 Backlog/Statutory Capital Plan 2019/20

This is NHS Fife's funded capital (£3.579m) prioritised using Estates the Risk Register, SCART and DATIX

Project Number	Project	Code	Sub Code	Location	Risk Assessment Criteria Used	Likelihood (1-5)	Severity (1-5)	Risk score	Source	Target Completion 2019/20. End of:	Lead	Funding Required 2019 /20	Cumulative Total
1	Steam Decentralisation			Queen Margaret Hospital	Inspection / Audit	5	5	25	Asset Management System	To be Determined	JW	£1,200,000	£1,200,000
2	Steam Decentralisation Phase 4			Victoria Hospital	Inspection / Audit	5	5	25	Asset Management System	To be Determined	DL	£300,000	£1,500,000
3	Tower Block Cradle Installation/Repairs			Victoria Hospital	Inspection / Audit	4	5	20	Asset Management System	To be Determined	DL	£300,000	£1,800,000
4	Fire Compartmentation			Fife Wide	Inspection / Audit	4	5	20	Asset Management System	To be Determined	JR	£100,000	£1,900,000
5	Chiller Replacement			Victoria Hospital	Inspection / Audit	5	4	20	Asset Management System	To be Determined	DL	£50,000	£1,950,000
6	Asbestos Removal			C&NEF	Objectives	0	0	0	SCART	To be Determined	GK	£50,000	£2,000,000
7	Roofing Replacement			Whytemans Brae Hospital	Inspection / Audit	5	4	20	Asset Management System	To be Determined	GK	£95,000	£2,095,000
8	Main Kitchen Porch			Victoria Hospital	Inspection / Audit	4	5	20	Asset Management System	To be Determined	DL	£35,000	£2,130,000
9	Legionella Works			C&NEF	Inspection / Audit	4	5	20	SCART	To be Determined	GK	£30,000	£2,160,000
10	Lift Refurbishment - PH1			Victoria Hospital	inspection / Audit	5	4	20	Asset Management System	To be Determined	DL	£200,000	£2,360,000
11	Lift Refurbishment - PH1			Queen Margaret Hospital	Inspection / Audit	5	4	20	Asset Management System	To be Determined	JW	£40,000	£2,400,000
12	Boiler Replacement			Fife College of Nursing	Inspection / Audit	4	5	20	Asset Management System	To be Determined	DL	£60,000	£2,460,000
13	Fire Damper Replacement			Victoria Hospital	Inspection / Audit	5	4	20	Asset Management System	To be Determined	DL	£80,000	£2,540,000
14	Cold Water Storage Tank Replacement			Fife College of Nursing	Inspection / Audit	4	5	20	Asset Management System	To be Determined	DL	£95,000	£2,635,000
15	Workplace Transport Works			Lynebank Hospital	Inspection / Audit	4	5	20	Asset Management System	To be Determined	JW	£80,000	£2,715,000
16	Boiler Monitoring Alarm			Cameron Hospital	Inspection / Audit	4	5	20	Asset Management System	To be Determined	GK	£10,000	£2,725,000



Project Number	Project	Code	Sub Code	Location	Risk Assessment Criteria Used	Likelihood (1-5)	Severity (1-5)	Risk score	Source	Target Completion 2019/20. End of:	Lead	Funding Required 2019 /20	Cumulative Total
25	Roofing Replacement			Queen Margaret Hospital	Service / Business Interruption	5	4	20	Asset Management System	To be Determined	JW	£180,000	£3,350,000
26	External Building repairs			Lynebank Hospital	Inspection / Audit	5	4	20	Asset Management System	To be Determined	JW	£150,000	£3,500,000
27	LV System			Victoria Hospital	Inspection / Audit	4	5	20	Asset Management System	To be Determined	DL	£79,000	£3,579,000
28	Lift Car Upgrades			Queen Margaret Hospital	Inspection / Audit	5	4	20	Asset Management System	To be Determined	JW	£80,000	£3,659,000
29	Generator Installation			Stratheden Hospital	Service / Business Interruption	4	5	20	Asset Management System	Deferred until Stratheden Master Plan Completed	GK	£0	£3,659,000
30	Cold Water Storage Tank Replacement			DWF	Inspection / Audit	4	5	20	Asset Management System	To be Determined	JW	£25,000	£3,684,000
31	Pipework/ Valve Replacement			Victoria Hospital	Inspection / Audit	4	5	20	Asset Management System	To be Determined	DL	£12,000	£3,696,000
32	Dermatology Lift Refurbishment			Victoria Hospital	Inspection / Audit	4	5	20	Asset Management System	To be Determined	DL	£150,000	£3,846,000
33	Decentralisation of Steam			Cameron Hospital	Inspection / Audit	4	5	20	Asset Management System	Deferred until Cameron Master Plan Completed	GK	£2,000,000	£5,846,000
34	Ward 6 Roof Replacement			Cameron Hospital	Inspection / Audit	5	4	20	Asset Management System	Deferred until Cameron Master Plan Completed	GK	£100,000	£5,946,000
35	Ward 6 Electrical Distribution			Cameron Hospital	Inspection / Audit	5	4	20	Asset Management System	Deferred until Cameron Master Plan Completed	GK	£135,000	£6,081,000
36	Workplace Transport Works			Lochgelly HC	Inspection / Audit	5	4	20	Asset Management System	To be Determined	GK	£100,000	£6,181,000
													£6,181,000

## 9.2.3 Medical Equipment – Draft Capital Plan 2019-23

Equipment Description	Department	QTY	CAPITAL Estimated Price (inc VAT)	Risk Score	19/20 (£000)	20/21 (£000)	21/22 (£000)	22/23 (£000)	23/24 (£000)
<b>Theatre</b>									
MONITOR SPACELABS + MODULES *	QMH THEATRES- Anaesthetics		£850,000	25	850				
THEATRE LIGHT	Orthopaedic PH2 VHK	1	£25,000						
Table system	Orthopaedic PH2 VHK	1	£200,000	25	200				
Arthroscopy stack	Orthopaedic PH2 VHK	1	£45,000			45			
Diathermy machine	Orthopaedic PH2 VHK	2	£14,000			14			
Microscope	Ophthalmology, QMH THEATRES	1	£112,849						113
Phaco machine	Ophthalmology, QMH THEATRES	2	£82,007					82	
Calibre Power Tolls	Orthopaedics QMH THEATRES	3	£28,816		29				
Arthroscopy Stack	Orthopaedics QMH THEATRE	1	£45,000				45		
General Laparoscopic stack	General Surgery QMH THEATRE	1	£71,400			71			
Stryker Power Tools	Orthopaedic QMH THEATRE	4	£51,036				51		
HOLEP trays	Urology QMH THEATRE	3	£21,808	20	22				
Microscope	ENT VHK PH3 THEATRE	1	£62,114						
LIGHT SOURCE AESCULAP 091895	QMH P2 P2 THEATRE 4	1		25					
- sub total			<b>£1,609,030</b>						

Equipment Description	Department	QTY	CAPITAL Estimated Price (inc VAT)	Risk Score	19/20 (£000)	20/21 (£000)	21/22 (£000)	22/23 (£000)	23/24 (£000)
<b>Endoscopy</b>									
EVIS LUCERA STACK (260-SL)	QMH ENDOSCOPY /VHK P3 L1	5	321,893	25	322				
EVIS LUCERA STACK (260)	SACH ENDOSCOPY /VHK P3 L1	2	128,757	25					
GIF XP290N NASAL GASTROSCOPE	QMH ENDOSCOPY /VHK P3 L1	1	38,288	25					
NASAL GASTROSCOPE (GIF XP260N)	QMH ENDOSCOPY /VHK P3 L1	2	76,576	25			77		
THERAPEUTIC GASTROSCOPE (GIF 1T240)	QMH ENDOSCOPY /VHK P3 L1	2	76,576	25			77		
GASTROSCOPE (GIF Q260)	QMH ENDOSCOPY /VHK P3 L1	5	191,442	25			191		
GASTROSCOPE (GIF XQ260)	QMH ENDOSCOPY /VHK P3 L1	4	153,153	25			153		
GASTROSCOPE (GIF Q240Z)	QMH ENDOSCOPY /VHK P3 L1	2	76,577	25		77			
THORACOSCOPE (LTF 260)	VHK P3 L1 ENDOSCOPY	2	75,952	25				76	
BRONCHOSCOPES (BF F260)	VHK P3 L1 ENDOSCOPY	2	56,189	25				56	
ENDOSCOPE WASHER DISINFECTORS	VHK P3 L1 ENDOSCOPY	6	191,412	25		191			
ENDOSCOPE WASHER DISINFECTORS	QMH ENDOSCOPY	6	191,402	25				191	
ENDOSCOPE WASHER DISINFECTORS	ST ANDREWS ENDOSCOPY	2	63,804	25		64			
RO PLANT	VHK P3 L1 ENDOSCOPY	1	74,400	25		74			
RO PLANT	QMH ENDOSCOPY	1	74,400	25				74	
RO PLANT	ST ANDREWS ENDOSCOPY	1	38,400	25		38			
ENDOSCOPE STORAGE CABINETS	VHK P3 L1 ENDOSCOPY	6	125,741	25		126			
ENDOSCOPE STORAGE CABINETS	QMH ENDOSCOPY	2	41,914	25				42	
ENT ENDOSCOPE STORAGE CABINETS	VHK P3 L1 ENDOSCOPY	2	41,914	25		42			
ENT ENDOSCOPE STORAGE CABINETS	QMH ENDOSCOPY	2	41,914	25				42	
- sub total			<b>£2,080,702</b>						

Equipment Description	Department	QTY	CAPITAL Estimated Price (inc VAT)	Risk Score	19/20 (£000)	20/21 (£000)	21/22 (£000)	22/23 (£000)	23/24 (£000)
<b>Emergency Care</b>									
HAEMODIALYSIS MACHINE		33	462,000		56	168	28	140	70
Evita XI ventilators		?	500000 *			500			
volumetric infusion channels		30	50,000		50				
- sub total			£1,012,000						
<b>CSA</b>									
Mobile II	Radiology, QMH/VHK	4	321600 *		321				
CR system	Radiology all sites	1	150,000		150				
- sub total			471,600						
<b>H&amp;SCP</b>									
washer Disinfector	Cupar Dental Access	2	22,675			23			
washer Disinfector	Cupar & Cowdenbeath Dental Access Centres	2	22,675			23			
* replacement date not confirmed					(£000)	(£000)	(£000)	(£000)	(£000)
					2000	1456	622	704	183

**9.2.4 IM&T 5 Year Capital Plan**

Expenditure (£)	19/20	20/21	21/22	22/23	23/24
<b>Desktop Replacement</b>	267,768	550,000	550,000	550,000	550,000
<b>Community System(Morse)</b>	488,232	95,250	0	0	0
<b>Network Development</b>	600,000	450,000	450,000	950,000	750,000
<b>Server / System Replacement</b>	100,000	100,000	700,000	650,000	600,000
<b>Data Centre Upgrades</b>	25,000	25,000	25,000	25,000	25,000
<b>Software Licensing</b>	10,000	10,000	10,000	10,000	10,000
<b>Modernisation (will increase)</b>	87,000	27,000	27,000	TBC	TBC
<b>Totals</b>	1,578,000	1,257,250	1,762,000	2,185,000	1,935,000

**9.2.5 Fleet Transport Year Capital Plan**

Year	19/20	20/21	21/22	22/23	23/24	24/25
<b>No. Of Vehicles</b>	47	6	4	4	1	4
<b>Total Investment Envisaged (£)</b>	£841,900	£90,000	£94,232	£68,577	£11,050	£50,436

### 9.3 Disposal Plans

In 2018/19, the 10 acre field at Stratheden and Hayfield clinic Kirkcaldy were sold with receipts of £80k and £130k respectively excluding fees. 34/36 Hazel Avenue Kirkcaldy was sold off market to Fife Council receiving £290k excluding fees.

Forth Park hospital is currently still awaiting planning consent for housing development in a joint venture with Messrs Easy Living Developments. The sale of Fair Isle Clinic Kirkcaldy fell through and is again being marketed. The north plot at Lynebank Hospital in Dunfermline is currently at preferred bidder stage but held by access/egress issues and that of drainage capacity.

The full current list of premises declared surplus and being marketed is;

Location	Current Backlog	Estimated Proceeds
Forth Park Hospital, Kirkcaldy	£5,850,000	£550,000
Fair Isle Clinic, Kirkcaldy	£ 330,700	£81,600
North Plot, Lynebank, Dunfermline	£0	£2,000,000
Area Distribution Centre, Kirkcaldy	£120.000	£283,452
70 Acre Field, Stratheden, Cupar	£0	Awaiting DV

Surplus land around Skeith Health Centre may be marketed. Initial discussions are being held with Fife Council and Muir Homes.

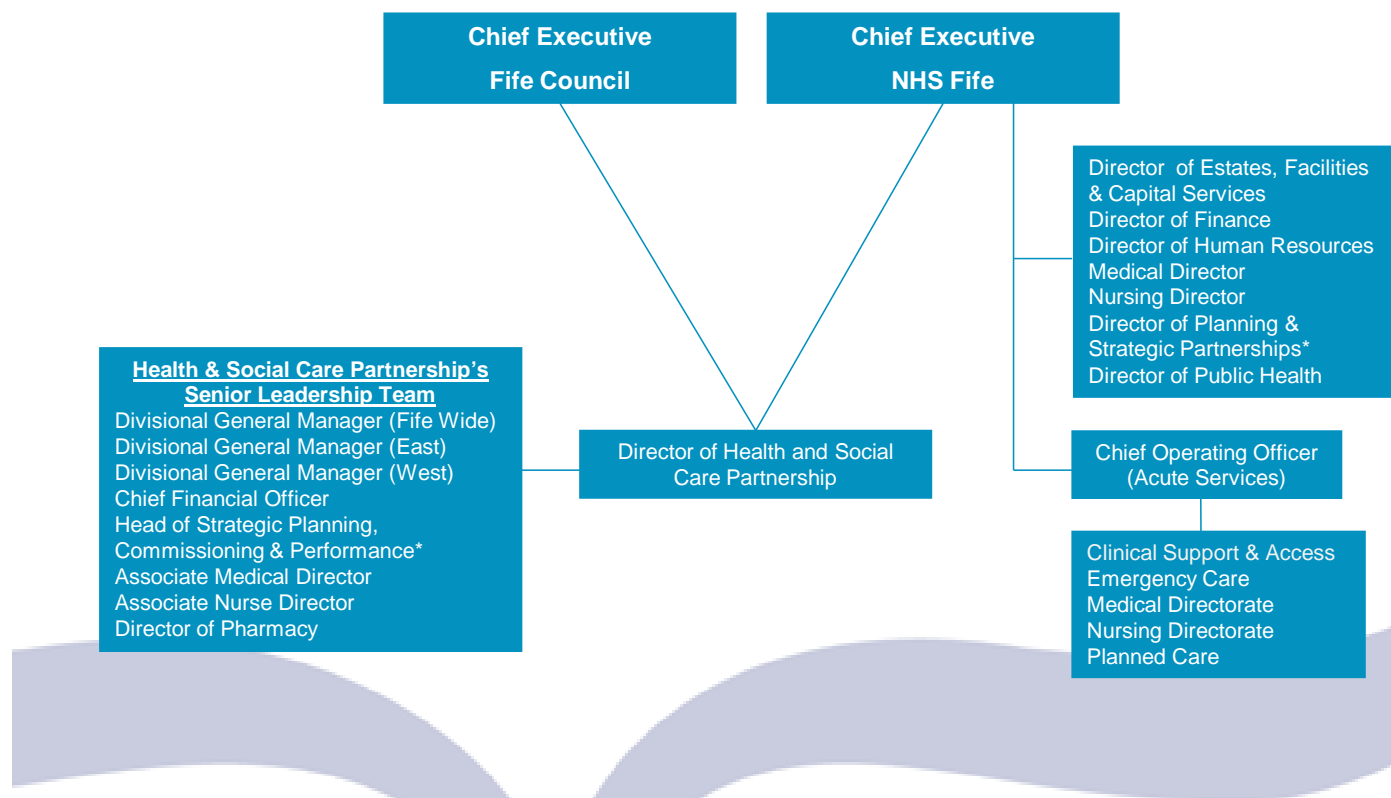
There have been no acquisitions in NHS Fife in 2018/19 other than Airlie practice.

## 10 Implementation Plans

### 10.1 Asset Resource Arrangements

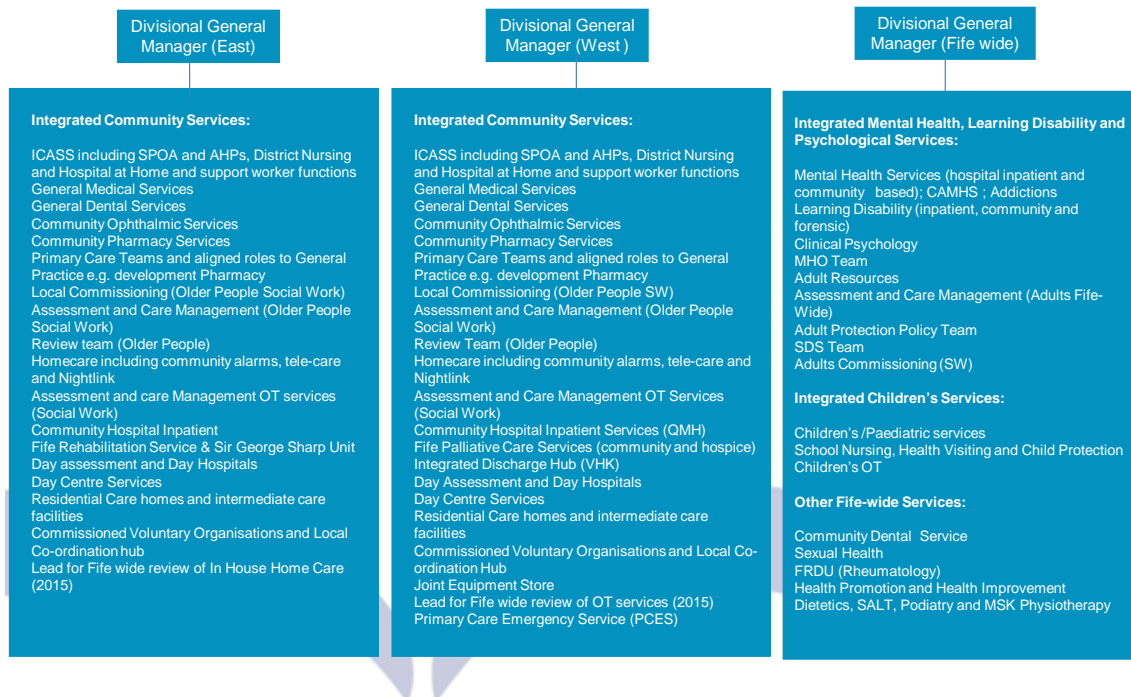
#### 10.1.1 How NHS Fife Health Services are Managed.

#### 10.1.2 Overview

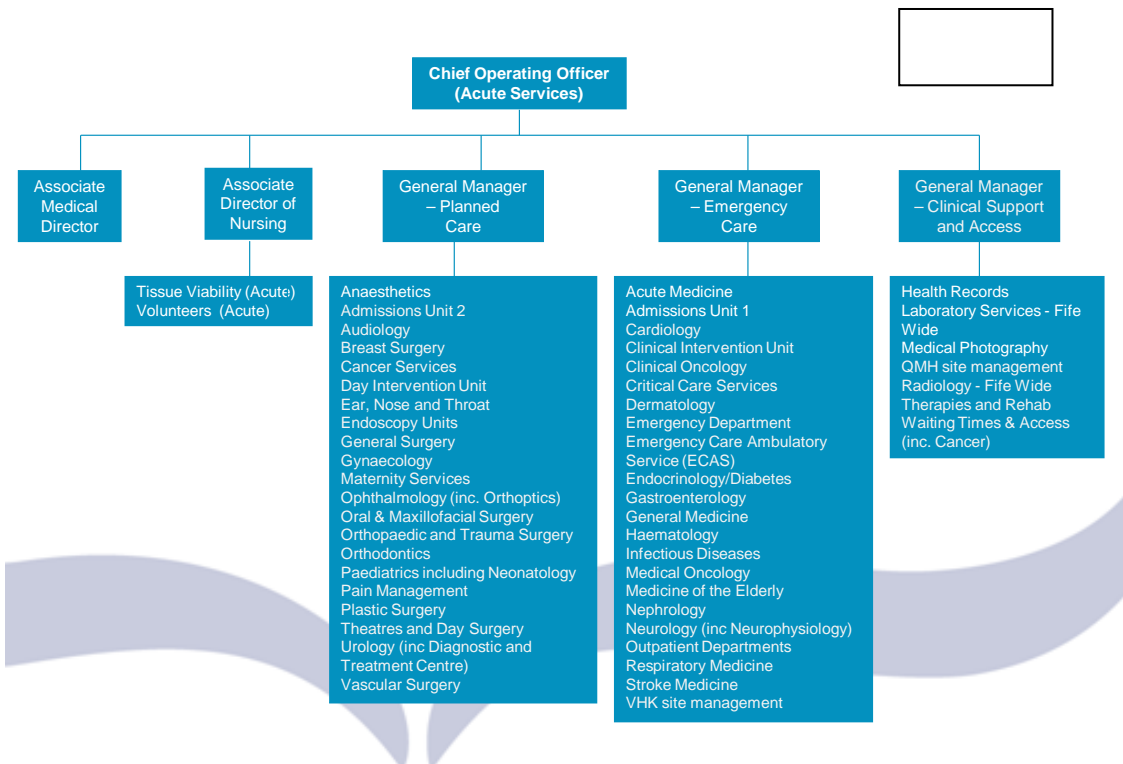


\* There will be strong connections between these post holders in practice to ensure that robust links exist between NHS Fife and Health & Social Care Partnership

### 10.1.3 The Health & Social Care Partnership



### 10.1.4 Acute Services





#### 10.1.5 PAMS Implementation

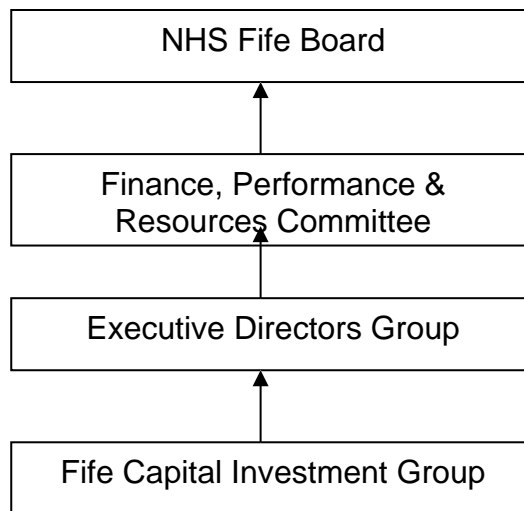
The day to day management of the Property assets is managed by the Director of Estates, Facilities & Capital Services and Property Services Manager. The CLO and SFT are also part of the asset management team.

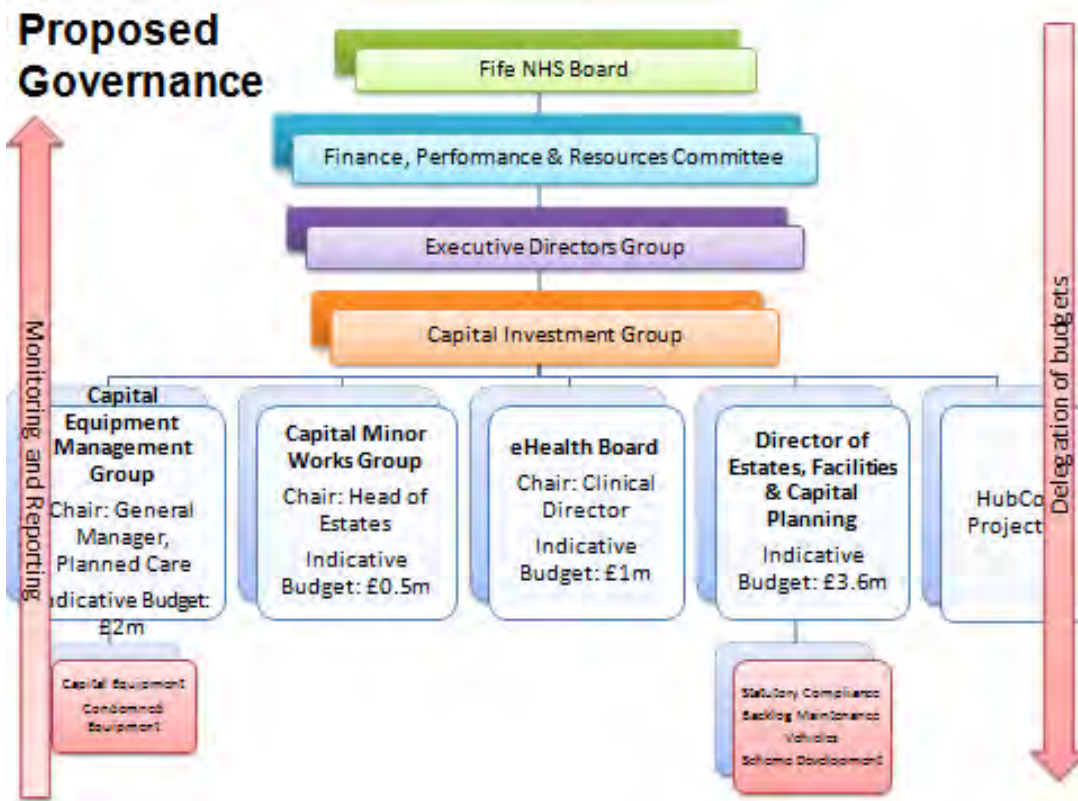
The preparation of the PAMS document and its implementation will be monitored by the Capital Planning Group. A timetable for the development and updating of information for the PAMS has been submitted to the CPG and this is currently being reviewed in light of the extended deadline for submission of the document to Scottish Government.

The development of the PAMS document is managed by the Capital Planning Manager with support from appropriate colleagues when required.

#### 10.1.6 NHS Fife Governance Arrangements

The management of all assets within NHS Fife is coordinated by the Fife Capital Investment Group (FCIG). This group is responsible for prioritising capital spend on assets and ensures that the requirements of CEL 35 (2010) are implemented. The reporting and approval arrangements for major capital projects and disposal of property, etc. are described below.





The Scottish Governments CEL 35 (2010) places a requirement on NHS Fife to develop strategies for each type of asset held and integrate them into a Property and Asset Management Strategy (PAMS) and plan, linking to the NHS Fife service strategy.

Since 2011 the PAMS strategy has been routinely submitted annually to the Capital Planning and Asset Management Division of SGHSCD in a time frame consistent with the submission of local Delivery Plans and features the following requirements:

- Ensure we assess estate condition, statutory compliance, functional suitability and space utilisation on a regular basis. (20% of entire Estate annually);
- Ensure all information on assets is held electronically;
- Review their performance management arrangements and, where required, develop performance measures against targets for assets.

The intention is to manage corporate asset management through the Board's recently introduced Fife Capital Investment Group (FCIG) which is chaired by the Director of Finance. RICS best practice guidance on Asset Management recommends that the Board appoint an Asset Champion and responsibility for this role will be undertaken by the Director of Finance on behalf of NHS Fife. This Champion has been charged with promoting and sustaining good practice in Asset Management within the Board.

The Boards Capital Planning Group will set priorities in accordance with the Boards service strategy 'Getting Better in Fife' and PAMS within the resources

available. The Boards FCIG will agree the PAMS and the resulting priorities in order to inform the annual capital investment plan. The PAMS and Capital Investment Plan will be agreed by FCIG Executive Directors before submission to the Finance, Performance & Resources Committee prior to consideration by the Board for approval on an annual basis.

An NHS Fife PAMS Implementation Action Plan is being developed for 2016/17 and includes actions and outcomes for each of the objectives. This will action plan will be used by the proposed Steering Group and FCIG to assess progress in achieving outcomes and objectives that reflects the needs of NHS Fife.

#### **10.1.7 Fife Capital Investment Group (FCIG): Role and Remit**

The FCIG is responsible for managing and monitoring the NHS Fife capital programme including the prioritisation of the Fife wide minor capital allocation for projects. The Group shall ensure that the requirements of the SGHD Policy CEL 35 (2010) are implemented and support the development and updating of the Boards annual Property and Asset Management Strategy.

The Capital Planning Group meets as necessary to fulfil its purpose. Routinely, the group meets every month but this can be varied at the discretion of the chair. Whenever possible, the groups meetings shall be scheduled to fit in with the timing to allow for papers to be submitted to the Executive Director's Meetings.

##### **1. Purpose**

The Capital Investment Group will provide operational oversight on all aspects of the NHS Fife Capital Investment Programme.

##### **2. Membership**

2.1 The core membership of the Capital Investment Group will be:

- Director of Finance (Chair)
- Director of Estates, Facilities and Capital Services
- Medical Director – Acute Services
- Chief Operating Officer
- Director of Health & Social Care
- Director of Planning & Strategic Partnerships (Vice Chair)
- General Manager, eHealth & IMT
- General Manager, Planned Care
- Head of Estates
- HR Representative
- Staff Side Representative

Other individuals may be invited to attend as necessary.

### 3. Meetings

- 3.1 The NHS Fife Capital Investment Group shall meet as necessary to fulfil its purpose. Routinely, the group shall meet bi-monthly but this can be varied at the discretion of the chair.
- 3.2 Meetings shall be scheduled to align with the monthly Finance & Performance meeting of EDG and the Finance, Performance and Resources Committee.
- 3.3 The Agenda and any supporting papers shall be sent out at least 5 working days in advance of the meeting, to allow for due consideration of the issues.

### 4. Remit

- 4.1 The remit of the group is to:
  - Approve NHS Fife's Property and Asset Management Strategy (PAMS), which covers premises, medical equipment, eHealth and transport.
  - Lead the development of the five year capital programme in line with NHS Fife's strategic directions.
  - Monitor the progress and expenditure of individual capital schemes against the funding available, and make proposals as required through the EDG to the Finance, Performance and Resources Committee for any substitution of schemes or banking with the Scottish Government Health and Social Care Directorate for utilisation in subsequent years.
  - Ensure that the revenue consequences of the capital investment programme associated with the approval of a Capital Scheme have been recognised through the Board's financial planning process.
  - Review all property acquisitions, disposals and leases.
  - Commission and review proposals for changes in the use of accommodation within and across services.
  - Receive and consider Business-Cases for projects in excess of £100,000.
  - Provide any information and advice that the chair may require in order to provide assurance to the Finance, Performance and Resources Committee and the Board.
- 4.2 The Group will delegate budget responsibilities and day to day management of the capital investment programme to various subgroups as set out in the attached schematic.

## **5. Authority**

- 5.1 The Group has been given authority by the EDG to provide operational oversight on all aspects of the NHS Fife Capital Investment Programme.

## **6. Reporting Arrangements**

- 6.1 The group will report to the Executive Directors Group.

The group will prepare regular and ad hoc reports as needed for the Finance, Performance and Resources Committee to consider and recommend to the NHS Fife Board for approval, in line with the “constitution and terms of reference for the Finance, Performance and Resources Committee” within the Code of Corporate Governance.

### **10.1.8 Capital Equipment Management Group**

#### **1. Purpose**

The Capital Equipment Management Group is responsible for managing all aspects of medical equipment within NHS Fife. This includes the prioritisation and delivery of all capital equipment. The Group shall ensure that this is done in line with Audit Scotland recommendations contained in ‘Equipped to Care’ and the requirements of SGHD Policy CEL 35 (2010). This will support the development and updating of the Boards annual Property and Asset Maintenance Strategy. The Group generally meets monthly.

#### **2. Membership**

The core membership of the Capital Equipment Management Group will be:

- General Manager, Planned Care ( Chair )
- Capital Accountant
- Medical Representative
- Procurement Representative
- Estates and Facilities Representative
- Head of Estates
- Medical Physics Manager
- E-Health Representative
- Infection Control Representative
- Practice Development Representative
- Operational Division – Directorate Representatives
- Health & Social Care Partnership Representative
- Facilities Manager
- Risk Management Representative

Other individuals may be invited to attend as necessary.

#### **1.Remit**

The remit of the group is to:

- a. Prioritise and routinely monitor the progress and expenditure on the purchase of Capital Equipment against the allocation available.
- b. Prioritise and monitor progress of expenditure on condemned Capital Equipment allocation.
- c. Review a rolling programme of equipment replacement and to advise on the consequences of not fulfilling the programme.
- d. Review incidents involving equipment failure or misuse and recommend change of practice or equipment as required.
- e. Ensure safe and effective practice in the use and care of medical equipment and include both capital and revenue equipment.
- f. Oversee the procurement of medical equipment and that appropriate policies are in place.
- g. Oversee the monitoring of medical equipment device management as highlighted by Medical Physics Manager and other Clinical Staff.
- h. Ensure e-Health involvement with equipment procurement so that the organisation infrastructure requirements are met.
- i. Review Incidents and Risks.

### **3. Authority**

The group has been given the authority by the Capital Investment Group to prioritise and monitor the Capital Equipment programme with the allocation provided.

### **4. Reporting Arrangements**

The group, through the chair, will report to the Capital Investment Group. The group will prepare regular and ad-hoc reports as required by the Capital Investment Group to inform Executive Directors Group and the Finance and Resource Committee and the NHS Fife Board for approval, in line with the “constitution and terms of reference for the Finance and Resources Committee” with: the code of Corporate Governance.

## **10.1.9 IM&T Equipment Management and Procurement**

Capital Funding within eHealth supports the upkeep of the IM&T estate and supports the enabling revenue funding from Scottish Government in order to maintain a safe and secure IM&T environment and deliver the national Digital Health and Care Strategic aims. The capital spend is governed by the ehealth Board, quarterly reporting to relevant NHS Fife committees and annual performance report to Scottish Government. Priorities are defined by the corporate risk register or approved business cases. Further guidance / regulation is provided through a Capital Management Accountant within NHS Fife Finance and the minor and major capital management groups.



## 10.2 Sustainability and Environmental Reporting

In compliance with The Climate Change (Scotland) Act and subsequent 2015 Order Fife Health Board continues to submit an annual report to the Sustainable Scotland Network, detailing compliance with the climate change duties imposed by the Act. The information returned by the Board is compiled into a national analysis report, published annually and superseding the prior requirement for public bodies to publish individual sustainability reports. Further information on the Act, along with copies of prior year national reports for the period 2015-2018, can be found at the following resource:

<http://www.keepsotlandbeautiful.org/sustainability-climate-change/sustainable-scotland-network/climate-change-reporting/>

NHS Fife, in common with other Boards, has a clear commitment to operating and developing sustainable practices. The Sustainability Group is chaired by the Director of Estates, Facilities and Capital Planning and meets at quarterly intervals assisting the Board's work in delivering its sustainability targets. Energy, water and waste sub-groups also meet regularly and report back to the Sustainability Group: the latter group monitors progress towards meeting revised energy reduction, carbon reduction and other targets.

In spring 2018 all 22 Scottish territorial & special boards underwent a benchmarking exercise by Green Business UK against the NHS Scotland Statement Set, which covers: Corporate Approach; Asset Management & Utilities; Travel & Logistics; Adaptation; Capital Projects; Green Space & Biodiversity; Sustainable Care Models; Our People; Sustainable Use of Resources; Carbon / GHG's. After a period of revision in late autumn, when all boards could address queries raised by the initial assessment, final benchmark results were released in March 2019. NHS Fife achieved an overall rating of joint 8th and Bronze Award status. A web-based toolkit (pre-populated with the benchmarking results) will shortly be available to Boards and will generate a Sustainable Development Action Plan (SDAP) to allow them to address deficiencies for subsequent regular biennial reassessments.

Work on improving sustainability across these areas is central to the Board's performance monitoring framework and is assessed continuously, being reported on annually in various methods:

- directly to Scottish Government;
- mandatory Carbon Reduction Commitment Energy Efficiency Scheme (CRCEES) reporting;
- mandatory Climate Change Reporting (CCR) to Scottish Natural Heritage.

In 2016-17 and 2017-18 Internal Audit rated NHS Fife's CRCEES reporting and record-keeping as A-rated.

As in previous years energy-saving measures such as boiler upgrading/decentralisation and/or combined heat and power (CHP) installations and replacement of lighting with more energy efficient LED lamps etc. are being pursued wherever practicable.

Continued partnership working with other Boards and Fife Council is actively sought, whereby improvements to the general environment in which Fifer's live and work can result.

The Board has representation on the Fife Environmental Partnership Group, which meets quarterly. The Board participates in numerous sustainability campaigns throughout the year e.g. Earth Hour, NHS Sustainability Day, Bike Week, Liftshare Week, Cycle to Work etc. and promotes these via intranet news items, web pages and staff newsletters.

### **10.3 Statutory Compliance**

In order to achieve the required improvement on Statutory Compliance, it will be necessary to ensure that the actions identified are controlled and coordinated, with line responsibility being allocated to staff accountable for the ongoing management and effectiveness of the asset management system. In addition, it is essential that the use of the asset management system is integrated into the roles and responsibilities of all NHS Fife Estates and Facilities staff in order that the data within the system is constantly live and reliable.

Actions to deal with significant and high risk items of statutory compliance will be facilitated by allocating responsibilities to specific Estates Managers/Officers within NHS Fife and integrating them into personal objectives formalised within the current eKSF system. Progress continues to be monitored on a 2 monthly basis at NHS Fife Estates Health and Safety meetings chaired by the Head of Estates.

Issues relating to capital will be entered on the risk prioritised Statutory Compliance Capital plan and addressed accordingly. The statutory compliance action plans based on SCART will always be prioritised on a risk rating basis thus eradicating higher risk items initially and progressing down to lower risk rated items.

### **10.4 Performance Monitoring**

Scottish Government guidance lists a set of PAMS key performance indicators (KPI's) which must be reported against. These KPI's must be Specific, Measurable, Agreed, Realistic and Timed. NHS Fife has Key Performance Indicators for the measurement of the performance of property and related assets. These KPI's will progressively demonstrate improvements through the following objectives:

- Reduce age profile
- Improve physical condition
- Reduce backlog maintenance
- Improve space utilisation
- Improve functional suitability
- Improve environmental performance
- Improve quality
- Improve statutory compliance



These KPI's are detailed in the Table below and will be reported to the Finance Capital Investment Group and Fife NHS Board annually through the PAMS document.

NHS Fife performance targets have also been established for these performance indicators and these are shown alongside the 2020 NHS Scotland Performance Targets.

## Key Performance Indicators

Quality Ambition	Performance Measure	KPI No	Key Performance Indicator	2020 Performance Target	NHS Fife 2012 Actual	NHS Fife 12/13 Actual	NHS Fife 13/14 Actual	NHS Fife 14/15 Actual	NHS Fife 15/16 Actual	NHS Fife 16/17 Actual	NHS Fife 17/18 Actual	NHS Fife 18/19 Prov.
Patient Centred	Quality of physical environment	1	Percentage of properties categorised as either A or B for Physical Condition facet of estate appraisals	90%	68%	78%	83%	79%	76%	86%	84%	85%
		2	Percentage of properties categorised as either A or B for Quality facet of estate appraisals	90%	69%	69%	69%	71%	71%	74%	76%	68%
	Patient opinion of healthcare accommodation	3	Positive response to Patient Questionnaire on patient rating of hospital environment (Blue Book)	95%	73%	---	84%	---	83%	91	91	TBC
	Patient needs are accommodated in modern, well designed facilities	4	Percentage of properties less than 50 years old	70%	76%	76%	76%	73%	74%	74%	68%	61%
	PAMS reflective of service needs and patient preferences	5	PAMS Quality Checklist Overall Score (max score 100) SAFR	95	76	74	76	70	71	-	59	TBC
Safe	Statutory compliance status of property asset base	6	Overall percentage compliance score from SCART	95%	83%	81%	83%	86%	87%	88%	63%	64%
	Backlog maintenance expenditure requirement	7	Cost per square metre for backlog maintenance	£100	£183	£163	£158	£179	£171	£171	£224	£272
	Level of risk associated with outstanding backlog maintenance requirement	8	Significant and high risk backlog maintenance as percentage of total backlog expenditure requirement	10%	39%	37%	36%	39%	39%	39%	63%	68%
Effective & Efficient	Estate Functionally suitability	9	Percentage of properties categorised as either A or B for Functional Suitability facet of estate appraisal	90%	77%	77%	78%	80%	81%	84%	83%	76%
	Estate Utilisation (from Property Appraisals)	10	Percentage of properties categorised as 'Fully Utilised' for space utilisation facet of estate appraisal	90%	75%	77%	79%	81%	84%	83%	88%	82%
	Estate Utilisation (from Cost Book)	11	Building Area sq.m. per Consumer Week (from Cost Book)	3.0	3.6	4.4	4.4	4.2	4.4	4.44	4.64	TBC
	Cleaning	12	Cleaning Costs £ per sq.m. (from Cost Book)	36.2	34.3	32.9	34.7	37.4	37.5	38.33	42.18	TBC
	Property maintenance	13	Property maintenance costs £ per sq.m. (from Cost Book)	33.3	20.8	20.8	21.2	22.4	21.7	21.57	23.38	TBC
	PFI - Facilities Management	14	PFI - Facilities Management Costs £ per sq.m. (from Cost Book)	31.8	102.1	218.8	193.0	201.8	205.3	200.62	205.11	TBC
	Energy consumption	15	Energy Costs £ per sq.m. (from Cost Book)	28.2	18.4	17.2	17.2	16.4	17.7	22.73	16.65	TBC
	Rent & rates	16	Rent & Rates Costs £ per sq.m. (from Cost Book)	13.7	10.1	12.6	12.5	12.9	11.7	13.71	13.36	TBC
	Catering	17	Catering Cost £ per consumer week (from Cost Book)	75.2	71.5	81.6	81.5	83.1	82.0	83.96	87.16	TBC
	Portering	18	Portering Costs £ per consumer week (from Cost Book)	43.1	41.6	46.4	49.0	48.7	50.8	53.61	56.59	TBC
	Laundry & Linen	19	Laundry & Linen Cost £ per consumer week (from Cost Book)	28.4	29.4	27.9	27.4	26.7	29.4	29.09	31.3	TBC
	Waste	20	Waste Cost £ per consumer week (from Cost Book)	10.5	8.7	11.4	12.4	10.9	10.0	10.51	10.5	TBC

## 10.5 Risks and Constraints to Successful Delivery of the PAMS

The main constraint to the delivery of the PAMS is the lack of Capital Funding available.

NHS Fife is competing with all other Public Sectors for this funding but doing nothing is not an option. The biggest single risk is the aging Victoria Hospital tower block which has a limited life expectancy and, without major investment in the very near future, will become unsafe.

Accurate comparisons are vital to track performance. We reported in 2017 that base data merged from Acute, Primary Care and Divisional sources varied significantly in several areas including area measurement formats, classifications and block structures.

A major exercise in updating Fifes EAMS data and CAD drawings was undertaken, the majority of which was completed early 2018 and reported in last year's PAMS. This year, we can now report actual incremental changes over the year with much greater confidence and have moved on to finalise the population of downstream systems such as the 'Smarter Offices' initiative with the corrected data.

Property condition survey work commissioned by HFS to populate our EAMS has not fully covered our 5 yearly cyclic needs and NHS Fife have, in previous years, subsidised additional surveys in an attempt to keep this program on target. It is expected that this funding will further reduce in years to come, yet the reliance on this data in making clear and concise strategic decisions is clearly crucial. Furthermore, the distraction of operational staff to review this data on a regular basis has been significant therefore we have commissioned a dedicated surveyor post to develop reliable and consistent updates to this data

Difficulties have arisen for the Equipment Group in the supply of agreed purchases with appropriate timescales via our Procurement section. Discussions are ongoing in an attempt to alleviate these issues.

In developing robust statutory and compliance data, the new SCART 2 question set is now being developed to site level as it is currently only at Sector level. This will give better identification of site specific risks.

It was hoped that inclusion of fire risk data directly into EAMS via version 10 software would have been completed by 31 March 2019. A delay in the roll out of this software has prevented automatic linking but all capital sums have been manually input.

NHS Fife uses the proprietary risk management tool 'Datix' to record and compare risks throughout the organisation. The system comprises a 5 x 5 scoring matrix which evaluates both probability and magnitude in the event of the risk materialising. The system is applied to all risk evaluation to create a level playing field over the differing assets when considering which capital projects as considered in the PAMS.

Assembly of the PAMS document is a labour intensive process and requires committed input from a large number of sources to provide a coherent and meaningful document. In previous years, this has not proved entirely satisfactory with information gathering being inconsistent. In 2019, NHS Fife will assemble a dedicated high level PAMS group as a subcommittee of the Capital Investment Group to ensure that the required data will be provided on time, to the correct level of detail and in a meaningful format.

## 10.6 Next Steps

### Summary

This PAMS document begins to build upon the progress that has been made by NHS Fife in implementing 'Right for Fife' and 'Getting Better in Fife' strategies. Many of the objectives and targets have been met; however, given the changes in clinical practices and advances in technology, there is still a lot of work to be done. A robust and effective Asset Management Strategy can help to ensure the changing needs of a modern health service are addressed and deliver quality clinical care.

The emphasis for NHS Fife Property over the next few years will therefore be;

- To identify and divest surplus assets where appropriate,
- Reduction of building assets area to ensure the occupied space becomes aligned with the essential space will become a focus for these assets.
- To invest in assets that support objectives and targets of Clinical Strategies,
- Investment in assets that supports the needs of clinical service delivery will be considered by the Capital Planning Group and other appropriate groups as a high priority.
- To improve, where practicable, the environment in which services are provided,
- Actions will be put into practice to ensure targets established for the six property facets, and potentially other asset groups, within this PAMS are met.
- Finalise the major site master plans which will assist in the elimination of the backlog maintenance address the significant retained estate issues on the main VHK site.

For IM & T, over the coming years digital innovation and transformation is a key deliverable for both the NHS in Scotland and NHS Fife. A 2019-2024 Information & Digital Technology Strategy aims to continue to harness our potential and we have created this ambitious strategy for delivery over the next 5 years. The key vision is “to support delivery of a truly integrated health and social care service, through provision of digital solutions”. Delivery of this strategy will enable and empower service users to utilise digital to engage with their healthcare and will support our workforce to provide the most efficient health and care services possible through exploitation of technology.

However, we cannot allow these ambitions to distract from maintaining the existing production environment and ensuring that adequate investment keeps it robust, resilient and in a supportable estate. These key fundamentals also help NHS Fife to meet the requirements within the Scottish Government Cyber Resilience Framework, maintain current internal SLAs, under-pinning contracts with suppliers and BAU IM&T Operations.

NHS Fife is committed to continuous improvement in terms of the development of the PAMS document hence our development of a dedicated PAMS group as a subcommittee of our Capital Investment Group.

<b>DATE OF MEETING:</b>	16 <sup>th</sup> July 2019
<b>TITLE OF REPORT:</b>	Property & Asset Management Strategy
<b>EXECUTIVE LEAD:</b>	Andy Fairgrieve, Director of Estates , Facilities & Capital Services
<b>REPORTING OFFICER:</b>	Andy Fairgrieve

Purpose of the Report (delete as appropriate)		
	For approval	

## SBAR REPORT

### Situation

This document provides an update on the 2019 Property & Asset Management Strategy (PAMS) as required by State of the NHS Scotland Assets and Facilities Report (SAFR) Programme. The Boards' PAMS submissions to Scottish Government is now be every two years with an interim PAMS update report required each subsequent year. This 2019 document is a full PAMS report.

### Background

This PAMS report is a strategic document which highlights NHS Fife's asset needs and its investment making decisions which are principally driven by the recently approved clinical strategy.

The new Regional Structures will have a significant impact on the future PAMS reports and NHS Fife's longer term vision. We anticipate that there will be a requirement for an East Regional PAMS report in the near future .

NHS Fife's 2019 PAMS return has been compiled by the Directorate of Estates, Facilities and Capital Planning in conjunction with lead stakeholders. This PAMS report was submitted in June 2019 in order to meet the Scottish Government's deadline . SG have given NHSF dispensation to submit the report in draft subject to subsequent Board approval.

The Report covers all buildings owned or leased by the Board and only references 3<sup>rd</sup> party ownership. All transport, equipment, and IM & T are covered by this report.

### Assessment

This NHS Fife PAMS document is now presented in the format requested in recent guidance updates.

A huge amount of work has been made on the rectification of previous issues, this included electronic measurement of gross internal areas using CAD data, but where any changes have materially affected data these are noted in the relevant sections.

The data in this document represents NHS Fife position as at 1<sup>st</sup> April 2019 and an allowance for inflation of 3.71% to 1<sup>st</sup> Quarter 2019 has been included since the last full report .

### Recommendation

FP&R to approve the 2019 PAMS document.

### Objectives: (must be completed)

Comply with 2018 State of the NHS Scotland Assets and Facilities Report (SAFR 2017) Programme	Follow PAMS guidance and best practices.

### Further Information:

Evidence Base:	PAMS guidance followed
Glossary of Terms:	
Parties / Committees consulted prior to Health Board Meeting:	EDG has approved the document . PAMS discussion held at the last board development session.

### Impact: (must be completed)

<b>Financial / Value For Money</b>	Effective use of NHSF capital
<b>Risk / Legal:</b>	N/A
<b>Quality / Patient Care:</b>	N/A
<b>Workforce:</b>	N/A
<b>Equality:</b>	N/A

<b>DATE OF REPORT:</b>	16 July 2019
<b>TITLE OF REPORT:</b>	Winter Review 2018/19
<b>EXECUTIVE LEAD:</b>	Ellen Ryabov, Chief Operating Officer Michael Kellet, Chief Officer, IJB
<b>REPORTING OFFICER:</b>	Susan Fraser, Associate Director of Planning and Performance Miriam Watts, General Manager, Emergency Care, Acute Services Claire Dobson, Divisional General Manager, West Fife, Fife H&SCP

<b>Purpose of the Report</b> (delete as appropriate)		
<b>For Decision</b>	<b>For Discussion</b>	<b>For Information</b>

<b>SBAR REPORT</b>
<p><b><u>Situation</u></b></p> <p>This report provides the committee with the final Winter Review document submitted to the Scottish Government following the Winter Review Event on 2 May 2019 with key stakeholders. This completes the winter planning process for 2018/19.</p> <p><b><u>Background</u></b></p> <p>The Winter Plan for 2018/19 was developed through joint working between NHS Fife, the H&amp;SCP and Fife Council and in accordance with Scottish Government guidance DL(2017)19. It describes the arrangements in place to manage the increased demand on services over the winter period.</p> <p>The process and milestones of reviewing winter 2018/19 is as follows:</p> <ul style="list-style-type: none"> <li>• Local Review of Winter meeting 2<sup>nd</sup> May 2019</li> <li>• IJB Care and Clinical Governance Committee –24<sup>th</sup> May 2019 (Paper and Presentation)</li> <li>• NHS Fife Clinical Governance Committee 3<sup>rd</sup> July 2019 (Paper and Presentation)</li> <li>• NHS Fife Finance, Performance and Resources Committee 16<sup>th</sup> July 2019 (Paper)</li> <li>• IJB Finance and Performance Committee – 17<sup>th</sup> July 2019 (Paper)</li> <li>• NHS Fife Board 31<sup>st</sup> July 2019 (Paper)</li> <li>• IJB 8<sup>th</sup> August 2019</li> </ul> <p><b><u>Assessment</u></b></p> <p>The report reviews the lessons learnt over winter 2018/19 in terms of what went well, what could be improved and key lessons that will be further developed for the Winter Plan 2019/20. The categories explored were:</p> <ol style="list-style-type: none"> <li>1. Clear alignment between hospital, primary and social care</li> <li>2. Appropriate levels of staffing to be in place across the whole system to facilitate</li> </ol>

- consistent discharge rates across weekends and holiday periods
- 3. Local systems to have detailed demand and capacity projections to inform their planning assumptions
- 4. Maximise elective activity over winter – including protecting same day surgery capacity
- 5. Escalation plans tested with partners
- 6. Preparing effectively for infection control including norovirus and seasonal influenza in acute and community settings
- 7. Delivering seasonal flu vaccination to public and staff

The Winter Review concluded by identifying the top 5 local priorities to be developed for the Winter Plan 2019/20 and these were:

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.

The planning for Winter 2019/20 has commenced but is likely to continue with the same process as 2018/19. The reporting and approval milestones for this are as follows:

- NHS Fife Clinical Governance Committee 4<sup>th</sup> September 2019
- NHS Fife Finance, Performance and Resources Committee 10<sup>th</sup> September 2019
- NHS Fife Board 25<sup>th</sup> September 2019
- IJB Care and Clinical Governance Committee 27<sup>th</sup> September 2019
- IJB Finance and Performance Committee 3<sup>rd</sup> October 2019
- IJB 25<sup>th</sup> October 2019

### Recommendation

The Committee is invited to:

- **Note** the Winter Review document for 2018/19 and dates for Winter Planning 2019/20



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

<b>Further Information:</b>	
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

<b>Impact: (must be completed)</b>	
<b>Financial / Value For Money</b>	Promotes value for money during the winter period.
<b>Risk / Legal:</b>	Inherent in process. Demonstrates due diligence in planning for winter pressures
<b>Quality / Patient Care:</b>	Winter Review will review patient care during the winter months and learn from winter to improve quality of patient care for 19/20.
<b>Workforce:</b>	Significant impact on workforce during winter period.
<b>Equality:</b>	Winter Review applies to all patients and ensuring good quality care to all.

# Health & Social Care: Local Review of Winter 2018/19

NHS Board, HSCPs:	NHS Fife	Winter Planning Executive Lead:	Ellen Ryabov, Chief Operating Officer Michael Kellet, Director of Health and Social Care
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## Introduction

As in previous years, to continue to improve winter planning across Health & Social Care we are asking local systems to lodge a draft of their winter review for 2018/19 with the Scottish Government to support winter planning preparations for 2019/20.

Local reviews should have senior joint sign-off reflecting local governance arrangements.

We expect that your Chairs and Chief Executives are fully engaged in the review.

We expect this year's local review to include:

- the named executive leading on winter across the local system who will produce the local plan for 2019/20
- key learning points and planned actions
- top 5 local priorities that you intend to address in the 2019/20 winter planning process

Completed reviews should be sent to [Winter\\_Planning\\_Team\\_Mailbox@gov.scot](mailto:Winter_Planning_Team_Mailbox@gov.scot) by no later than close of play on **Friday 3 May**.

Thank you for your continuing support.

**JOHN CONNAGHAN CBE**



**Chief Performance Officer, NHSScotland  
and Director of Delivery and Resilience**

## **1 Clear alignment between hospital, primary and social care**

### **1.1 What went well?**

- Patient flow into community hospitals was maintained especially with direct transfers from AU1 direct to community hospitals
- Ease of communication between departments across the system including the health protection team
- The discharge hub enabled timely discharge from acute to community services with an invaluable whole team approach
- Collaborative working between the Scottish Ambulance Service and NHS Fife including A&E and proactive discharge planning
- Sharing and weekly scrutiny of an agreed data set across hospital, primary and secondary care

### **1.2 What could have gone better?**

- AU1 and A&E flow pathways and management of patients into AU1 Assessment
- Appropriate signposting to prevent presentations at Emergency Department
- Increase in delayed discharges due financial and capacity challenges in the care at home sector
- Increased queue length leaving the acute sector to community pathways
- Fife patients in Hospitals out with Fife being repatriated in a more timely manner to assist with flow through whole system

### **1.3 Key lessons / Actions planned**

- 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
- Focus on prevention of admission with further developments into High Health Gain, locality huddles to look at alternatives to GP admissions
- Multidisciplinary short life working groups to take actions forward across Acute and HSCP
- Proactive recruitment and a joined up workforce plan to utilise staff intelligently across the year as well as winter

<b>2</b>	<b>Appropriate levels of staffing to be in place across the whole system to facilitate consistent discharge rates across weekends and holiday periods</b>
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<b>2.1</b>	<b>What went well?</b>
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- A weekend discharge team was introduced and worked very well including consultants, nursing, ANPs and AHPs. Weekend plans for the acute site included community support available.
- Extended Pharmacy cover to support discharges
- There was social care staff cover for public holidays
- Medical cover in community hospitals to cover public holidays
- Consistent cover secured in the Primary Care Emergency Service

<b>2.2</b>	<b>What could have gone better?</b>
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- Clarity about use and location of the discharge lounge and whether the right model was implemented
- Although Estimated Discharge Date was introduced this could be utilised much more effectively to predict flow
- More inclusion of the AHP team when consideration was given to bed modelling to allow for more efficient weekend working
- Increase further the discharge profile over the weekend and 7 days particularly in medicine and recognition of requirements for senior clinical decision makers at the right times.
- There was a delay in involving the Scottish Ambulance Service in discharge planning

<b>2.3</b>	<b>Key lessons / Actions planned</b>
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- Consideration of a Hospital Ambulance Liaison Officer (HALO) role to further plan and arrange efficient discharges
- 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
- Consider the introduction of planned outpatient appointments for medically fit in-patients awaiting diagnostic tests
- Introduction of a sustainable model for discharge lounge

<b>3</b>	<b>Local systems to have detailed demand and capacity projections to inform their planning assumptions</b>
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<b>3.1</b>	<b>What went well?</b>
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- The morning safety huddle would help identify issues and concerns regarding flow across all systems to support discharges
- The weekly weekend planning meeting agrees a weekend, plan taking into account predicted admissions and discharges and ensures sufficient cover is in place within acute
- Forecasting during the week has improved with the aid of system watch
- A more manageable surgical plan was put in place supported by the introduction of the short stay surgical unit
- A well developed health and social care placement tracker is agreed and monitored

<b>3.2</b>	<b>What could have gone better?</b>
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- Greater focus on use of Estimated discharge date for planning
- Need a longer term vision for workforce planning and development and earlier recruitment to meet anticipated demand
- Start effective service planning earlier in the year and avoid delays in decision making
- Consideration of the impact from decision making about purchased capacity affecting the whole system

<b>3.3</b>	<b>Key lessons / Actions planned</b>
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- 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
- Acute bed reconfiguration to be revisited with a revised bed model for 19/20

## **4 Maximise elective activity over winter – including protecting same day surgery capacity**

### **4.1 What went well?**

- The opening of a surgical short stay unit over winter which allowed fewer elective cancellations on the main site
- Continue to use short stay unit at the second site for day cases and 72 hr stays
- The winter surgical plan was more effective with fewer cancellations

### **4.2 What could have gone better?**

- Winter surgical plan to be prepared and agreed prior to the start of winter

### **4.3 Key lessons / Actions planned**

- 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

<b>5</b>	<b>Escalation plans tested with partners</b>
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<b>5.1</b>	<b>What went well?</b>
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- An agreed integrated escalation plan was in place

<b>5.2</b>	<b>What could have gone better?</b>
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- The enactment of the escalation plan including the opening of surge beds
- A whole system contingency plan across Acute and HSCP
- Enactment of contingency plans to ensure patient safety

<b>5.3</b>	<b>Key lessons / Actions planned</b>
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- 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

<b>6</b>	<b>Preparing effectively for infection control including norovirus and seasonal influenza in acute and community settings</b>
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<b>6.1</b>	<b>What went well?</b>
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- Point of care testing, outbreaks were identified quickly and managed well with fewer bed days lost
- During out of hours ICT communications for on call worked well for outbreak management
- Technology systems in place supporting communications to deliver key messages re outbreak management

<b>6.2</b>	<b>What could have gone better?</b>
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- Infection control support for Fife care homes

<b>6.3</b>	<b>Key lessons / Actions planned</b>
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- Point of care implementation planning and management put in place earlier in the year
- Proactive infection control and learning for Fife Care homes



## **7 Delivering seasonal flu vaccination to public and staff**

### **7.1 What went well?**

- The Flu vaccination programme was as successful as last year with staff
- Good targeting of at risk patients supported by a positive immunisation campaign

### **7.2 What could have gone better?**

- Better messaging targeted to at risk groups

### **7.3 Key lessons / Actions planned**

- Continue the success of the staff flu campaign into its 3<sup>rd</sup> year

<b>8</b>	<b>Top Five Local Priorities for Winter Planning 2019/20</b>
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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.

## Finance, Performance & Resources Committee

<b>DATE OF MEETING:</b>	16 July 2019	
<b>TITLE OF REPORT:</b>	Orthopaedic Elective Project Progress Report	
<b>EXECUTIVE LEAD:</b>	Carol Potter, Director of Finance	
<b>REPORTING OFFICER:</b>	Alan Wilson	
<b>Purpose of the Report</b> (delete as appropriate)		
<del>For Decision</del>	<del>For Discussion</del>	For Information
<b>SBAR REPORT</b>		
<b><u>Situation</u></b>		
<p>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 Health &amp; Social Care Directorates (SGHSCD) Capital Investment Group (CIG) by early October to meet the initial timelines in the Initial Agreement Document (IAD).</p>		
<b><u>Background</u></b>		
<p>The new Elective Orthopaedic Centre construction project has key milestones set out in the IAD and the purpose of this report is to update the Committee with progress against the key milestones.</p>		
<b><u>Assessment</u></b>		
<p>The procurement of the Principal Supply Chain Partner has concluded and <b>Graham Construction</b> have been successful in the appointment process, utilising the national construction Health Facilities Scotland Principal Supply Chain Partners Framework 2. They have considerable experience in the development of similar projects and also experienced in working with NHS Fife.</p> <p>We have already carried out our first round of clinical stakeholder engagement workshops and the architects have produced a number of options for the clinicians to discuss specifically around adjacencies and how the centre will interact with the current hospital facilities.</p> <p>The Project Board has been established and we have had our initial meeting. The Board will meet every 4 weeks and be responsible for the day to day governance of the project. Membership includes appropriate clinical and management representation, technical advisors, financial expertise, staff side and the Chair of the Finance, Performance &amp; Resources Committee to ensure an effective linkage to the Board's governance framework.</p> <p>The process of appointing the project team has continued. The Joint Cost Advisor service was procured through HFS Professional Services Contract Framework 2 and <b>Gardiner Theobald</b> was the successful company. They have experience in the delivery of similar status project and the proposed Cost Advisor has previous experience of working with NHS Fife. The Joint Cost Advisor will work closely with the NHS Fife team and our Project Manager from <b>Thomson Gray</b>, already appointed.</p> <p>The NHS Fife Elective Orthopaedic Centre is not one of the designated regional Elective Centres across Scotland; however, through the national Elective Centre Programme Board,</p>		

chaired by the Chief Executive, NHS Fife we are engaged in wider discussions on the national programme and the lessons learned from other projects will inform our planning over the coming months.

We are currently in discussion with a third party in relation to the potential acquisition of land close to the Victoria Hospital, to enable reprovion of existing car parking facilities, located on the planned site of the new Elective Orthopaedic Centre. This early engagement has been positive and has included members of Fife Council Planning Department, to ensure appropriate governance.

### **Recommendation**

Members of the Committee are asked to:

- **Note** progress on the project 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 HFS – Health Facilities Scotland JCA – Joint Cost Advisor PSC – Professional Service Contract PSCP – Principal Supply Chain Partners
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Parties / Committees consulted prior to FP&R Committee:	EDG
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### **Impact: (must be completed)**

<b>Financial / Value For Money</b>	Increase in costs/ unable to meet all service needs if costs increase.
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<b>Risk / Legal:</b>	Failure to meet key milestones causing delay in business case process.
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<b>Quality / Patient Care:</b>	Potential quality issues/ Delays leading to inadequate facilities.
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<b>Workforce:</b>	N/A
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<b>Equality:</b>	N/A
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# Integrated Performance Report

Produced in June 2019



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## Section A: Introduction

### Overview

The purpose of the Integrated Performance Report (IPR) is to provide assurance on NHS Fife's performance relating to National Standards, local priorities and significant risks.

The IPR comprises 4 sections:

- Section A Introduction
- Section B:1 Clinical Governance
- Section B:2 Finance, Performance & Resources
- Section B:3 Staff Governance

The section margins are colour-coded to match those identified in the Corporate Performance Reporting, Governance Committees Responsibilities Matrix.

A summary report of the IPR is produced for the NHS Fife Board.

**The IPR is undergoing a major refresh for 2019/20, and a revised version will be produced from July onwards. One of the biggest changes will be to use the 2019/20 Annual Operational Plan (AOP) as a source of Improvement Actions. This means that existing actions which are not complete at this stage will be replaced by new ones.**

**Where measures are not included in the AOP (Complaints and Smoking Cessation), existing open actions will be carried forward and will be reworded to fit into the new structure.**

# Performance Summary

Status	Definition	Direction of Travel	Definition
GREEN	Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)	↑	Performance improved from previous
AMBER	Performance is behind (but within 5% of) the Standard or Delivery Trajectory	↓	Performance worsened from previous
RED	Performance is more than 5% behind the Standard or Delivery Trajectory	↔	Performance unchanged from previous

Section	RAG	Standard	Quality Aim	Target for 2018-19	Performance Data					FY 2019-20 to Date	National Comparison (with other 10 Mainland Boards)			
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel		Period	Performance	Rank	Scotland
Clinical Governance	GREEN	HAI - C Diff	Safe	0.32	12 months to Apr 2019	0.20	12 months to Mar 2019	0.20	↔	0.10	y/e Dec 2018	0.19	4th	0.27
	GREEN	Complaints (Stage 1 Closure Rate in Month)	Person-centred	80.0%	Apr 2019	85.1%	Mar 2019	78.8%	↑	85.1%	Only published annually: NHS Fife was 7th for FY 2017/18			
	RED	Complaints (Stage 2 Closure Rate in Month)	Person-centred	75.0%	Apr 2019	47.6%	Mar 2019	34.6%	↑	47.6%	Only published annually: NHS Fife was 6th for FY 2017/18			
	RED	HAI - SABs	Safe	0.24	12 months to Apr 2019	0.41	12 months to Mar 2019	0.42	↑	0.36	y/e Dec 2018	0.43	10th	0.33
Finance, Performance and Resources	GREEN	IVF Treatment Waiting Times	Person-centred	90.0%	Apr 2019	100.0%	Mar 2019	100.0%	↔	100.0%	Treatment provided by Regional Centres so no comparison applicable			
		Outpatients Waiting Times	Clinically Effective	95.0%	Apr 2019	98.0%	Mar 2019	98.0%	↔	N/A	End of March	98.2%	1st	75.0%
		Antenatal Access	Clinically Effective	80.0%	Feb 2019	86.1%	Jan 2019	93.6%	↓	91.5%	Only published annually: NHS Fife was 7th for FY 2017-18			
		Drugs & Alcohol Treatment Waiting Times	Clinically Effective	90.0%	Feb 2019	94.1%	Jan 2019	87.0%	↑	N/A	q/e Dec 2018	96.8%	4th	93.9%
		Alcohol Brief Interventions	Clinically Effective	4,187	FY 2018/19	4,601	Apr to Dec 2018	2,873	↑	N/A	Only published annually: NHS Fife was 8th for FY 2017-18			
	AMBER	4-Hour Emergency Access *	Clinically Effective	95.0%	Apr 2019	94.7%	Mar 2019	94.5%	↑	94.7%	y/e Mar 2019	95.2%	3rd	91.2%
		Diagnostics Waiting Times	Clinically Effective	100.0%	Apr 2019	99.7%	Mar 2019	99.9%	↓	N/A	End of March	99.9%	1st	84.0%
		Dementia Post-Diagnostic Support	Person-centred	100.0%	2017/18	85.3%	2016/17	88.2%	↓	N/A	Only published annually: NHS Fife was 6th for FY 2016/17			
	RED	Dementia Referrals	Person-centred	1,327	Apr to Dec 2018	586	Apr to Sep 2018	406	↓	586	Only published annually: NHS Fife was 3rd for FY 2016/17			
		Cancer 31-Day DTT	Clinically Effective	95.0%	Apr 2019	89.9%	Mar 2019	96.0%	↓	89.9%	q/e Dec 2018	95.6%	6th	94.9%
		Cancer 62-Day RTT	Clinically Effective	95.0%	Apr 2019	84.4%	Mar 2019	75.6%	↑	84.4%	q/e Dec 2018	87.1%	4th	82.7%
		18 Weeks RTT	Clinically Effective	90.0%	Apr 2019	80.9%	Mar 2019	76.9%	↑	80.9%	Mar-19	76.9%	7th	77.3%
		Patient TTG	Person-centred	100.0%	Apr 2019	87.6%	Mar 2019	78.8%	↑	87.6%	q/e Mar 2019	69.1%	6th	68.4%
		Detect Cancer Early	Clinically Effective	29.0%	2 years to Dec 18	25.5%	2 years to Sep 18	24.9%	↑	27.6%	Only published annually: NHS Fife was 6th for 2-year period 2016 and 2017			
		Delayed Discharge (Delays > 2 Weeks)	Person-centred	0	25th Apr Census	41	28th Mar Census	43	↑	N/A	28th Mar Census	11.58	7th	9.60
		Smoking Cessation	Clinically Effective	490	Apr 18 to Jan 19	331	Apr to Dec 2018	290	↓	331	q/e Dec 2018	59.2%	5th	63.6%
		CAMHS Waiting Times	Clinically Effective	90.0%	Apr 2019	72.3%	Mar 2019	79.8%	↓	72.3%	q/e Mar 2019	72.8%	7th	73.6%
		Psychological Therapies Waiting Times	Clinically Effective	90.0%	Apr 2019	66.1%	Mar 2019	69.8%	↓	66.1%	q/e Mar 2019	67.6%	10th	77.4%
Staff Governance	RED	Sickness Absence	Clinically Effective	4.00%	Apr 2019		Mar 2019	5.34%			Only published annually: NHS Fife had the 4th highest sickness absence rate in FY 2018-19 (Fife performance 5.51%, Scotland performance 5.39%)			

\* The 4-Hour Emergency Access performance in April was 94.7% (all A&E and MIU sites) and 92.6% (VHK A&E, only)



## Performance Data Sources

LDP Target / Standard / Local Target	LMI / Published	LMI Source	Period Covered by Published Data	Time Lag in Published Data
Hospital-Acquired Infection: Sabs	LMI	Infection Control	Quarter	3 months
Hospital-Acquired Infection: C Diff	LMI	Infection Control	Quarter	3 months
Complaints	LMI	DATIX (Business Objects Report)	Year	6 months
IVF Treatment Waiting Times	LMI	ISD Management Report	Quarter	2 months
18 Weeks RTT	LMI	Information Services	Quarter	2 months
4-Hour Emergency Access	LMI	Information Services	Month	1 month
Delayed Discharge	Published (ISD)	N/A	Month	1 month
Alcohol Brief Interventions	LMI	Addiction Services	Year	3 months
Drugs & Alcohol Waiting Times	Published (ISD)	N/A	Quarter	3 months
CAMHS Waiting Times	LMI	Mental Health	Quarter	2 months
Psychological Therapies Waiting Times	LMI	Information Services	Quarter	2 months
Dementia: Referrals	LMI	ISD Management Report	Quarter	9 months
Dementia: Post-Diagnosis Support	LMI	ISD Management Report	Quarter	9 months
Smoking Cessation	LMI	Smoking Cessation Database	Year	6 months
Sickness Absence	LMI	HR (SWISS)	Year	3 months
Detect Cancer Early	LMI	Cancer Services	2 Years	7 months
Antenatal Access	LMI	ISD Discovery	N/A	N/A
Cancer Waiting Times: 62-Day RTT	LMI	Cancer Services	Quarter	3 months
Cancer Waiting Times: 31-Day DTT	LMI	Cancer Services	Quarter	3 months
Patient TTG	LMI	Information Services	Quarter	2 months
Outpatient Waiting Times	LMI	Information Services	Final Month of Quarter	2 months
Diagnostics Waiting > 6 Weeks	LMI	Information Services	Final Month of Quarter	2 months

GREEN

AMBER

RED

Local Management Information (LMI) and Published data almost always agree

LMI and Published data may have minor (insignificant) differences

LMI and Published data will be different due to fluidity of Patient Tracking System

## 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 IPR provides a summary of performance Standards and targets that have not been met, the challenges faced in achieving them and potential solutions. Topics are grouped under the heading of the Committee responsible for scrutiny of performance.

### CLINICAL GOVERNANCE

**Hospital Acquired Infection (HAI) - *Staphylococcus aureus* Bacteraemia (SAB) target:** We will achieve a maximum rate of SAB (including MRSA) of 0.24.

During April, there were 8 *Staphylococcus aureus* Bacteraemias (SAB) across Fife, 7 of which were non-hospital acquired, with 1 occurring in VHK. The number of infections in the month was 2 less than in April 2018, so the annual infection rate fell to 0.41.

Assessment: This year there is enhanced focus on PVCs with weekly reports being issued to Senior Charge Nurses if their ward has failed to achieve 90% for all PVCs being removed prior to the 72hr breach. This is in response to SAERs which demonstrated PVCs were remaining in beyond 72hr and resulting in a SAB.

In addition, it has been agreed that CVC-related SABs will be captured in Datix, while PVC-related SAB will continue to be captured in Datix by Dr Morris and also undergo an SAER.

**Complaints local target:** At least 80% of Stage 1 complaints are completed within 5 working days of receipt; at least 75% of Stage 2 complaints are completed within 20 working days; 100% of Stage 2 complaints are acknowledged in writing within 3 working days.

Performance against closing Stage 1 complaint closure in April was above the local target, with 63 out of 74 complaints (85.1%) being closed within the timescale. The Stage 2 performance (47.6%) recovered to an extent in April, but remained well below the local target.

Assessment: The internal complaints-handling process continues to be monitored across Acute and Health and Social Care Partnership. The Patient Relations Team continues to review the quality of information within the investigation statements and the initial draft responses produced by the Patient Relation Officers. A daily review of open cases is also carried out to ensure timescales and deadline issues are escalated.

### FINANCE, PERFORMANCE & RESOURCES

#### Acute Services Division

**4-Hour Emergency Access target:** 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.

In April, 94.7% of patients attending A&E or MIU sites in NHS Fife waited less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment. This was the second successive monthly increase, but we have been below the Standard since December 2018.

Performance at the VHK A&E site alone was 92.6%, and the Standard there has not been achieved since August 2018.

Assessment: Whilst the VHK has had increased patient levels in comparison to previous years, the % of patients treated within the target time continues to be in line with the Standard, and above the national average performance.

There has been an increasing number of patients waiting longer than 4 hours for admission to the hospital, directly linked to hospital pressure in terms of bed capacity, an increase in respiratory infections, as well as the number of frail people being admitted to hospital.

A group has been formed to look at performance improvement strategies for ED and will review breach reasons and trends as a starting point for potential service redesign.

A review is planned to take place in order to assess the winter bed management and the impact on teams across the directorate in line with the bed optimisation project. Planning for winter 2019/20 will be an ongoing process from this point.

**Cancer 62 day Referral to Treatment** target: At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days.

In April, 84.4% of patients (81 out of 96) started treatment within 62 days of an urgent suspected cancer referral, almost 10% higher than in March. Breaches were spread across 6 specialties, with the highest number being in Breast (4) and Urology (6).

Assessment: There are continuing significant issues within the prostate cancer pathway with delays to MRI before TRUS, waits for TRUS biopsy and delays to post MDT appointments.

We continued to see issues in breast due to consultant retiral but expect performance to improve over the coming months.

The backlog of patients who have breached and are still awaiting treatment will result in continuing challenges with performance in May and June.

**Patient Treatment Time Guarantee** target: We will ensure that all eligible patients receive Inpatient or Day-case treatment within 12 weeks of such treatment being agreed.

In April, 87.6% of patients were treated within 12 weeks, the second successive significant monthly increase and the highest performance since January 2018. The highest number of breaches (50 out of a total of 174) was in the Urology specialty.

Assessment: Achieving the target has continued to be a significant challenge for Urology due to demand exceeding available capacity and difficulties in securing sufficient levels of additional capacity to meet the gap and reduce the backlog.

The additional in-house activity for Cardiology, General Surgery, Oral Maxillofacial, Ophthalmology, Orthopaedics, Gynaecology and ENT alongside has sustained the improved performance in patients waiting over 12 weeks.

Discussions are ongoing with the Scottish Government about the level of additional funding available to sustainably meet the gaps in capacity for 2019/20 and there continue to be issues relating to the availability of capacity in the independent sector and staffing both locum, and within our own staff groups to undertake additional in house waiting list initiatives.

**Diagnostics Waiting Times** target: No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests.

At the end of April, 11 patients out of 4,171 patients on the waiting list had waited more than 6 weeks, with 6 breaches being for Endoscopy tests and 5 for Imaging (MRI).

Assessment: The implementation of the recovery plan in 2018/19 for Radiology and Endoscopy, with funding secured from the Scottish Government, delivered improved performance. Sustaining the target will be a challenge due to demand exceeding available capacity. Discussions are ongoing with the Scottish Government about the level of additional funding available to sustainably meet the gaps in capacity for 2019/20.

**18 Weeks Referral-to-Treatment** target: 90% of planned/elective patients to commence treatment within 18 weeks of referral.

Performance against the 18 Weeks RTT Standard improved in April, to 80.9%, the highest since August 2018. The performance for 'Admitted' patients was 63.8%, the highest since May 2017.

**Assessment:** The 18 weeks performance has continued to be a challenge due to the performance in high volume outpatient specialities and TTG. Additional capacity has been put in place to reduce the waiting times for Audiology.

## Health & Social Care Partnership

**Delayed Discharge** target: No patient will be delayed in hospital for more than 2 weeks after being judged fit for discharge.

The overall number of patients in delay at the 25<sup>th</sup> April Census (excluding Code 9 patients – Adults with Incapacity) was 65, 16 less than at the March Census. Of these, 41 patients had been in delay for more than 14 days.

**Assessment:** The Partnership continues to rigorously monitor patient delays through a daily and weekly focus on transfers of care, flow and resources. Improvement actions have focused on earlier supported discharge and earlier transfers from our acute setting to community models of care. Close working with acute care continues in order to ensure available community resources are focused on the part of the system where most benefit can be achieved in terms of delays and flow.

**Smoking Cessation** target: In FY 2018/19, we will deliver a minimum of 490 post 12 weeks smoking quits in the 40% most deprived areas of Fife.

Data from the National Smoking Cessation Database shows that 331 people who attempted to stop smoking during the first 10 months of the FY (81% of the planned number at this point) had successfully quit at 12 weeks. Provisional information for the position at the end of Month 11 is that this figure has increased to 391.

**Assessment:** Support for Community Pharmacy data collection, which had suffered due to capacity issues, has recommenced after 6 months. The Specialist team has delivered tailored training to a few community pharmacy staff, while the Maternity stop smoking specialist service has extended its service to Saturday provision to pick up pregnant women when they arrive at hospital.

**Child and Adolescent Mental Health Services (CAMHS)** target: At least 90% of clients will wait no longer than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services (note: performance is measured on a 3 month average basis).

During April, 68 out of 94 children and young people (72.3%) who started treatment did so within 18 weeks of referral. This was a 7.5% fall in comparison to March. The number of referrals to the service dropped significantly (to under 100), and this had a positive impact on the existing waiting list.

**Assessment:** Referrals to CAMHS continue to be significant. Ongoing initiatives around robust screening, positive signposting and engagement with partner agencies to increase the capacity of universal service providers has allowed specialist CAMHS to focus their provision on children and young people with complex, serious and persistent mental health needs.

Additional Primary Mental Health Workers, which will place mental health professionals alongside GPs, have been recruited as part of the SG Action 15 funding. This will provide early intervention, improve initial assessments and increase effectiveness of signposting thus reducing the overall burden on both GPs and the Tier 3 CAMH service.

Therapeutic Group programme has been established providing a rolling provision in West Fife, targeting those who have waited longest. Benefits of group provision allow larger numbers of children and young people to be supported by smaller numbers of staff.

**Psychological Therapies Waiting Times** target: At least 90% of clients will wait no longer than 18 weeks from referral to treatment for psychological therapies (note: performance is measured on a 3 month average basis).

During April, 304 out of 460 patients (66.1%) who started treatment did so within 18 weeks of referral. This was a 3.7% fall in comparison to March. The number of referrals to the service was the lowest in 2019 to date, but there was little change in the size or breakdown of the waiting list.

**Assessment:** Services providing brief therapies for people with less complex needs are meeting the RTT 100%; overall performance reflects the longer waits experienced by people with complex needs who require longer term treatment. We continue to address the needs of this population through service redesign with support from the ISD/HIS Mental Health Access Improvement Support Team.

The establishment of Community Mental Health Teams across Fife is progressing well and can be expected to contribute to the reduction of waiting times for the most complex patients once a multi-disciplinary team case management approach is fully operational.

In November 2018, the 'AT Fife' website was launched by the Psychology Service to facilitate self-referrals to low intensity therapy groups. This initiative will increase access to Psychological Therapies (PT) and reduce waiting times for people with mild-moderate difficulties. We anticipate that this new pathway will also free up capacity in specialist services to offer PT to people with more complex needs.

## Financial Performance

### Financial Position

The revenue position for the 2 months to 31 May reflects an overspend of £2.004m. This comprises an overspend of £1.937m on Health Board retained budgets; and an overspend of £0.067m aligned to the Health budgets delegated to the Integration Joint Board (IJB). At this point there has been no IJB risk share factored into the position.

The Acute Services Division has reported an overspend of £2.657m for the year to date, of which £0.697m 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 most significant challenge reported for the period is the level of savings identified and delivered.

### Capital Programme

The total Capital Resource Limit for 2019/20 is £7.394m. The capital position for the 2 months to May shows investment of £0.129m, equivalent to 1.74% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.

## STAFF GOVERNANCE

**Sickness Absence** HEAT Standard: We will achieve and sustain a sickness absence rate of no more than 4%, measured on a rolling 12-month basis

The sickness absence rate in April was 5.42%, 0.08% higher than in March and 0.36% higher than in April 2018.

**Assessment:** The NHS Fife sickness absence rate was higher in FY 2017/18 compared to FY 2016/17. However, various improvement initiatives in the past year saw an improvement in FY 2018/19.

**iMatter local** target: We will achieve a year on year improvement in our Employee Engagement Index (EEI) score by completing at least 80% of team action plans resulting from the iMatter staff survey.

Assessment: A proactive plan has been developed to promote the 2019 iMatter cycle to support improvements in the engagement and action planning components. The process started in April, and reporting of progress/performance will be considered during the refresh of the Integrated Performance Report.

**TURAS** local target: At least 80% of staff will complete an annual review with their Line Managers via the TURAS system

Assessment: Reporting of progress/performance in relation to the recovery plan agreed with EDG will be considered during the refresh of the Integrated Performance Report. The improvement trajectory for all divisions/directorates is to achieve 80% by the end of October.



## Performance Assessment Methodology

The Scottish Government requires Health Boards to attain a defined level of performance against a number of measures (known as Standards). NHS Fife also scrutinises its performance against a number of local targets.

Targets and Standards are grouped into three categories; those where performance consistently achieves the required target (i.e. 'on track'), those where performance is consistently close to the Standard, and on occasion achieves it (i.e. 'variable') and those generally 'not met'.

### 1 Targets and Standards; On Track

NHS Fife continues to meet or perform ahead of the following Standards:

**In-Vitro Fertilisation (IVF)** target: At least 90% of eligible patients to commence IVF treatment within 12 months of referral from Secondary Care

**Hospital Acquired Infection (HAI), *Clostridioides Difficile* (C-Diff)** target: We will achieve a maximum rate of C- Diff infection in the over 15 year olds of 0.32

**Antenatal Access** target: At least 80% of pregnant women in each SIMD quintile will book for antenatal care by the 12th week of gestation

**Alcohol Brief Interventions** target: In FY 2018/19, we will deliver a minimum of 4,187 interventions, at least 80% of which will be in priority settings

During FY 2018/19, NHS Fife delivered a total of 4,601 interventions in priority and wider settings. The % delivered in priority settings (i.e. Primary Care, A&E and Antenatal) was less than the notional 80% sub-target, and plans are in place to improve on this in FY 2019/20.

**Drug and Alcohol Waiting Times** target: At least 90% of clients will wait no longer than 3 weeks from referral to treatment

### 2 Targets and Standards; Variable Performance

NHS Fife has generally met or been close to the following Standards for a sustained period however performance varies from month-to-month. If performance drops significantly below the Standard for 3 consecutive months, a drill-down process is instigated.

**Cancer Waiting Times: 31 Day Decision to Treat** target: We will treat at least 95% of cancer patients within 31 days of decision to treat

In April, 89.9% of patients (98 out of 109) started treatment within 31 days, the lowest performance figure since July 2016. The breaches were recorded in the Breast (5) and Urology (6) specialties.

**Outpatients Waiting Times** target: 95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment

At the end of April, 98.0% of patients waiting for their first outpatient appointment had waited no more than 12 weeks, the second successive month where the Standard has been exceeded. The Neurology specialty had the highest number of breaches (59).

Sustaining a high level of performance will be a challenge due to demand exceeding available capacity in a number of specialties. Discussions are ongoing with the Scottish Government about the level of additional funding available to sustainably meet the gaps in capacity for 2019/20.

**Detect Cancer Early** target: At least 29% of cancer patients will be diagnosed and treated in the first stage of breast, colorectal and lung cancer

NHS Fife's performance fell during 2017, with published information showing that 25% of patients were diagnosed at Stage 1 during the 2-year period from 1<sup>st</sup> January 2016 to 31<sup>st</sup> December 2017, the 6<sup>th</sup> highest of the 11 Mainland Health Boards. In the previous 2-year period, NHS Fife recorded a performance of 29.5%, the best in Scotland.

Local figures covering up to the end of December 2018 show that the running 2-year performance has improved slightly (to 25.5%), with the figures for Q1 to Q3 of FY 2018/19 showing a performance of 27.6%.

**Dementia Care** target: Deliver expected rates of diagnosis and ensure that all people newly diagnosed will have a minimum of a year's worth of post-diagnostic support (PDS) coordinated by a link worker.

Management information covering the period up to the end of FY 2018/19 Q3 has been made available to Health Boards, and covers Referral Rates and Completion of Post-Diagnostic Support, as well as illustrating relative waiting times. The first two measures are formal AOP Standards.

During 2017/18, 711 people were referred to the Dementia PDS in NHS Fife. This is 55% of the notional target (1,289), and NHS Fife achieved the 2<sup>nd</sup> highest % of all Mainland Health Boards. In the absence of a formal target, Health Boards are looking for this % to increase year-on-year, taking into account that the notional target will increase each year to reflect the growth in the elderly population. In reality, Fife (along with most Health Boards) has seen this % reduce in 2017/18.

Data for FY 2018/19 shows that 586 referrals had been made in the first 9 months of the year. This equates to 44% of the notional target (1,327), but if the rate of referral continues during Q4, the whole year achievement will be an improvement on 2017/18.

For Post-Diagnostic Support, the situation is less clear due to the nature of the measure, which requires that no assessment is possible until after the 1-year support period is complete. For 2017/18, NHS Fife has so far recorded a performance of 85.3%, above the Scottish average of 83.0%; both figures, can be expected to increase by the time we have the full-year figures (in June).

For 2016/17, Fife achieved 88.2% against a Scottish average of 83.5%.

We have subjectively assigned an AMBER RAG status to both measures.

It is worth recording that during 2017/18, NHS Fife had the highest % of all Mainland Health Boards of patients who waited less than 3 months for contact with a link worker following referral. The Scottish average was 61.9%, Fife achieved 96.2%.

### 3 Targets and Standards; Not Being Met - Drill-Down

For each of the Standards and targets not being met (or where performance is high-profile and key to the delivery of safe patient care), a more in-depth report is provided and is structured as follows:

- A summary box, describing the measure, current performance and the latest published performance and status (Scotland)
- A trend chart covering the last 12 months of local performance data
- A chart showing the Recovery Trajectory (as per the Annual Operational Plan), where appropriate
- A past performance box showing the last 3 data points (previous to the 'current' position)
- An improvements/benefits box, outlining key actions being taken, expected benefits and current status.

Drill downs are located in the Clinical Governance, Finance, Performance & Resources and Staff Governance sections.



## Section B: 1 Clinical Governance

### Executive Summary

**Hospital Acquired Infection (HAI) - *Staphylococcus aureus* Bacteraemia (SAB) target:** We will achieve a maximum rate of SAB (including MRSA) of 0.24.

During April, there were 8 *Staphylococcus aureus* Bacteraemias (SAB) across Fife, 7 of which were non-hospital acquired, with 1 occurring in VHK. The number of infections in the month was 2 less than in April 2018, so the annual infection rate fell to 0.41.

Assessment: This year there is enhanced focus on PVCs with weekly reports being issued to Senior Charge Nurses if their ward has failed to achieve 90% for all PVCs being removed prior to the 72hr breach. This is in response to SAERs which demonstrated PVCs were remaining in beyond 72hr and resulting in a SAB.

In addition, it has been agreed that CVC-related SABs will be captured in Datix, while PVC-related SAB will continue to be captured in Datix by Dr Morris and also undergo an SAER.

**Complaints local target:** At least 80% of Stage 1 complaints are completed within 5 working days of receipt; at least 75% of Stage 2 complaints are completed within 20 working days; 100% of Stage 2 complaints are acknowledged in writing within 3 working days.

Performance against closing Stage 1 complaint closure in April was above the local target, with 63 out of 74 complaints (85.1%) being closed within the timescale. The Stage 2 performance (47.6%) recovered to an extent in April, but remained well below the local target.

Assessment: The internal complaints-handling process continues to be monitored across Acute and Health and Social Care Partnership. The Patient Relations Team continues to review the quality of information within the investigation statements and the initial draft responses produced by the Patient Relation Officers. A daily review of open cases is also carried out to ensure timescales and deadline issues are escalated.

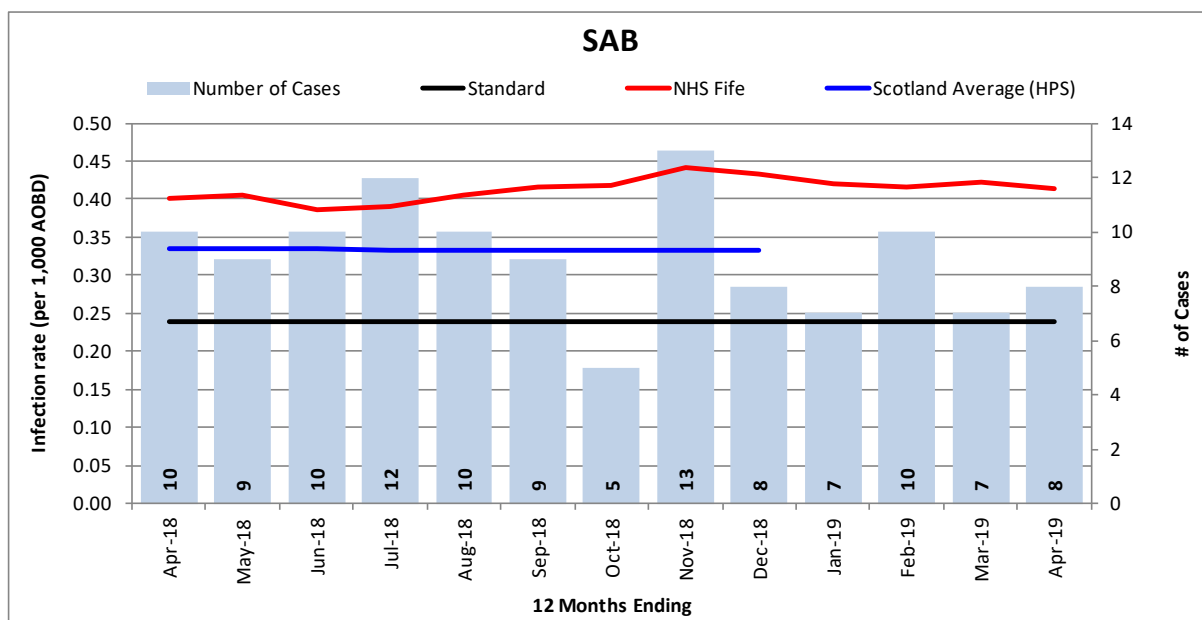
# Performance Summary

Status	Definition	Direction of Travel	Definition
GREEN	Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)	↑	Performance improved from previous
AMBER	Performance is behind (but within 5% of) the Standard or Delivery Trajectory	↓	Performance worsened from previous
RED	Performance is more than 5% behind the Standard or Delivery Trajectory	↔	Performance unchanged from previous

Section	RAG	Standard	Quality Aim	Target for 2018-19	Performance Data					FY 2019-20 to Date	National Comparison (with other 10 Mainland Boards)			
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel		Period	Performance	Rank	Scotland
Clinical Governance	GREEN	HAI - C Diff	Safe	0.32	12 months to Apr 2019	0.20	12 months to Mar 2019	0.20	↔	0.10	y/e Dec 2018	0.19	4th	0.27
		Complaints (Stage 1 Closure Rate in Month)	Person-centred	80.0%	Apr 2019	85.1%	Mar 2019	78.8%	↑	85.1%	Only published annually: NHS Fife was 7th for FY 2017/18			
	RED	Complaints (Stage 2 Closure Rate in Month)	Person-centred	75.0%	Apr 2019	47.6%	Mar 2019	34.6%	↑	47.6%	Only published annually: NHS Fife was 6th for FY 2017/18			
		HAI - SABs	Safe	0.24	12 months to Apr 2019	0.41	12 months to Mar 2019	0.42	↑	0.36	y/e Dec 2018	0.43	10th	0.33

## SAB

<b>Measure</b>	<b>We will achieve a maximum rate of SAB (including MRSA) of 0.24</b>	
<b>Current Performance</b>	0.41 cases per 1,000 acute occupied bed during 12-month period ending April 2019	
<b>Scotland Performance</b>	0.33 cases per 1,000 acute occupied bed days in Calendar Year 2018	

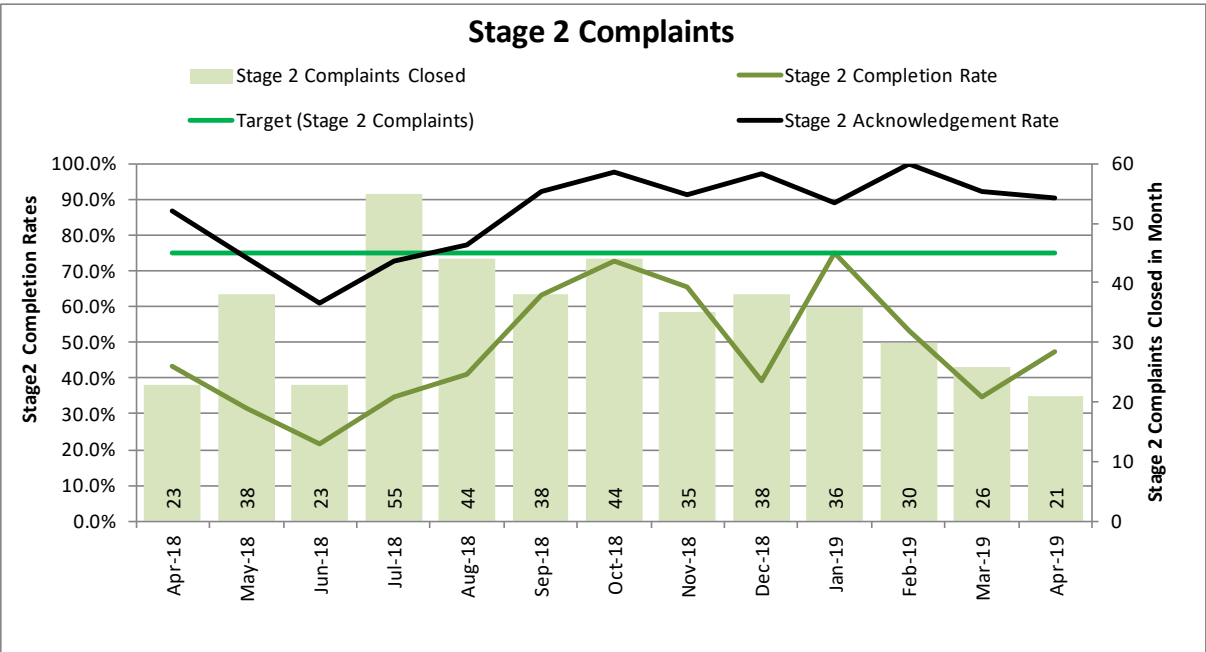
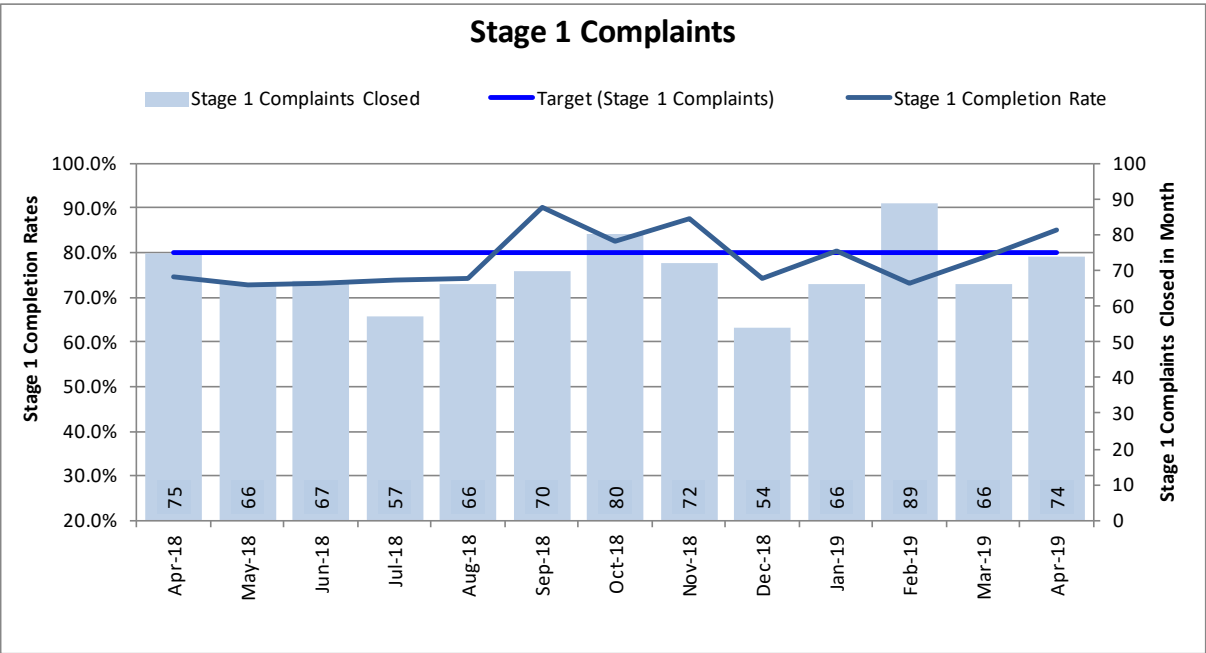


Previous 3 Reporting Periods	Feb 2018 to Jan 2019		Mar 2018 to Feb 2019		Apr 2018 to Mar 2019	
	0.42	↑	0.42	↔	0.42	↔
<b>Current Issues</b>	Vascular Access Device (VAD) SAB					
<b>Context</b>	Never met Standard 2 <sup>nd</sup> highest infection rate of all Mainland Boards in Calendar Year 2018					

Key Actions for Improvement	Planned Benefits	Due By	Status
Community SAB to be highlighted as standing agenda item at Clinical and Care Governance Groups	Emergence of common themes which will target areas for improvement activity	Jun 2019	Complete

Complaints

Measures (Local Targets)	At least 80% of Stage 1 complaints are completed within 5 working days of receipt At least 75% of Stage 2 complaints are completed within 20 working days	<div></div> <div></div>
Current Performance	85.1% (63 out of 74) Stage 1 complaints closed in April were completed within 5 working days (or 10 working days if extension applicable) 47.6% (10 out of 21) Stage 2 complaints closed in April were completed within 20 working days	
Scotland Performance	Stage 2 Complaints: 72.0% for 2016-17 (data published annually)	



Previous 3 Months Stage 1 Stage 2	January 2019		February 2019		March 2019	
	83.0%	↑	73.0%	↓	78.8%	↑
Current Issues	75.0%	↑	53.3%	↓	34.6%	↓
	Stage 2 Complaints: Delays in receiving medical statements continues to affected performance. There has been delay with approval within the Partnership mainly due to additional information being requested to ensure complaint points are addressed fully. Significant sickness absence within PRD has also resulted in a delay with drafting response letters.					
Context	During the first quarter of 2019, 52 out of 93 Stage 2 Complaints (56%) were either Fully or Partially Upheld, while 23 (25%) were Not Upheld; for Stage 1 Complaints, 107 out of 219 (49%) were Fully or Partially Upheld while 86 (39%) were Not Upheld					

Key Actions for Improvement	Planned Benefits	Due By	Status
Patient Relations Officers to undertake peer review	Improve the quality of draft responses	Sep 2019	Refer to Page 3
Deliver education to service to improve quality of investigation statements	Improve quality of response and timescale	Dec 2019	Refer to Page 3
With ASD, agree a process for managing medical statements	Improve Stage 2 performance	Jun 2019	Refer to Page 3
With ASD, agree a consistent style for responses	Improve Stage 2 performance	Jun 2019	Refer to Page 3

## Section B: 2 Finance, Performance & Resources

### Executive Summary

#### Acute Services Division

**4-Hour Emergency Access** target: 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.

In April, 94.7% of patients attending A&E or MIU sites in NHS Fife waited less than 4 hours from arrival to admission, discharge or transfer for Accident and Emergency treatment. This was the second successive monthly increase, but we have been below the Standard since December 2018.

Performance at the VHK A&E site alone was 92.6%, and the Standard there has not been achieved since August 2018.

Assessment: Whilst the VHK has had increased patient levels in comparison to previous years, the % of patients treated within the target time continues to be in line with the Standard, and above the national average performance.

There has been an increasing number of patients waiting longer than 4 hours for admission to the hospital, directly linked to hospital pressure in terms of bed capacity, an increase in respiratory infections, as well as the number of frail people being admitted to hospital.

A group has been formed to look at performance improvement strategies for ED and will review breach reasons and trends as a starting point for potential service redesign.

A review is planned to take place in order to assess the winter bed management and the impact on teams across the directorate in line with the bed optimisation project. Planning for winter 2019/20 will be an ongoing process from this point.

**Cancer 62 day Referral to Treatment** target: At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days.

In April, 84.4% of patients (81 out of 96) started treatment within 62 days of an urgent suspected cancer referral, almost 10% higher than in March. Breaches were spread across 6 specialties, with the highest number being in Breast (4) and Urology (6).

Assessment: There are continuing significant issues within the prostate cancer pathway with delays to MRI before TRUS, waits for TRUS biopsy and delays to post MDT appointments.

We continued to see issues in breast due to consultant retiral but expect performance to improve over the coming months.

The backlog of patients who have breached and are still awaiting treatment will result in continuing challenges with performance in May and June.

**Patient Treatment Time Guarantee** target: We will ensure that all eligible patients receive Inpatient or Day-case treatment within 12 weeks of such treatment being agreed.

In April, 87.6% of patients were treated within 12 weeks, the second successive significant monthly increase and the highest performance since January 2018. The highest number of breaches (50 out of a total of 174) was in the Urology specialty.

Assessment: Achieving the target has continued to be a significant challenge for Urology due to demand exceeding available capacity and difficulties in securing sufficient levels of additional capacity to meet the gap and reduce the backlog.

The additional in-house activity for Cardiology, General Surgery, Oral Maxillofacial, Ophthalmology, Orthopaedics, Gynaecology and ENT alongside has sustained the improved performance in patients waiting over 12 weeks.

Discussions are ongoing with the Scottish Government about the level of additional funding available to sustainably meet the gaps in capacity for 2019/20 and there continue to be issues relating to the availability of capacity in the independent sector and staffing both locum, and within our own staff groups to undertake additional in house waiting list initiatives.

**Diagnostics Waiting Times** target: No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests.

At the end of April, 11 patients out of 4,171 patients on the waiting list had waited more than 6 weeks, with 6 breaches being for Endoscopy tests and 5 for Imaging (MRI).

Assessment: The implementation of the recovery plan in 2018/19 for Radiology and Endoscopy, with funding secured from the Scottish Government, delivered improved performance. Sustaining the target will be a challenge due to demand exceeding available capacity. Discussions are ongoing with the Scottish Government about the level of additional funding available to sustainably meet the gaps in capacity for 2019/20.

**18 Weeks Referral-to-Treatment** target: 90% of planned/elective patients to commence treatment within 18 weeks of referral.

Performance against the 18 Weeks RTT Standard improved in April, to 80.9%, the highest since August 2018. The performance for 'Admitted' patients was 63.8%, the highest since May 2017.

Assessment: The 18 weeks performance has continued to be a challenge due to the performance in high volume outpatient specialities and TTG. Additional capacity has been put in place to reduce the waiting times for Audiology.

## Health & Social Care Partnership

**Delayed Discharge** target: No patient will be delayed in hospital for more than 2 weeks after being judged fit for discharge.

The overall number of patients in delay at the 25<sup>th</sup> April Census (excluding Code 9 patients – Adults with Incapacity) was 65, 16 less than at the March Census. Of these, 41 patients had been in delay for more than 14 days.

Assessment: The Partnership continues to rigorously monitor patient delays through a daily and weekly focus on transfers of care, flow and resources. Improvement actions have focused on earlier supported discharge and earlier transfers from our acute setting to community models of care. Close working with acute care continues in order to ensure available community resources are focused on the part of the system where most benefit can be achieved in terms of delays and flow.

**Smoking Cessation** target: In FY 2018/19, we will deliver a minimum of 490 post 12 weeks smoking quits in the 40% most deprived areas of Fife.

Data from the National Smoking Cessation Database shows that 331 people who attempted to stop smoking during the first 10 months of the FY (81% of the planned number at this point) had successfully quit at 12 weeks. Provisional information for the position at the end of Month 11 is that this figure has increased to 391.

Assessment: Support for Community Pharmacy data collection, which had suffered due to capacity issues, has recommenced after 6 months. The Specialist team has delivered tailored training to a few community pharmacy staff, while the Maternity stop smoking

specialist service has extended its service to Saturday provision to pick up pregnant women when they arrive at hospital.

**Child and Adolescent Mental Health Services (CAMHS)** target: At least 90% of clients will wait no longer than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services (note: performance is measured on a 3 month average basis).

During April, 68 out of 94 children and young people (72.3%) who started treatment did so within 18 weeks of referral. This was a 7.5% fall in comparison to March. The number of referrals to the service dropped significantly (to under 100), and this had a positive impact on the existing waiting list.

Assessment: Referrals to CAMHS continue to be significant. Ongoing initiatives around robust screening, positive signposting and engagement with partner agencies to increase the capacity of universal service providers has allowed specialist CAMHS to focus their provision on children and young people with complex, serious and persistent mental health needs.

Additional Primary Mental Health Workers, which will place mental health professionals alongside GPs, have been recruited as part of the SG Action 15 funding. This will provide early intervention, improve initial assessments and increase effectiveness of signposting thus reducing the overall burden on both GPs and the Tier 3 CAMH service.

Therapeutic Group programme has been established providing a rolling provision in West Fife, targeting those who have waited longest. Benefits of group provision allow larger numbers of children and young people to be supported by smaller numbers of staff.

**Psychological Therapies Waiting Times** target: At least 90% of clients will wait no longer than 18 weeks from referral to treatment for psychological therapies (note: performance is measured on a 3 month average basis).

During April, 304 out of 460 patients (66.1%) who started treatment did so within 18 weeks of referral. This was a 3.7% fall in comparison to March. The number of referrals to the service was the lowest in 2019 to date, but there was little change in the size or breakdown of the waiting list.

Assessment: Services providing brief therapies for people with less complex needs are meeting the RTT 100%; overall performance reflects the longer waits experienced by people with complex needs who require longer term treatment. We continue to address the needs of this population through service redesign with support from the ISD/HIS Mental Health Access Improvement Support Team.

The establishment of Community Mental Health Teams across Fife is progressing well and can be expected to contribute to the reduction of waiting times for the most complex patients once a multi-disciplinary team case management approach is fully operational.

In November 2018, the 'AT Fife' website was launched by the Psychology Service to facilitate self-referrals to low intensity therapy groups. This initiative will increase access to Psychological Therapies (PT) and reduce waiting times for people with mild-moderate difficulties. We anticipate that this new pathway will also free up capacity in specialist services to offer PT to people with more complex needs.

## Financial Performance

### Financial Position

The revenue position for the 2 months to 31 May reflects an overspend of £2.004m. This comprises an overspend of £1.937m on Health Board retained budgets; and an overspend of £0.067m aligned to the Health budgets delegated to the Integration Joint Board (IJB). At this point there has been no IJB risk share factored into the position.



The Acute Services Division has reported an overspend of £2.657m for the year to date, of which £0.697m 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 most significant challenge reported for the period is the level of savings identified and delivered.

### **Capital Programme**

The total Capital Resource Limit for 2019/20 is £7.394m. The capital position for the 2 months to May shows investment of £0.129m, equivalent to 1.74% of the total allocation. Plans are in place to ensure the Capital Resource Limit is utilised in full.

# Performance Summary

Status	Definition	Direction of Travel	Definition
GREEN	Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)	↑	Performance improved from previous
AMBER	Performance is behind (but within 5% of) the Standard or Delivery Trajectory	↓	Performance worsened from previous
RED	Performance is more than 5% behind the Standard or Delivery Trajectory	↔	Performance unchanged from previous

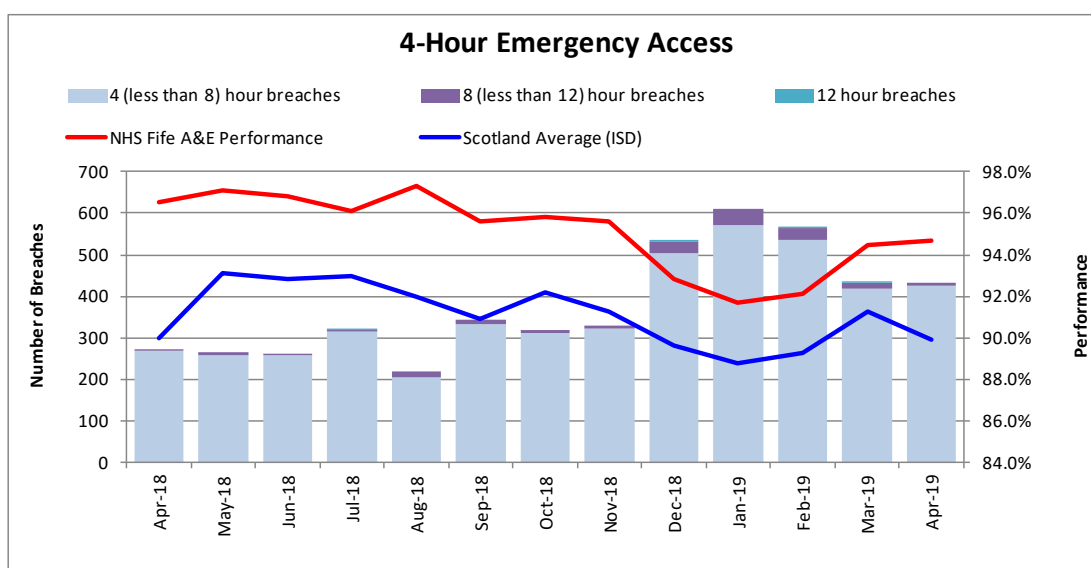
Section	RAG	Standard	Quality Aim	Target for 2018-19	Performance Data					FY 2019-20 to Date	National Comparison (with other 10 Mainland Boards)			
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel		Period	Performance	Rank	Scotland
Finance, Performance and Resources	GREEN	IVF Treatment Waiting Times	Person-centred	90.0%	Apr 2019	100.0%	Mar 2019	100.0%	↔	100.0%	Treatment provided by Regional Centres so no comparison applicable			
		Outpatients Waiting Times	Clinically Effective	95.0%	Apr 2019	98.0%	Mar 2019	98.0%	↔	N/A	End of March	98.2%	1st	75.0%
		Antenatal Access	Clinically Effective	80.0%	Feb 2019	86.1%	Jan 2019	93.6%	↓	91.5%	Only published annually: NHS Fife was 7th for FY 2017-18			
		Drugs & Alcohol Treatment Waiting Times	Clinically Effective	90.0%	Feb 2019	94.1%	Jan 2019	87.0%	↑	N/A	q/e Dec 2018	96.8%	4th	93.9%
		Alcohol Brief Interventions	Clinically Effective	4,187	FY 2018/19	4,601	Apr to Dec 2018	2,873	↑	N/A	Only published annually: NHS Fife was 8th for FY 2017-18			
	AMBER	4-Hour Emergency Access *	Clinically Effective	95.0%	Apr 2019	94.7%	Mar 2019	94.5%	↑	94.7%	y/e Mar 2019	95.2%	3rd	91.2%
		Diagnostics Waiting Times	Clinically Effective	100.0%	Apr 2019	99.7%	Mar 2019	99.9%	↓	N/A	End of March	99.9%	1st	84.0%
		Dementia Post-Diagnostic Support	Person-centred	100.0%	2017/18	85.3%	2016/17	88.2%	↓	N/A	Only published annually: NHS Fife was 6th for FY 2016/17			
	RED	Dementia Referrals	Person-centred	1,327	Apr to Dec 2018	586	Apr to Sep 2018	406	↓	586	Only published annually: NHS Fife was 3rd for FY 2016/17			
		Cancer 31-Day DTT	Clinically Effective	95.0%	Apr 2019	89.9%	Mar 2019	96.0%	↓	89.9%	q/e Dec 2018	95.6%	6th	94.9%
		Cancer 62-Day RTT	Clinically Effective	95.0%	Apr 2019	84.4%	Mar 2019	75.6%	↑	84.4%	q/e Dec 2018	87.1%	4th	82.7%
		18 Weeks RTT	Clinically Effective	90.0%	Apr 2019	80.9%	Mar 2019	76.9%	↑	80.9%	Mar-19	76.9%	7th	77.3%
		Patient TTG	Person-centred	100.0%	Apr 2019	87.6%	Mar 2019	78.8%	↑	87.6%	q/e Mar 2019	69.1%	6th	68.4%
		Detect Cancer Early	Clinically Effective	29.0%	2 years to Dec 18	25.5%	2 years to Sep 18	24.9%	↑	27.6%	Only published annually: NHS Fife was 6th for 2-year period 2016 and 2017			
		Delayed Discharge (Delays > 2 Weeks)	Person-centred	0	25th Apr Census	41	28th Mar Census	43	↑	N/A	28th Mar Census	11.58	7th	9.60
		Smoking Cessation	Clinically Effective	490	Apr 18 to Jan 19	331	Apr to Dec 2018	290	↓	331	q/e Dec 2018	59.2%	5th	63.6%
		CAMHS Waiting Times	Clinically Effective	90.0%	Apr 2019	72.3%	Mar 2019	79.8%	↓	72.3%	q/e Mar 2019	72.8%	7th	73.6%
		Psychological Therapies Waiting Times	Clinically Effective	90.0%	Apr 2019	66.1%	Mar 2019	69.8%	↓	66.1%	q/e Mar 2019	67.6%	10th	77.4%

\* The 4-Hour Emergency Access performance in April was 94.7% (all A&E and MIU sites) and 92.6% (VHK A&E, only)

## Performance Drill Down – Acute Services Division

### 4-Hour Emergency Access

<b>Measure</b>	<b>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</b>	
<b>Current Performance</b>	94.7% in April	
<b>Scotland Performance</b>	89.9% in April	

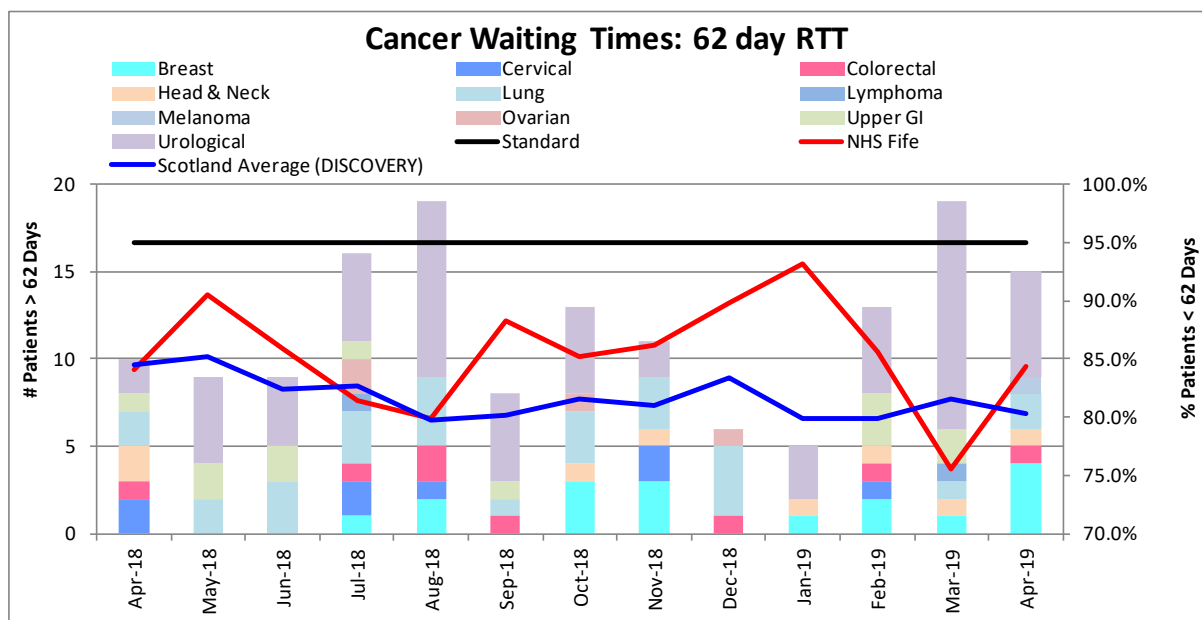


Previous 3 Reporting Periods	January 2019		February 2019		March 2019	
	91.7%	↓	92.1%	91.7%	↓	92.1%
<b>Current Issues</b>	Variability in delivery of the access target					
<b>Context</b>	Chart showing monthly rather than rolling 12-monthly performance Consistently above the Scottish average 3 <sup>rd</sup> best Mainland Health Board performance over the whole of FY 2018/19					

Key Actions for Improvement	Planned Benefits	Due By	Status
Review of Referrals and Assessment process	Improved support for GPs to ensure appropriate hospital admission referrals	Jun 2019	Refer to Page 3
New admissions to the acute medical receiving unit – review of assessment processes in hospital (initial changes to be incorporated from 5 <sup>th</sup> June)	Improvement in patient flow Reduced length of stay by increasing capacity by 1 trolley space	Jun 2019	Refer to Page 3
Monitoring of 4-hour breaches <i>Note: Action wording changed to focus on 4-hour breaches and not 8-hour breaches</i>	Identify trends with a view to revising pathways for patient benefit	Jun 2019	Refer to Page 3
Addressing variability of ED performance in relation to 4 hour breaches	Achieving breach performance targets	Aug 2019	Refer to Page 3

## Cancer Treatment Waiting Times: 62-Day RTT

<b>Measure</b>	<b>At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days of urgent referral</b>	
<b>Current Performance</b>	84.4% of patients (81 out of 96) started treatment in April within 62 days	
<b>Scotland Performance</b>	80.3% of patients started treatment within 62 days in April	

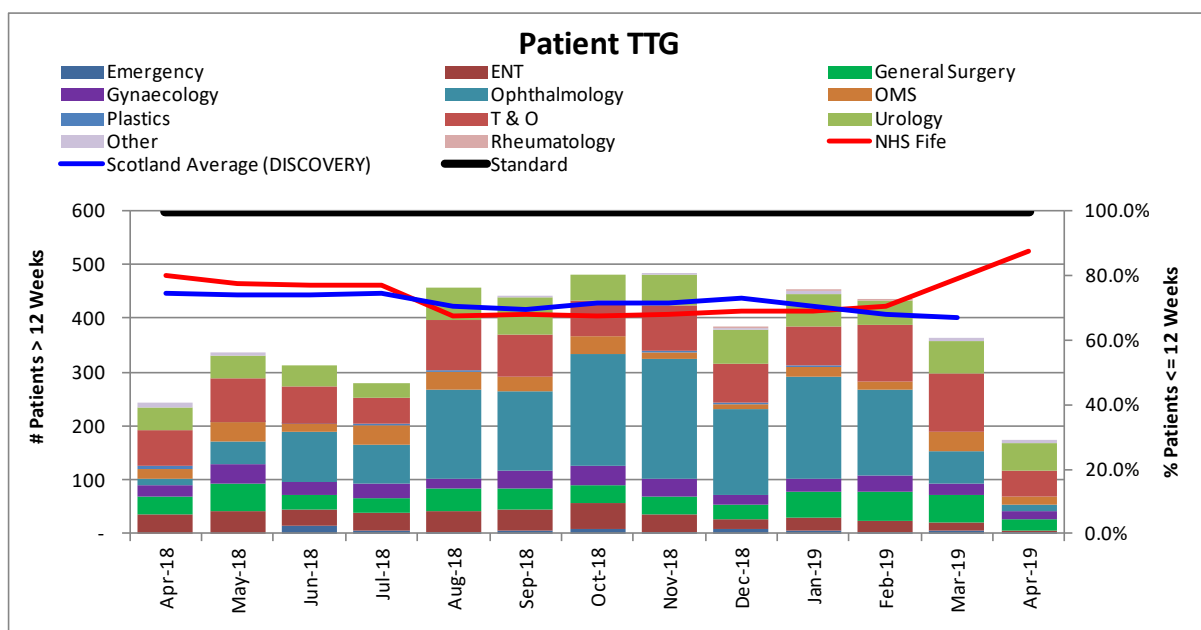


Previous 3 Months	January 2019		February 2019		March 2019	
	93.1%	↑	85.6%	↓	75.6%	↓
<b>Current Issues</b>	Challenges with Urology prostate pathway and processes Delay to SABR in Lung Delay to TRUS biopsy for prostate patients Waits to surgery for bladder and renal Staffing issues within the breast service due to retirement					
<b>Context</b>	Standard last achieved in October 2017 Above Scotland average in 10 out of last 12 months 4 <sup>th</sup> best performing Mainland Health Board during final quarter of 2018					

Key Actions for Improvement	Planned Benefits	Due By	Status
Train 2 <sup>nd</sup> consultant in lap nephrectomy (Urology)	Increased capacity and reduced vulnerability to service	Nov 2019	Refer to Page 3
Urology Improvement Group set up to focus on improving the prostate pathway	Improved (and sustained) performance	Oct 2019	Refer to Page 3
Introduction of cancer performance improvement action plan	Mitigation of risks of breach	May 2019	Refer to Page 3

## Patient Treatment Time Guarantee

<b>Measure</b>	<b>We will ensure that all eligible patients receive Inpatient or Day Case treatment within 12 weeks of such treatment being agreed</b>	
<b>Current Performance</b>	174 patient breaches (out of 1,398 patients treated) in April (87.6% within the guarantee time)	
<b>Scotland Performance</b>	68.4% of patients treated within 12 weeks in first quarter of 2019	

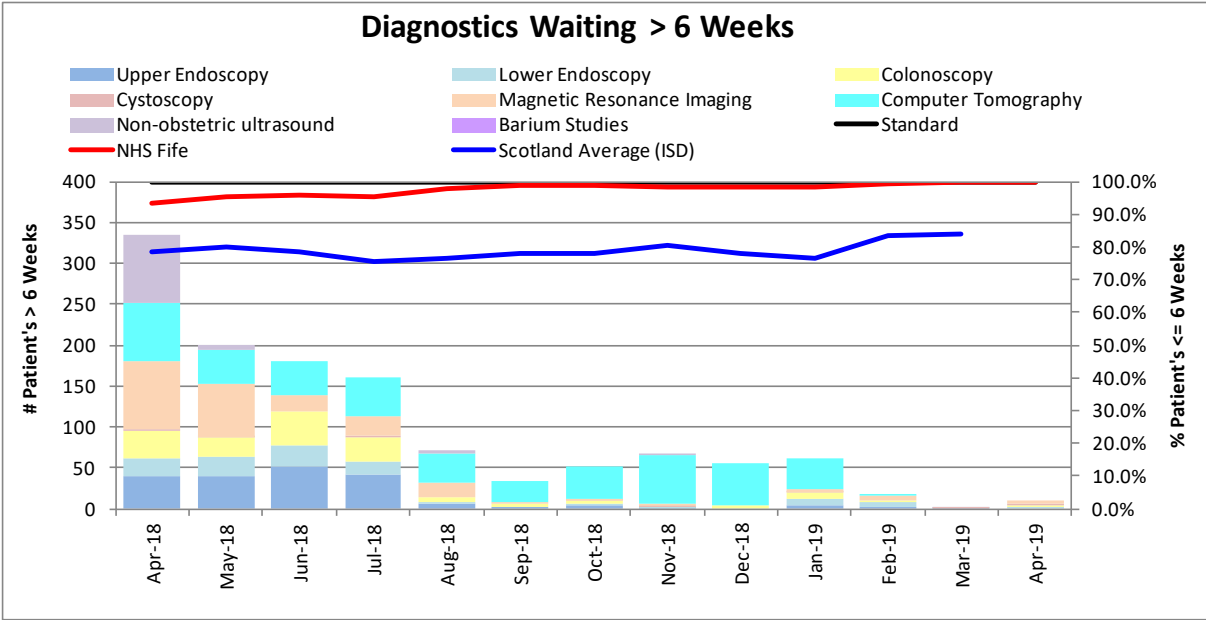


Previous 3 Months	January 2019		February 2019		March 2019	
	68.7%	↓	70.5%	↑	78.5%	↑
<b>Current Issues</b>	Recurring gap in elective inpatient and daycase capacity Unable to deliver the level of outsourced activity for Urology					
<b>Context</b>	NHS Fife performance generally very close to Scottish average, though positive gap has emerged in last two months					

Key Actions for Improvement	Planned Benefits	Due By	Status
Secure resources to deliver waiting times improvement plan for 19/20	Elective projected performance delivered	May 2019	Confirmation of resources awaited Refer to Page 3

Diagnostics Waiting Times

Measure	No patient will wait more than 6 weeks to receive one of the 8 key diagnostic tests	
Current Performance	99.7% of patients waiting no more than 6 weeks at end of April	
Scotland Performance	84.0% of patients waiting no more than 6 weeks at end of March	

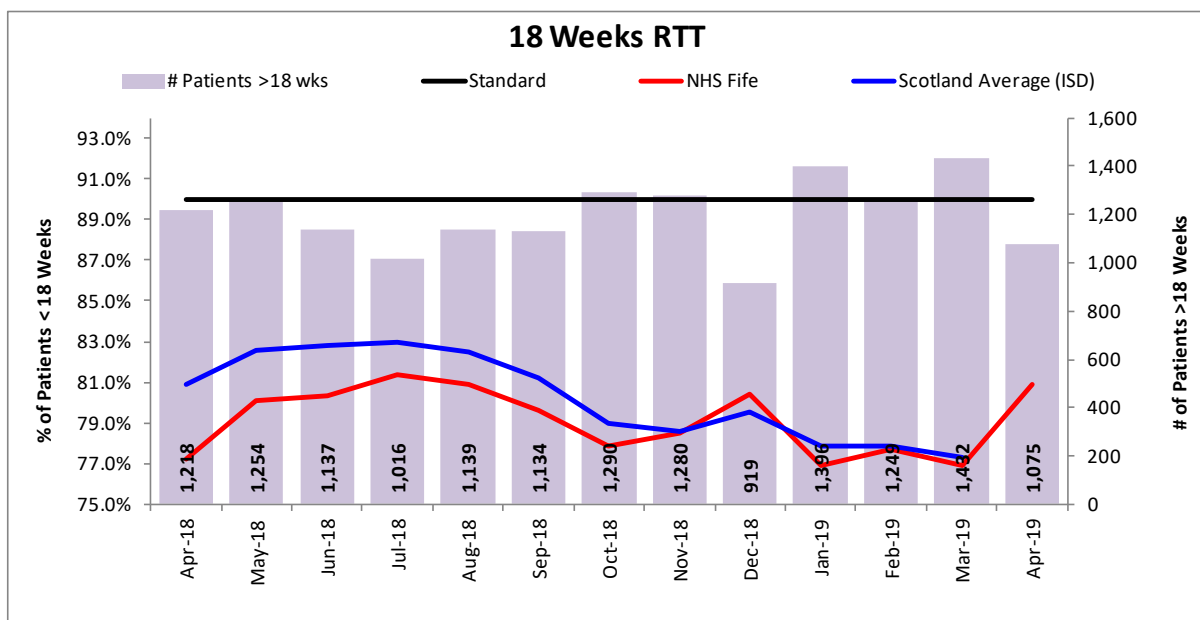


Previous 3 Months	January 2019		February 2019		March 2019	
	98.2%	↓	99.5%	↑	99.9%	↑
Current Issues	Radiology Consultant , radiographer and sonographer vacancies, increased demand for MRI, Ultrasound and specialist cardiac and colon CT Reporting capacity Variable capacity for additional Ultrasound Increase in demand from bowel screening					
Context	Standard last achieved in April 2016, but very small breach numbers at end of March and April Best performing Mainland Health Board at the end of March					

Key Actions for Improvement	Planned Benefits	Due By	Status
Secure resources to deliver waiting times improvement plan for 19/20	Radiology diagnostic performance delivered projected	May 2019	Confirmation of resources awaited Refer to Page 3

## 18 Weeks Referral-to-Treatment

<b>Measure</b>	<b>90% of planned/elective patients to commence treatment within 18 weeks of referral</b>
<b>Current Performance</b>	80.9% of patients started treatment within 18 weeks in April
<b>Scotland Performance</b>	77.3% of patients started treatment within 18 weeks in March



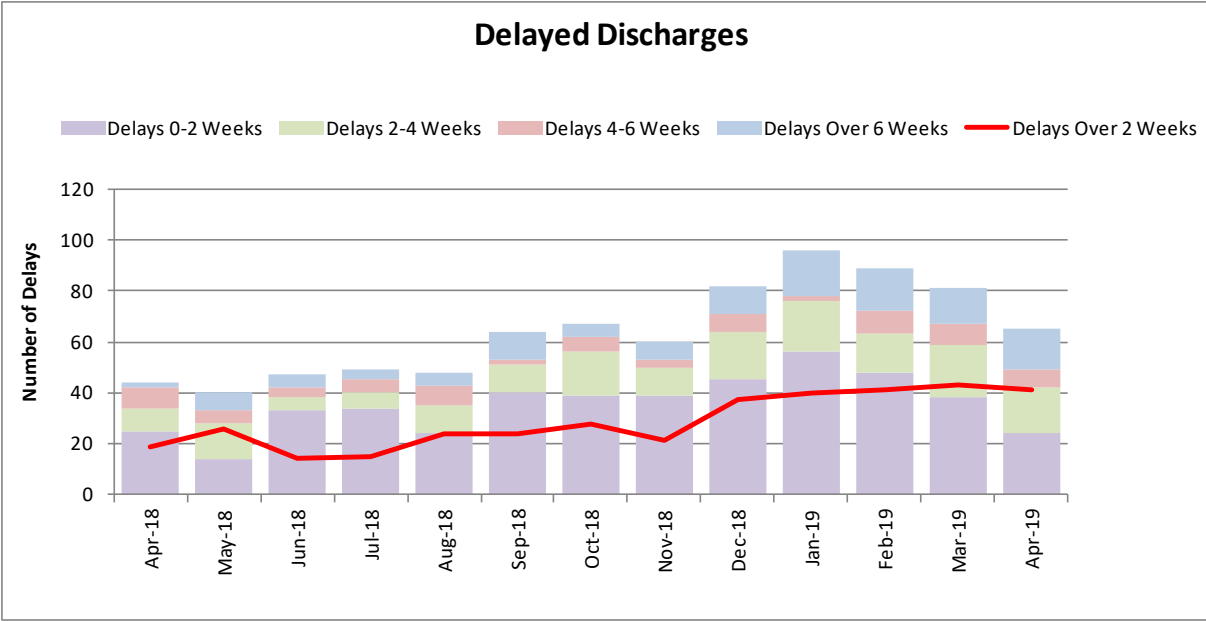
Previous 3 Months	January 2019		February 2019		March 2019	
	76.9%	↓	77.7%	↑	76.9%	↓
<b>Current Issues</b>	The previous challenges with performance in Outpatients are impacting on non-admitted and admitted pathway performance The challenges in TTG performance is impacting on admitted pathway performance					
<b>Context</b>	Standard last achieved in September 2016 Consistently below the Scottish average 7 <sup>th</sup> out of 11 Mainland Health Boards in March					

Key Actions for Improvement	Planned Benefits	Due By	Status
The Recovery Plan for 18 Weeks RTT is covered by the delivery of the Patient Treatment Time Guarantee, Diagnostics and Outpatient Waiting Times Recovery Plans; there are no new specific actions			

Performance Drill Down – Health & Social Care Partnership

Delayed Discharge

Measure	No patient will be delayed in hospital for more than 2 weeks after being judged fit for discharge
Current Performance	41 patients in delay for more than 14 days at April Census – this equates to 11.02 patients per 100,000 population in NHS Fife
Scotland Performance	9.60 patients per 100,000 population at March census



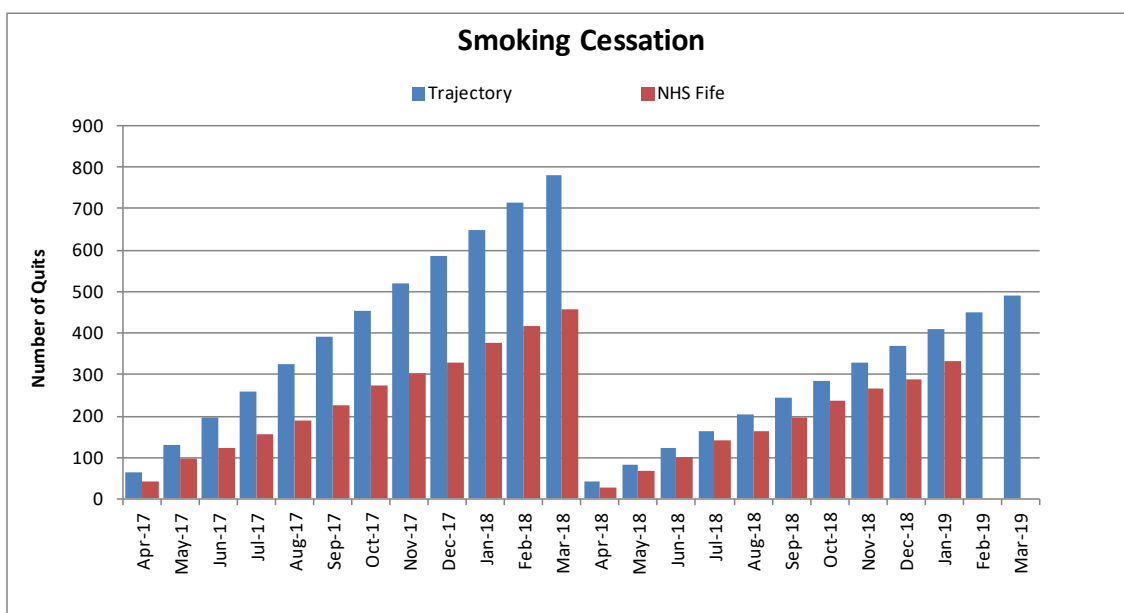
Previous 3 Months	January 2019		February 2019		March 2019	
	40	↓	41	↓	43	↓
Current Issues	Increasing number of patients in delay					
Context	Never met 14-day target 7 <sup>th</sup> lowest delays over 2 weeks (per 100,000 population) of all Mainland Health Boards, at March Census					

Key Actions for Improvement	Planned Benefits	Due By	Status
Test a trusted assessors model within VHK for patients transferring to STAR/assessment beds	Reduced Length of Stay Smoother person centred transitions	May 2019	Refer to Page 3
Manage community flow and planned reduction of surge beds to ensure performance maintained	Better management of occupancy and demand for community beds throughout winter	Apr 2019	Refer to Page 3
Review timescales of social work assessments	Reduced Length of Stay	Apr 2019	Refer to Page 3



## Smoking Cessation

<b>Measure</b>	<b>In FY 2018/19, we will deliver a minimum of 490 post 12 weeks smoking quits in the 40% most deprived areas of Fife</b>
<b>Current Performance</b>	331 successful quits in first 10 months of the year (68% of annual target)
<b>Scotland Performance</b>	4,810 successful quits at end of Q3, 63.6% of target

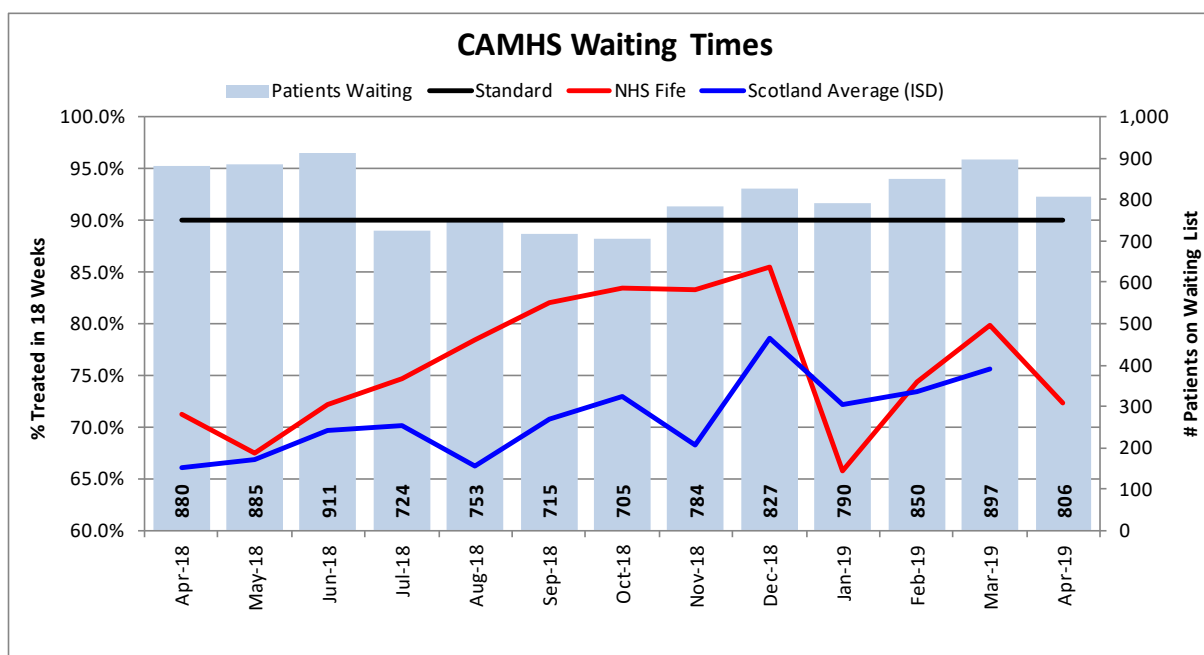


Previous 3 Months	October 2018		November 2018		December 2018	
	237	↓	267	↓	290	↓
<b>Current Issues</b>	Ongoing issues with the In-reach work with the mobile unit due to mechanical issues with the vehicle					
<b>Context</b>	Lower quit target (490) has been set for FY 2018/19 by the Scottish Government Current achievement for FY 2018/19 is behind the Scottish average					

Key Actions for Improvement	Planned Benefits	Due By	Status
Outreach development with Gypsy Travellers in Thornton	Increased service reach and engagement with minority group	Aug 2019	Refer to Page 3
Test newly approved temporary abstinence paperwork in the acute setting	Robust and effective pathways and prescribing guidance Increase in number of patients being routinely offered Nicotine Replacement Therapy	Oct 2019	Refer to Page 3
In collaboration with Respiratory Consultant test the effectiveness and efficiency of Champix prescribing at point of contact within hospital respiratory clinic	Increased opportunities for patients to access Champix at point of contact, supporting patients to quit	Dec 2019	Refer to Page 3
'Better Beginnings' antenatal class for pregnant women on Saturday mornings	Increased engagement and raised awareness of the impact of second hand smoke on both the foetus and mother	Dec 2019	Refer to Page 3

## CAMHS Waiting Times

<b>Measure</b>	<b>At least 90% of clients will wait no longer than 18 weeks from referral to treatment for specialist Child and Adolescent Mental Health Services</b>	
<b>Current Performance</b>	72.3% of children and young people started treatment within 18 weeks in April	
<b>Scotland Performance</b>	73.6% of patients started treatment within 18 weeks during FY 2018/19 Q4	

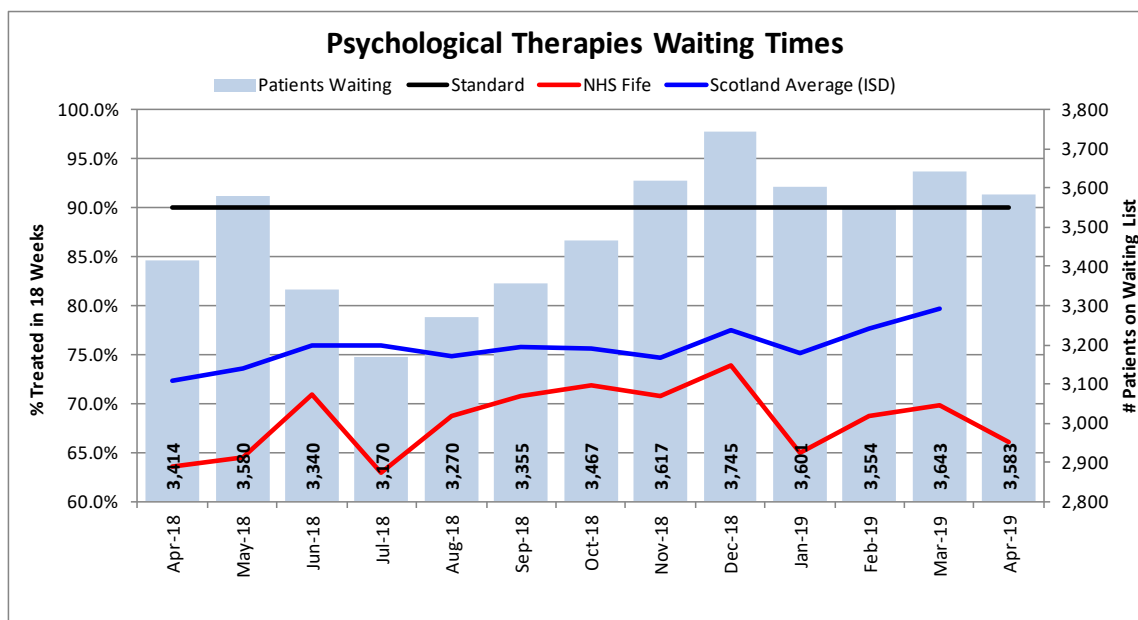


Previous 3 Reporting Periods	January 2019		February 2019		March 2019	
	65.7%	↓	74.3%	↑	79.8%	↑
<b>Current Issues</b>	Volume of referrals to service stretching available capacity Resilience to manage staff absence without impacting on performance					
<b>Context</b>	Chart now displaying monthly performance, to better illustrate variation Below Standard since May 2014 7 <sup>th</sup> out of the 11 Mainland Health Boards for the quarter ending March					

Key Actions for Improvement	Planned Benefits	Due By	Status
Development of PMHW First Contact Appointment	Reduction of burden on GPs and the Tier 3 CAMH service	Jun 2019	Refer to Page 3
Development of Tier 3 Initial Assessment Appointment	Improved screening and signposting for treatment options	Jun 2019	Refer to Page 3
Development of Tier 3 Therapeutic Group Programme	Improved access to therapeutic intervention (additional provision for approximately 380 children per annum)	Jun 2019	Refer to Page 3

## Psychological Therapies Waiting Times

<b>Measure</b>	<b>At least 90% of clients will wait no longer than 18 weeks from referral to treatment for Psychological Therapies (PT)</b>	
<b>Current Performance</b>	66.1% of patients started treatment within 18 weeks of referral in April	
<b>Scotland Performance</b>	77.4% of patients started treatment within 18 weeks during FY 2018/19 Q4	



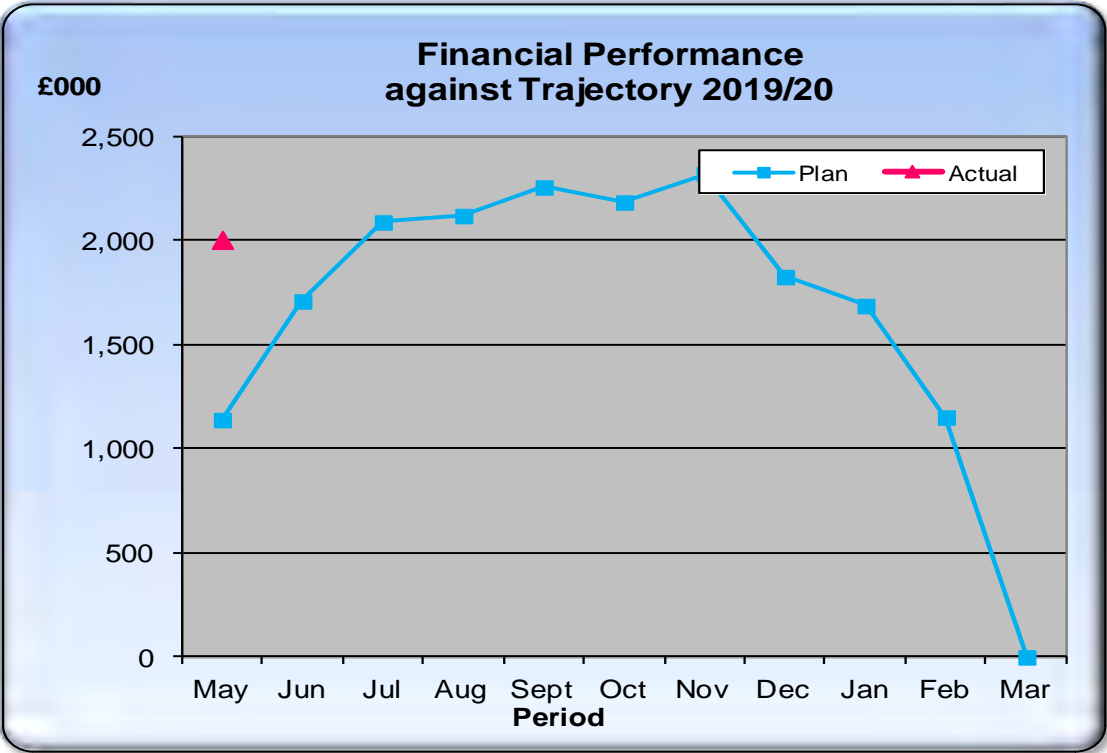
Previous 3 Reporting Periods	January 2019		February 2019		March 2019	
	65.0%	↓	68.7%	↑	69.8%	↑
<b>Current Issues</b>	Delivery of PTs across services requires further integration to enhance efficiency					
<b>Context</b>	Chart now displaying monthly performance, to better illustrate variation Never met Standard; monthly performance normally between 65% and 75% 10 <sup>th</sup> out of the 11 Mainland Health Boards for the quarter ending March					

Key Actions for Improvement	Planned Benefits	Due By	Status
Develop enhanced PT Strategy, reflecting new opportunities within H&SC integration	Increased capacity and efficiency of PT delivery within matched care model	Aug 2019	Refer to Page 3
QI work for 2019 : evaluation of impact of self-referral on capacity and demand to inform further development of group/self-referral PT options	Improved quality and efficiency of PT services	Dec 2019	Refer to Page 3
Development of CMHTs to provide PTs within MDT approach for people with complex needs	PTs provided in line with evidence base within holistic package of care; improved patient flow	Dec 2019	Refer to Page 3
Development of Personality Disorder pathway and Unscheduled Care Service	PTs for people with urgent and complex needs provided within integrated multi-agency approach; reduce delays and improve patient safety	Dec 2019	Refer to Page 3

Performance Drill Down – Financial Performance

Revenue Expenditure

Measure	Health Boards are required to work within the revenue resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD).
In year position	£2.004 overspend
Outturn position	Target of breakeven



	Year end outturn 2018/19	May 2019
Revenue Resource Limit		
Actual (in-year position)	£0.219m under spend	£2.004m overspend
Plan (in-year position)	Breakeven	£1.139 overspend
Forecast Outturn position	£0.219m under spend	Breakeven (target)

Commentary

The revenue position for the 2 months to 31 May reflects an overspend of £2.004m. This comprises an overspend of £1.937m on Health Board retained budgets; and an overspend of £0.067m aligned to the Health budgets delegated to the Integration Joint Board (IJB). At this point there has been no IJB risk share factored into the position.

The Acute Services Division has reported an overspend of £2.657m for the year to date, of

which £0.697m 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 most significant challenge reported for the period is the level of savings identified and delivered.

## 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 3 June 2019 NHS Fife received confirmation of May core revenue and core capital allocation amounts. The revised core revenue resource limit (RRL) has been confirmed at £661.827m. 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 May is therefore £754.999m.

## 3. Summary Position

- 3.1 At the end of May, NHS Fife is reporting an overspend of £2.004m against the revenue resource limit. Table 1 below provides a summary of the position across the constituent parts of the system: an overspend of £1.937m is attributable to Health Board retained budgets; and an overspend of £0.067m 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 £2,657m, driven largely as a result of non delivery of savings (£1.680m);
- 3.2.2 The aforementioned Acute Division overspend includes £0.697m 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 Under spends across Estates & Facilities and Corporate Directorates;

**Table 1: Summary Financial Position for the period ended May 2019**

Memorandum	Budget			Expenditure			Variance split by	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
<b>Health Board</b>	406,659	414,445	65,587	67,524	1,937	2.95%	170	1,767
<b>Integration Joint Board - Health</b>	339,437	340,554	58,034	58,101	67	0.12%	-732	799
<b>Total</b>	<b>746,096</b>	<b>754,999</b>	<b>123,621</b>	<b>125,625</b>	<b>2,004</b>	<b>1.62%</b>	<b>-562</b>	<b>2,566</b>

	Budget			Expenditure			Variance split by	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	190,685	192,193	33,448	36,105	2,657	7.94%	977	1,680
IJB Non-delegated	8,195	8,212	1,383	1,377	-6	-0.43%	-15	9
Estates & Facilities	71,796	71,810	11,882	11,505	-377	-3.17%	-436	59
Board Admin & Other Services	51,704	66,041	20,910	20,686	-224	-1.07%	-243	19
Non Fife & Other Healthcare Providers	84,462	84,462	14,066	14,406	340	2.42%	340	0
Financial Flexibility & Allocations	24,355	30,416	460	0	-460	-100.00%	-460	0
<b>Health Board</b>	<b>431,197</b>	<b>453,134</b>	<b>82,149</b>	<b>84,079</b>	<b>1,930</b>	<b>2.35%</b>	<b>163</b>	<b>1,767</b>
Integration Joint Board - Core	365,330	384,025	66,359	66,422	63	0.09%	-736	799
Integration Fund & Other Allocations	12,620	5,901	0	0	0	0.00%	0	0
<b>Sub total Integration Joint Board Core</b>	<b>377,950</b>	<b>389,926</b>	<b>66,359</b>	<b>66,422</b>	<b>63</b>	<b>0.09%</b>	<b>-736</b>	<b>799</b>
IJB Risk Share Arrangement	0	0	0	0	0	0.00%	0	0
<b>Total Integration Joint Board - Health</b>	<b>377,950</b>	<b>389,926</b>	<b>66,359</b>	<b>66,422</b>	<b>63</b>	<b>0.09%</b>	<b>-736</b>	<b>799</b>
<b>Total Expenditure</b>	<b>809,147</b>	<b>843,060</b>	<b>148,508</b>	<b>150,501</b>	<b>1,993</b>	<b>1.34%</b>	<b>-573</b>	<b>2,566</b>
IJB - Health	-38,513	-49,372	-8,325	-8,321	4	-0.05%	4	0
Health Board	-24,538	-38,689	-16,562	-16,555	7	-0.04%	7	0
Miscellaneous Income	-63,051	-88,061	-24,887	-24,876	11	-0.04%	11	0
<b>Net position including income</b>	<b>746,096</b>	<b>754,999</b>	<b>123,621</b>	<b>125,625</b>	<b>2,004</b>	<b>1.62%</b>	<b>-562</b>	<b>2,566</b>

#### 4. Operational Financial Performance for the year

##### Acute Services

- 4.1 The Acute Services Division reports a net overspend of £2.657m for the year to date. This reflects an overspend in operational run rate performance of £0.977m, and unmet savings of £1.680m. Within the run rate performance, pay is overspent by £0.792m. 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 and incremental progression. Balancing finance and other performance targets across the Acute Services whilst seeking to identify recurring efficiency savings proved challenging.

##### Estates & Facilities

- 4.2 The Estates and Facilities budgets report an under spend of £0.377m which can be broken down into under spend of £0.377m on run rate and unmet savings of £0.059m. 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 under spend of £0.224m. This comprises an under spend on run rate of £0.243m as offset by unmet savings of £0.019m. 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 £0.340m. 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 overspend of £0.067m for the year to date. This position comprises an under spend in the run rate performance of £0.732m; together with unmet savings of £0.799m. 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.

#### Income

- 4.7 A small under recovery in income of £0.011m 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 2 below.

**Table 2: Summary Subjective Expenditure Analysis for the period ended May 2019**

	Annual Budget	Budget	Actual	Net over/ (under) spend
<b>Pan-Fife Analysis</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Pay	350,514	61,218	61,283	65
GP Prescribing	74,106	12,496	12,814	318
Drugs	31,464	5,676	5,123	-553
Other Non Pay	366,077	71,224	71,281	57
IJB Risk Share	0	0	0	0
Efficiency Savings	-15,418	-2,566	0	2,566
Commitments	36,317	460	0	-460
Income	-88,061	-24,887	-24,876	11
<b>Net underspend</b>	<b>754,999</b>	<b>123,621</b>	<b>125,625</b>	<b>2,004</b>

#### Pay

- 5.2 The overall pay budget reflects an overspend of £0.065m. There are under spends across a number of staff groups which partly offset the overspend position within medical and dental staff; the latter being largely driven by the additional cost of supplementary staffing to cover vacancies and also nursing.
- 5.3 Against a total funded establishment of 7,636 wte across all staff groups, there was 7,726 wte staff in post in May.



Drugs & Prescribing

- 5.4 Across the system, there is a net under spend of £0.235m on medicines of which an overspend of £0.318m is attributable to GP Prescribing and an under spend of £0.553m relating to sexual health and rheumatology drugs. The GP prescribing position is based on 2018/19 trend analysis in the absence of 2019/20 information.

Other Non Pay

- 5.5 Other non pay budgets across NHS Fife are collectively overspent by £0.057m. The overspends are in purchase of healthcare and other admin supplies. These are offset by under spends across a number of areas including surgical sundries and energy.

## 6 Financial Sustainability

- 6.1 The Financial Plan presented to the Board March highlighted the requirement for £17.333m cash efficiency savings to support financial balance in 2019/20. The extent of the recurring / non recurring delivery for the year is illustrated in Table 3 below.

**Table 3: 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	42	204	246	10,627
Integration Joint Board	6,460	1,335	334	1,669	4,791
<b>Total Savings</b>	<b>17,333</b>	<b>1,377</b>	<b>538</b>	<b>1,915</b>	<b>15,418</b>

## 7 Key Messages / Risks

- 7.1 At this point in the financial year the main issue is the non-delivery/identification of savings.
- 7.2 There has been no recognition within the May 2019 position of any financial implications of the risk share arrangement as set out in the Integration Scheme for the Fife Integration Joint Board. This follows on from the Finance, Performance & Resources Committee agreement in their March meeting on the need to review the application of the various steps described in the Integration Scheme to manage any overspend on the overall IJB position

## 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 £2.004m for the year to 31 May 2019



**Appendix 1 – Core Revenue Resource Limit**

		Baseline Recurring	Earmarked Recurring	Non- Recurring	Total	Narrative
		£'000	£'000	£'000	£'000	
Jun-19	Baseline	661,383			661,383	
	2018-19 recurring allocations adjustments	1,369			1,369	
	Continuation of the Preoperative Anaemia Workstream			43	43	
	The Health and Care (Staffing) (Scotland) Bill			64	64	
	Implementation costs for HPV Boys Vaccinations			18	18	
	Funding for forensics medical examination			54	54	Service started last year
	SLA Children's Hospices			-408	-408	Year 3 of 5
	Forensic Medical Examiners and Custody Suite Service	-696			-696	Agreed by SEAT Directors of Finance
	<b>Total Core Revenue Allocation</b>	<b>662,056</b>	<b>0</b>	<b>-229</b>	<b>661,827</b>	

**Appendix 2 – Anticipated Core Revenue Resource Limit Allocations**

	£'000
Outcomes Framework	3,972
CAMHS Regional post	35
Distinction Awards	230
Research & development	881
NSS Discovery	-39
NDC Contribution	-842
Community Pharmacy Pre-Reg Training	-44
Patient Advice & Support Service	-40
New Medicine Fund	3,005
Golden Jubilee SLA	-24
Realistic Medicines	21
Superannuation April & May	2,433
Waiting List	6,700
NSD risk share	-2,566
Scotstar	-321
PAT scan	-477
Depreciation to Non-core	-12,820
Primary Medical Services	50,114
Mental Health Bundle	620
Primary Medical Services Bundle	1,718
Salaried Dental	2,100
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
FNP	934
Men C	-16
Primary Care Fynd GP sub Committee	34
ADP	1,157
Primary Care Improvement Fund	2,520
Action 15 Mental Health strategy	524
<b>Total</b>	<b>59,340</b>

**Appendix 3 - Anticipated Non Core Revenue Resource Limit Allocations**

	<b>£'000</b>
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
<b>Total</b>	<b>33,832</b>

**Appendix 4 - Corporate Directorates**

<b>Cost Centre</b>	<b>CY Budget £'000</b>	<b>YTD Budget £'000</b>	<b>YTD Actuals £'000</b>	<b>YTD Variance £'000</b>
E Health Directorate	9,881	1,629	1,629	0
Nhs Fife Chief Executive	200	38	39	1
Nhs Fife Finance Director	4,908	834	772	-62
Nhs Fife Hr Director	2,920	504	481	-23
Nhs Fife Medical Director	6,142	839	825	-14
Nhs Fife Nurse Director	3,143	530	503	-27
Nhs Fife Planning Director	1,855	327	284	-43
Legal Liabilities	16,135	12,773	12,724	-49
Public Health	1,813	313	305	-8
Early Retirements & Injury Benefits	806	134	134	0
External & Internal Audit	151	25	26	1
Regional Funding	161	61	61	0
Depreciation	17,926	2,903	2,903	0
<b>Total</b>	<b>66,041</b>	<b>20,910</b>	<b>20,686</b>	<b>-224</b>

# Appendix 5 – Non Fife & Other Healthcare Providers

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
<b>Health Board</b>				
Ayrshire & Arran	93	15	9	-6
Borders	43	7	8	1
Dumfries & Galloway	24	4	6	2
Forth Valley	3,025	505	541	36
Grampian	342	57	51	-6
Highland	129	21	35	14
Lanarkshire	109	18	25	7
Scottish Ambulance Service	96	16	17	1
Lothian	30,013	5,002	4,866	-136
Greater Glasgow	1,575	263	271	8
Tayside	38,985	6,497	6,457	-40
	74,434	12,405	12,286	-119
<b>UNPACS</b>				
Health Boards	8,064	1,344	1,733	389
Private Sector	1,209	202	269	67
	9,273	1,546	2,002	456
OATS	690	115	118	3
Grants	65	0	0	0
<b>Total</b>	<b>84,462</b>	<b>14,066</b>	<b>14,406</b>	<b>340</b>

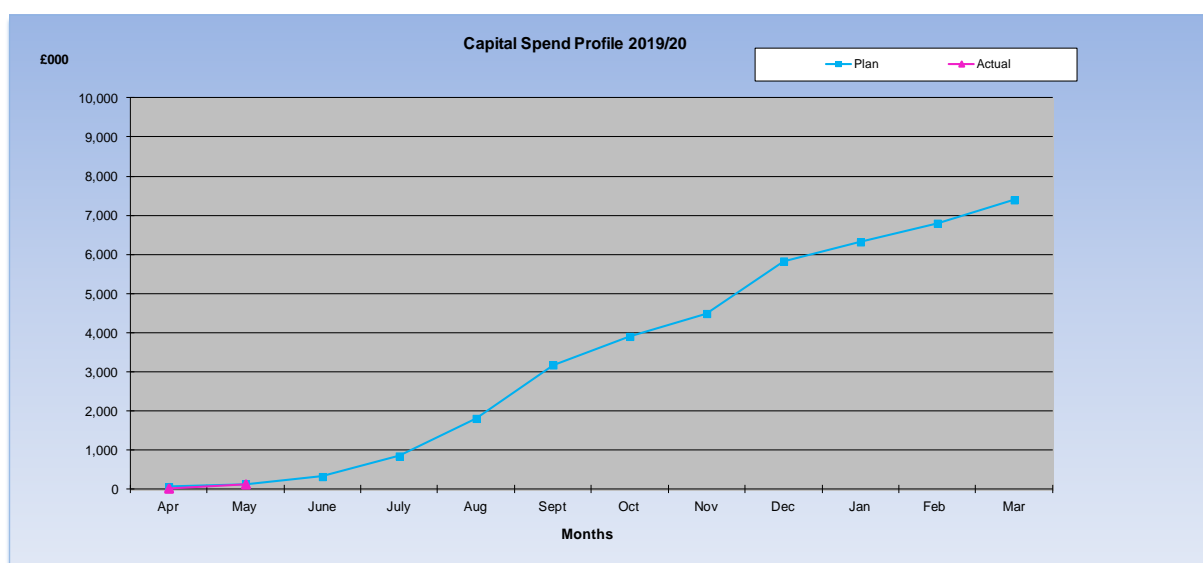
## Appendix 6 – Financial Flexibility and Allocations

	Financial Flexibility £'000	Released to May-19 £'000
<b>Financial Plan</b>		
Drugs	5,024	0
Complex Weight Management	50	0
Adult Healthy Weight	104	0
Trainee Growth	0	0
National Specialist Services	333	0
Band 1's	307	25
Unitary Charge	263	10
Junior Doctor Travel	119	0
Consultant Increments	50	8
Discretionary Points	231	0
Cost pressures	5,109	410
Financial Flexibility	938	7
<b>Subtotal Financial Plan</b>	<b>12,528</b>	<b>460</b>
<b>Allocations</b>		
Health Improvement	112	0
AME Impairments	8,000	0
AME Provisions	2,000	0
Pay Awards	1,398	0
Distinction Awards	37	0
Waiting List	6,178	0
Continuation of the Preoperative Anaemia Workstream	43	0
The Health and Care (Staffing) (Scotland) Bill	64	0
CAMHS Post	35	0
Realistic Medicines	21	0
<b>Subtotal Allocations</b>	<b>17,888</b>	<b>0</b>
<b>Total</b>	<b>30,416</b>	<b>460</b>

## Performance Drill Down – Capital Expenditure

### Capital Expenditure

Measure	<i>Health Boards are required to work within the capital resource limits set by the Scottish Government Health &amp; Social Care Directorates (SGHSCD).</i>
In year position	<i>£0.129m spend at Month 2</i>
Outturn position	<i>£7.394m spend</i>



### Commentary

The total Capital Resource Limit for 2019/20 is £7.394m. The capital position for the 2 months to May shows investment of £0.129m, equivalent to 1.74% 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 due to complete 5<sup>th</sup> August 2019;
- Fair Isle Clinic – Under offer;
- Skeith Land – preparing to market; and

- ADC – Property now being actively marketed

2.2 The property at ADC is currently occupied and therefore not yet valued at open market value.

### 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 £0.129m or 1.74% 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	£0.090m
Minor Works	£0.013m

### 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 May 2019 of £0.129m and the forecast year end spend of the capital resource allocation of £7.394m

## Appendix 1: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2019/20	Board Approved 27/03/2019 £'000	Cumulative Adj to Apr £'000	May Adj £'000	May Total £'000
<b>Routine Expenditure</b>				
<b>Community &amp; Primary Care</b>				
Minor Capital		118	18	136
Capital Equipment				0
Statutory Compliance		1,274	(10)	1,264
Condemned Equipment		81		81
<b>Total Community &amp; Primary Care</b>	<b>0</b>	<b>1,472</b>	<b>8</b>	<b>1,480</b>
<b>Acute Services Division</b>				
Capital Equipment		1,766	(12)	1,754
Minor Capital		136	(18)	118
Statutory Compliance		2,195	10	2,205
Condemned Equipment		7	16	23
<b>Total Acute Service Division</b>	<b>0</b>	<b>4,103</b>	<b>(4)</b>	<b>4,100</b>
<b>Fife Wide</b>				
Minor Work	498	(253)		245
Information Technology	1,041			1,041
Backlog Maintenance/Statutory Compliance	3,569	(3,469)		100
Condemned Equipment	90	(7)	(16)	67
Scheme Development	60			60
Fife Wide Equipment	2,036	(1,847)	12	201
Fife Wide Contingency Balance	100			100
<b>Total Fife Wide</b>	<b>7,394</b>	<b>(5,576)</b>	<b>(4)</b>	<b>1,814</b>
<b>Total NHS Fife</b>	<b>7,394</b>	<b>0</b>	<b>0</b>	<b>7,394</b>

## Appendix 2 - Capital Programme Expenditure Report

NHS FIFE - TOTAL REPORT SUMMARY 2019/20

### CAPITAL PROGRAMME EXPENDITURE REPORT - MAY 2019

Project	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2019/20 £'000	Projected Variance £'000
<b><u>COMMUNITY &amp; PRIMARY CARE</u></b>				
Statutory Compliance	1,264,000	79,941	1,264,000	
Capital Minor Works	135,500	1,000	135,500	
Capital Equipment	80,545		80,545	
Condemned Equipment				
<b>Total Community &amp; Primary Care</b>	<b>1,480,045</b>	<b>80,941</b>	<b>1,480,045</b>	
<b><u>ACUTE SERVICES DIVISION</u></b>				
Capital Equipment	1,754,186	720	1,754,186	
Statutory Compliance	2,205,000	11,015	2,205,000	
Minor Works	117,580	12,476	117,580	
Condemned Equipment	22,924		22,924	
<b>Total Acute Services Division</b>	<b>4,099,690</b>	<b>24,211</b>	<b>4,099,690</b>	
<b><u>NHS FIFE WIDE SCHEMES</u></b>				
Condemned Equipment	67,076		67,076	
Information Technology	1,041,000	810	1,041,000	
Equipment Balance	201,269		201,269	
Scheme Development	60,000	22,789	60,000	
Contingency	100,000		100,000	
Statutory Compliance - Fire Compartmentation	100,000		100,000	
Minor Works	244,920		244,920	
<b>Total NHS Fife Wide</b>	<b>1,814,265</b>	<b>23,599</b>	<b>1,814,265</b>	
<b>TOTAL ALLOCATION FOR 2019/20</b>	<b>7,394,000</b>	<b>128,751</b>	<b>7,394,000</b>	



## Section B:3 Staff Governance

**Sickness Absence** HEAT Standard: We will achieve and sustain a sickness absence rate of no more than 4%, measured on a rolling 12-month basis

The sickness absence rate in April was 5.42%, 0.08% higher than in March and 0.36% higher than in April 2018.

Assessment: The NHS Fife sickness absence rate was higher in FY 2017/18 compared to FY 2016/17. However, various improvement initiatives in the past year saw an improvement in FY 2018/19.

**iMatter local** target: We will achieve a year on year improvement in our Employee Engagement Index (EEI) score by completing at least 80% of team action plans resulting from the iMatter staff survey.

Assessment: A proactive plan has been developed to promote the 2019 iMatter cycle to support improvements in the engagement and action planning components. The process started in April, and reporting of progress/performance will be considered during the refresh of the Integrated Performance Report.

**TURAS local** target: At least 80% of staff will complete an annual review with their Line Managers via the TURAS system

Assessment: Reporting of progress/performance in relation to the recovery plan agreed with EDG will be considered during the refresh of the Integrated Performance Report. The improvement trajectory for all divisions/directorates is to achieve 80% by the end of October.

**Management Referrals local** target: At least 95% of staff referred to the Staff Health & Wellbeing Service by their manager will receive an appointment within 10 working days

During Quarter 4 of FY 2018/19, 96.6% of the management referrals processed by the Staff Wellbeing & Safety Service were offered an appointment within 10 working days. This is an improvement of nearly 20% compared to Quarter 3.

Reporting of progress/performance during 2019/20 will be considered during the refresh of the Integrated Performance Report.

**Redeployment local** target: At least 50% of jobs identified as possible suitable alternatives by the redeployment group will be investigated and an initial decision over their suitability will be made within 2 weeks

During Quarter 4 of FY 2018/19, 60.0% of jobs identified were investigated (with an initial decision over suitability made). This continues to be above the local target, but is a 7% reduction in comparison to Quarter 3. It has to be recognised that performance against this indicator will continue to vary, subject to the number of staff on the redeployment register and their particular circumstances.

Reporting of progress/performance during 2019/20 will be considered during the refresh of the Integrated Performance Report.

**Supplementary Staffing local** target: At least 80% of supplementary staffing requests (Nursing & Midwifery) will be met by the Nurse Bank.

During Quarter 4 of FY 2018/19, 75.9% of staffing requirements were met via the Nurse Bank, 1% higher than the performance during Quarter 3.

Reporting of progress/performance during 2019/20 will be considered during the refresh of the Integrated Performance Report.

**Pre-Employment Checks** local target: At least 80% of all pre-employment checks, as detailed within the Safer Pre & Post Employment Checks NHS Scotland Policy, will be completed within 21 working days from receipt of the preferred candidate details

During Quarter 4 of FY 2018/19, nearly 300 individuals within various staff groups were offered employment throughout NHS Fife, with 82.7% of pre-employment checks being completed within 21 working days. This is an increase of 15.7% compared to Quarter 3.

Reporting of progress/performance during 2019/20 will be considered during the refresh of the Integrated Performance Report.

# Performance Summary

## National Standards

Status	Definition	Direction of Travel	Definition
GREEN	Performance meets or exceeds the required Standard (or is on schedule to meet its annual Target)	↑	Performance improved from previous
AMBER	Performance is behind (but within 5% of) the Standard or Delivery Trajectory	↓	Performance worsened from previous
RED	Performance is more than 5% behind the Standard or Delivery Trajectory	↔	Performance unchanged from previous

Section	RAG	Standard	Quality Aim	Target for 2018-19	Performance Data					FY 2018-19 to Date	National Comparison (with other 10 Mainland Boards)			
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel		Period	Performance	Rank	Scotland
Staff Governance	RED	Sickness Absence	Clinically Effective	5.00%	12 months to Mar 19	5.38%	12 months to Feb 19	5.39%	↑	5.38%	Only published annually: NHS Fife had the highest sickness absence rate in FY 2017-18 (Fife performance 5.76%, Scotland performance 5.39%)			

## Local Targets

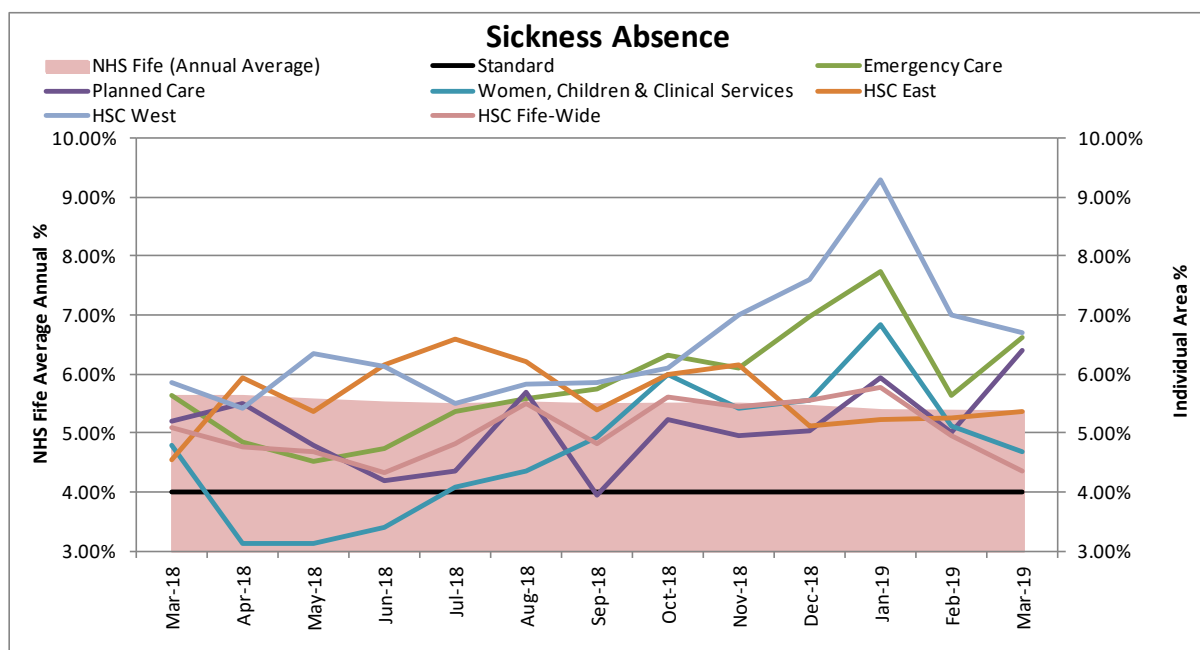
Status	Definition	Direction of Travel	Definition
GREEN	Performance meets or exceeds the local target	↑	Performance improved from previous
AMBER	Performance is behind (but within 5% of) the local target	↓	Performance worsened from previous
RED	Performance is more than 5% behind the local target	↔	Performance unchanged from previous

Section	RAG	Local Target	Quality Aim	Target for 2018-19	Performance Data				
					Current Period	Current Performance	Previous Period	Previous Performance	Direction of Travel

Staff Governance	GREEN	Redeployment	Clinically Effective	50.0%	Jan to Mar 2019	60.0%	Oct to Dec 2018	67.0%	↓
		Pre-Employment Checks	Safe	80.0%	Jan to Mar 2019	82.7%	Oct to Dec 2018	67.0%	↑
		Management Referrals	Safe	95.0%	Jan to Mar 2019	96.6%	Oct to Dec 2018	76.8%	↑
	AMBER	Supplementary Staffing	Clinically Effective	80.0%	Jan to Mar 2019	75.9%	Oct to Dec 2018	74.9%	↑
	RED	iMatter	Clinically Effective	80.0%	FY 2018/19	47.0%	FY 2017/18	41.0%	↑
		TURAS	Clinically Effective	80.0%	12 months to Apr 2019	41.0%	12 months to Mar 2019	32.0%	↑

# Sickness Absence

Measure	We will achieve and sustain a sickness absence rate of no more than 4%
Current Performance	5.42% in April
Scotland Performance	5.39% for 2018/19 (data published annually)



Previous 3 Reporting Periods	January 2019		February 2019		March 2019	
	5.40 %	↑	5.39%	↑	5.38 %	↑
Current Issues	The main reasons for sickness absence in FY 2018/19 were anxiety, stress and depression, other musculoskeletal problems and unknown causes / not specified.					
Context	Chart now displaying monthly performance, to better illustrate variation NHS Fife had the 4th highest sickness absence rate in FY 2018-19 (Fife performance 5.51%, Scotland performance 5.39%)					

Key Actions for Improvement	Planned Benefits	Due By	Status
Build on success of Well at Work Group, embedding commitment to being a Health Promoting Health Service (Evidence for this would be from the annual HPHS Assessment evaluation feedback, the HWL annual review feedback, from improvements in absence rates and staff feedback from workplace surveys etc.)	Adoption of a holistic and multi-disciplinary approach to identify solutions to manage absence and promote staff wellbeing. Continuation of this approach with Year 2 Going Beyond Gold programme and identification of key benefits from evaluation of Year 1 activity.	Mar 2020	Refer to Page 3
Enhanced data analysis of sickness absence trends, aligned to other, related workforce information, combined with bespoke local reporting (Use of Top 100 Reports, Drill Down reports provided for wards and departments, looking for increased staff	Enable NHS Fife to target Staff Wellbeing & Safety support, and other initiatives, to the most appropriate areas	Apr 2019	Refer to Page 3

<i>and managerial engagement and improvement in absence rates. This will be supplemented via the introduction of Tableau from Summer 2019.)</i>			
Establishment of working group to explore challenges and opportunities relating to an ageing workforce <i>(The group has now met on three occasions and an Action Plan is being implemented)</i>	Identification of appropriate mechanisms to allow staff aged 50 and over to remain healthy at work, supporting the resilience of the workforce	Mar 2020	Refer to Page 3
Refreshed Management Attendance training with focus on the use of the Attendance Management Resource pack, Return to Work interviews and mental health and wellbeing at work. An additional programme of Mental Health in the Workplace training supported by HWL Fife will also be explored.	Reduction of sickness level, with particular decreases in absence linked to Mental Health and the implementation of agreed trajectories within each business units, in line with Once for Scotland Promoting Attendance Circular	Mar 2020	Refer to Page 3
Launch newsletter to help improve the wellbeing of healthcare staff working in Fife (first edition was in March)	'All About You' will highlight wide range of support available to assist staff to fit healthy, and to support a reduction in sickness absence	Jun 2019	Refer to Page 3
Development and production of return to work video clip for Line Managers and Supervisors to access via the intranet	Accessibility of example of best practice available to Line Managers and Supervisors to support conducting return to work interviews	Jun 2019	Refer to Page 3
West Division Sickness Absence Review	Improvement in the rates of sickness absence within the West Division in 2019/20.	Mar 2020	Refer to Page 3

**PAUL HAWKINS**  
Chief Executive  
19<sup>th</sup> June 2019

Prepared by:  
**CAROL POTTER**  
Director of Finance

## Audit & Risk Committee Meeting



<b>DATE OF MEETING:</b>	20 June 2019
<b>TITLE OF REPORT:</b>	Internal Audit – Operational Plan 2019-20
<b>EXECUTIVE LEAD:</b>	Tony Gaskin
<b>REPORTING OFFICER:</b>	Tony Gaskin/Barry Hudson

Purpose of the Report (delete as appropriate)		
<b>For Approval</b>		

SBAR REPORT	
<p><b><u>Situation</u></b></p> <p>The purpose of this paper is to seek approval of the Operational Internal Audit Plan 2019-20 (Appendix 1).</p> <p>IJB Strategic Audit Plan 2019-24 and Operational Audit Plan 2019-2020 (Appendix 2) is provided for information purposes.</p>	
<p><b><u>Background</u></b></p> <p>The Operational Internal Audit Plan 2019-20 was presented to the May 2019 Audit and Risk Committee as part of the Strategic Audit Plan 2019-24. The Audit and Risk Committee noted the Operational Plan at the May 2019 meeting, subject to any changes from the Executive Directors Group (EDG).</p>	
<p><b><u>Assessment</u></b></p> <p>Following consideration of the Operational Internal Audit Plan 2019-20 by the EDG, one area was suggested for future inclusion in the plan, being a review of sharps management actions taken following a HSE Improvement Notice within the Maternity Department and the associated roll out of recommendations across NHS Fife.</p> <p>This area could be covered within the Staff and Patient Environment line of the Audit Plan. However, one audit has already been allocated to this element. Following discussion at EDG, it was agreed that further dialogue will need to take place with relevant officers around the inclusion of this review.</p> <p>Depending on the outcomes of these discussions, the inclusion of this review in the 2019-20 plan and deferment of other audits to accommodate this review, would require approval by the Audit and Risk Committee.</p>	
<p><b><u>Recommendation</u></b></p> <ul style="list-style-type: none"> <li>• The A&amp;RC is asked to <b>APPROVE</b> the 2018-19 Internal Audit Operational Plan and ;</li> <li>• Note that it may be subject to revision later in the year for which approval would be sought</li> <li>• Note the IJB Strategic Audit Plan 2019-24 and Operational Audit Plan 2019-2020</li> </ul>	

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<b>Objectives: (must be completed)</b>	
Healthcare Standard(s):	The breadth of internal audit work cuts across all Healthcare Standards.
HB Strategic Objectives:	The breadth of internal audit work cuts across all of the strategic objectives within the Board's Strategic Framework.

<b>Further Information:</b>	
Evidence Base:	N/A
Glossary of Terms:	SGHSCD – Scottish Government Health and Social Care Directorates
Parties / Committees consulted prior to Health Board Meeting:	Director of Finance

<b>Impact: (must be completed)</b>	
<b>Financial / Value For Money</b>	Financial Governance is a key pillar of the annual internal audit plan and value for money is a core consideration in planning all internal audit reviews.
<b>Risk / Legal:</b>	The internal audit planning process which produces the annual internal audit plan takes into account inherent and control risk for all aspects of the Audit Universe. Individual internal audit assignments identify the key risks at the planning stage and our work is designed to evaluate whether appropriate systems are in place and operating effectively to mitigate the risks identified. Legal requirements are a core consideration in planning all internal audit reviews.
<b>Quality / Patient Care:</b>	The Triple Aim is a core consideration in planning all internal audit reviews.
<b>Workforce:</b>	Management responsibilities, skill sets and structures are a core consideration in planning all internal audit reviews.
<b>Equality:</b>	All internal audit reviews which involve review of policies and procedures examine the way in which equality and diversity is incorporated in Board documentation. In addition, equality and diversity is included as a specific topic within our Audit Universe.

NHS Fife Operational Internal Audit Plan 2019/2020									
Ref.	Description			Scope	Days	Indicative Timing			
						Qtr 1	Qtr2	Qtr 3	Qtr4
									Appendix A
				<b>Audit Process</b>		79			
				<i>Audit Management</i>					
B	1	20		Audit Risk Assessment & Planning	10				
B	2	20		Audit Management & Liaison with Directors	18				
B	3	20		Liaison with External Auditors	5				
B	4	20		Audit Committee	16				
B	5	20		Clearance of Prior Year	30				
				<b>Corporate Governance</b>	148				
				<i>Accountability and Assurance</i>					
B	6	20		Annual Internal Audit Report	10				
B	7	20		Governance Statement	10				
B	8	20		Interim Review	28				
B	9	20		Audit Follow-up	20				
				<i>Control Environment</i>					
B	10	20		Code of Corporate Governance	17				
				Assurance structures (inc Audit Committee); relevance, reliability, timeliness and quality of evidence and developments to meet new Audit Committee Handbook requirements	18				
B	11	20		Assurance Framework & Assurance Mapping					
B	12	20		Policies and Procedures	10				
B	13	20		Risk Management	17				
B	14	20		Staff & Patient Environment	18				
				<b>Health Planning</b>	73				
				<i>Health Plan</i>					
B	15	20		Strategic planning	15				
B	16	20		Improvement, innovation and operational planning	15				
				<i>Service Monitoring</i>					
B	17	20		Organisational Performance Management	18				
				<i>Effective Partnerships and Integrated Care</i>					
B	18	20		Health and Social Care Integration	25				
				<b>Clinical Governance</b>	42				
				<i>Quality of Care</i>					
B	19	20		Adverse Event Management	15				
				<i>Patient Safety</i>					
B	20	20		Infection Control	12				
B	21	20		Medicines Management	15				
				<b>Staff Governance</b>	57				
				<i>Staff Governance Arrangements</i>					
B	22	20		Staff Governance Arrangements	20				
B	23	20		Workforce planning including capable and effective workforce	37				
				<b>Financial Assurance</b>	20				
				<i>Use of Resources</i>					
B	24	20		Management of Savings Programme	20				
				<b>Capital Investment</b>	29				
				<i>Capital Strategy</i>					
B	25	20		Capital Management	15				
				<i>Capital &amp; Property</i>					
B	26	20		Property Transaction Monitoring and Property Disposals	14				
				<b>Transaction Systems</b>	12				
B	27	20		Financial Process Compliance	12				
				<b>Information Governance</b>	43				
				<i>Information Governance Standards</i>					
B	30	20		Information Assurance/Information Security Framework	25				
B	31	20		eHealth Strategic Planning and Governance	10				
B	32	20		NHS Scotland Waiting Times Methodology	8				
				<b>Departmental / Whole System Reviews</b>	40				
B	33	20		Departmental Reviews	25				
B	34	20		Discretionary Aspects	15				
B	35	20		Contingency					
				TOTAL	543				

## FIFE COUNCIL

## IJB Strategic Audit Plan 2019-24 and Operational Audit Plan 2019-2020

Strategic Audit Plan 2019-24				Operational Plan 2019-2020	
	Audit/Review	Location.	Frequency	Planned Carry Over	Planned Service
1	<b>Basic Auditable Areas</b>  Financial, e.g. payroll, expenses, purchases, income, etc.  Non-financial, e.g. general administration, information technology, staff recruitment, etc.  Risks: Because in these areas there are no risks specific to the IJB, they will be covered during each partner's routine reviews of its own controls.	Fife Council / NHS Fife	As set out in Fife Health Board and Fife Council's Audit Plans		As per Fife Council Audit Services & NHS Fife Operational Plan 2019-20
2	<b>IJB Governance</b>  Corporate governance and accountability through review of standing orders and regulations including operation of committees and groups specific to the IJB.  Risks: The partner organisations and the IJB may be unclear about their responsibility and delegated authority.  2016 – Report to IJB 4/5/17	Health & Social Care	Once every 5 years.		

Strategic Audit Plan 2019-24				Operational Plan 2019-2020	
	Audit/Review	Location.	Frequency	Planned	Planned

Strategic Audit Plan 2019-24				Operational Plan 2019-2020	
				Carry Over	Service
3	<p><b>Strategic Plan</b></p> <p>The IJB should work towards agreed strategic priorities with clear links to the Strategic Plan</p> <p>The strategic plan should have clear links to the Plan for Fife, the national health and wellbeing outcomes for integration and the plans of the partner organisations.</p> <p>Risks:</p> <p>The partner organisations and the IJB may lack clarity as to how community planning arrangements should interlink, leading to inefficiency and possible duplication of effort.</p> <p>2018 – IJB Report 3 (IJB Strategic Planning)</p>	Health & Social Care	Once every 3 years.		
4	<p><b>Performance Indicators (PIs) and Outcome Measures</b></p> <p>Audit covering Collection, Collation, Presentation and Monitoring of PIs and Outcome Measures. Assess the appropriateness and timeliness of performance information; verify its accuracy and that appropriate action is taken.</p> <p>Risks:</p> <p>Accuracy &amp; completeness of information presented. Provision of timely, appropriate and meaningful information, which informs interested parties and allows appropriate action.</p> <p>2019 – IJB Report 4 (Performance Management)</p>	Health & Social Care	Twice every 5 years.		

Strategic Audit Plan 2019-24				Operational Plan 2019/2020	
	Audit/Review	Location.	Frequency	Planned Carry Over	Planned Service
5	<b>Financial Information</b> Audit covering Collection, Collation, Presentation and monitoring of Financial Information. Assess the appropriateness and timeliness of Financial information, verify its accuracy and that appropriate action is taken.  Risks: Accuracy & completeness of information presented. Provision of timely, appropriate and meaningful information, which informs interested parties and allows appropriate action. 2016 – Report 449 (Financial Assurance)	Health & Social Care	Once every 3 years.		
6	<b>Risk Management including Care Strategy</b> Assess each the IJB's risk management processes and confirm that there are no gaps in the risks identified.  Risks All risks are not identified or assessed and/or appropriate controls are not introduced 2018/19 – Audit scheduled	Health & Social Care	Once every 5 years.	2018/19 audit ongoing	
7	<b>Information Governance (including IT links between the Council and Health Service)</b> Assess the security arrangements for information as it relates to the IJB and ensure compliance with relevant statutes, e.g. FOI, Caldicott, IT security, Data Protection Act and records management including a communication strategy and agreeing	Health & Social Care	Once every 5 years.		

Strategic Audit Plan 2019-24				Operational Plan 2019/2020	
	Audit/Review	Location.	Frequency	Planned Carry Over	Planned Service
	<p>changes in service provision.</p> <p>Risks: Sensitive information is not secure and/or the IJB or either partner may face censure or bad publicity. Clear operational procedures for all staff to be readily available.</p> <p>2018/19 Audit ongoing</p>				
8	<b>Transformation Programme</b>	Health & Social Care	Once every 3 years		Audit due
	<b>Consultancy – Governance and Risk Groups</b>	Health & Social Care	As required		Time allocated
9	<p><b>Post Audit Reviews/Follow-Up Audits</b></p> <p>Check on self-assessment of implementation of agreed actions and review a sample of 10% of audits to ensure actions are implemented.</p> <p>2018/19 Audit scheduled</p>	Health & Social Care	As Required	2018/19 audit ongoing	



## Annual Internal Audit Report Report No. B06/20

**Issued To:** P Hawkins, Chief Executive  
C Potter, Director of Finance and Performance

C McKenna, Medical Director  
B Nelson, Director of Workforce  
G MacIntosh, Head of Corporate Governance & Board Secretary  
Helen Buchanan, Director of Nursing

Follow-Up Co-ordinator

Audit & Risk Committee  
External Audit

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Draft Report Issued	06 June 2019
Management Responses Received	11 June 2019
Target Audit Committee Date	20 June 2019
<b>Final Report Issued</b>	<b>11 June 2019</b>



## INTRODUCTION AND CONCLUSION

1. This annual report to the Audit & Risk Committee provides details on the outcomes of the 2018/19 internal audit and my opinion on the Board's internal control framework for the financial year 2018/19.

2. Based on work undertaken throughout the year we have concluded that:

- 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.

3. In addition, we have not advised management of any concerns around the following:

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

## ACTION

4. The Audit & Risk Committee is asked to **note** this report in evaluating the internal control environment and **report** accordingly to the Board.

## AUDIT SCOPE & OBJECTIVES

5. The Strategic and Annual Internal Audit Plan for 2018/19 incorporated the requirements of the NHSScotland Governance Statement and were based on joint risk assessment by Internal Audit and the Director of Finance and Performance. The resultant audits range from transaction processing systems and organisational controls through to the control environment and corporate review and reporting mechanisms.
6. The authority, role and objectives for Internal Audit are set out in Section 3 of the Board's Standing Financial Instructions and are consistent with Public Sector Internal Audit Standards.
7. Internal Audit is also required to provide the Audit & Risk Committee with an annual assurance statement on the adequacy and effectiveness of internal controls. The Audit & Assurance Risk Committee Handbook states:

*The committee should support the Accountable Officer and Board by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report. The scope of the committee's work should be defined in its terms of reference and should encompass all the assurance needs of the Accountable Officer and Board. Within this, the committee should have particular engagement with the work of Internal Audit, risk management, the External Auditor, and financial management and reporting issues.*

## INTERNAL CONTROL

8. A description of all audit recommendation priorities is given in the final section of this report. Our audit programmes have been amended to include the updated requirements of the Scottish Public Finance Manual (SPFM) Internal Control.
9. Key actions and issues for each of the five control environments are summarised in Section 2 together with narrative highlighting areas of best practice and any areas where improvement is required to meet the necessary control standards.
10. For 2018/19 there have been no substantial changes made to the Governance Statement format or guidance which is included within the NHSScotland Annual Accounts Manual. This means that the guidance has not been revised to take account of substantial governance developments and therefore compliance with the Governance Statement Guidance would not be sufficient in and of itself to provide comprehensive assurance on good governance. However, the NHS Fife Governance Statement does include reference to the key areas omitted from the SGHSCD guidance:
  - The March 2018 SPFM Audit and Assurance Committee Handbook and associated Treasury guidance on assurance mapping;
  - The Blueprint for Good Governance;
  - Health and Social Care Integration (including for this year the Ministerial Strategic Group review of progress with Integration of Health and Social Care).
11. The Board has produced a Governance Statement with the following disclosures for 2018/19:
  - For 2018/19, 4471 individuals have exceeded the Treatment Time Guarantee to have their treatment provided within 12 weeks.
  - Issues highlighted within an unannounced Older People in Acute Hospital (OPAH) inspection conducted at Victoria Hospital in September 2018.
  - Two personal data related incidents or data protection breaches reported to the Information Commissioner during the financial year ended 31 March 2019.
12. Our audit has provided evidence of compliance with the requirements of the Accountable Officer Memorandum and this combined with a sound corporate governance framework in place in the Board throughout 2018/19, provides assurance for the Chief Executive as Accountable Officer.
13. Therefore, **it is my opinion** that:
  - The Board has adequate and effective internal controls in place;
  - The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role.

## AUDIT PRODUCTS AND OPINIONS

14. During 2018/19 we delivered 25 audit products, which reviewed the systems of financial and management control operating within the Board. Work is ongoing to finalise the remaining 3 reports which are at draft stage and 7 at work in progress contained within the 2018/19 audit plan. Our reviews assisted the Board by:

- Examining a wide range of controls in place at departmental/ward level;
- Further review of the actions taken by the Board in relation to Medical Equipment and Devices following two previous reviews, one being an external Medical Device Management Review which concluded all had been completed;
- Evaluated and reported on the controls established to manage the risks relating to Carbon Reduction Commitment;
- Evaluated and reported on the local procedures for dealing with adverse events in accordance with the revised HIS national guidance.

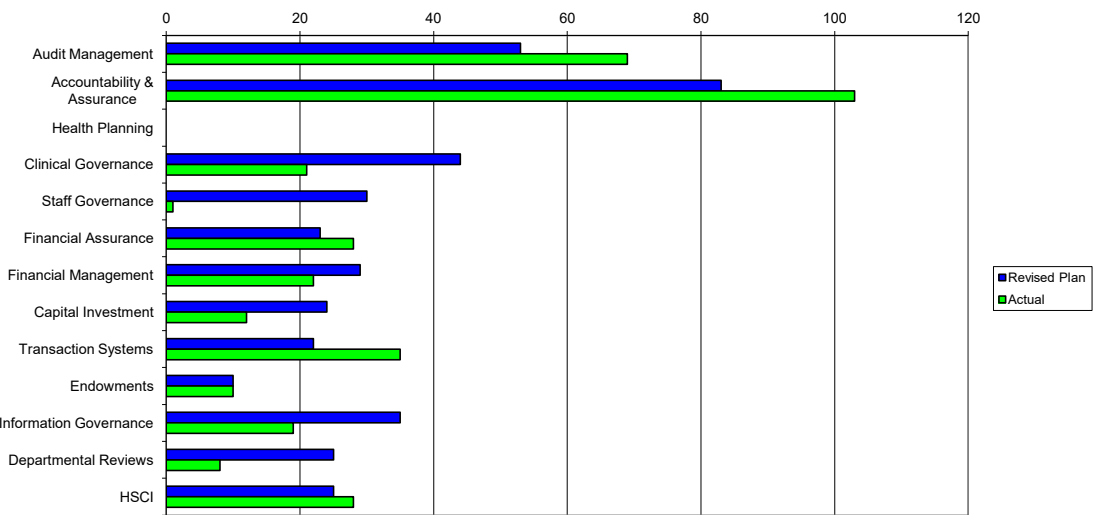
## ADDED VALUE

15. The Internal Audit Service has been responsive to the needs of the Board and has added value by:
  - Providing opinion on and evidence in support of the Governance Statement at year-end and conducting an extensive Internal Control Evaluation which permitted remedial action to be taken in-year. This review made recommendations focussed on enhancements to ensure NHS Fife has in place appropriate and proportionate governance, which supports and monitors the delivery of objectives and is commensurate with the challenging environment within which it is operating;
  - Continuing to develop departmental reviews in a range of areas to provide assurance that systems of internal control are embedded in the operations of the Board and form part of its culture and providing ad hoc advice including:
    - Review of the Podiatry service;
    - Review of Muirview Ward, Stratheden Hospital;
  - Continued participation in the development of information governance arrangements through attendance at Information Governance and Security Group and eHealth Board meetings and provision of support and advice on governance and assurance reporting;
  - Adhoc advice and consultation provided during 2018/19 included:
    - Guidance on the redrafting of the NHS Fife Fire Safety Policy
    - Guidance on the Constitution and Terms of Reference for the NHS Fife Estates Fire Safety Team
16. Internal Audit has continued to highlight governance and assurance aspects of Integration and the need for clear lines of accountability and ownership of risk.
17. Our 2018/19 audits of the various financial and business systems provided opinions on the adequacy of controls in these areas. These showed that the Board continues to improve its control environment with positive assurance (grade C or better) being provided on all reviews with an audit opinion. Summarised findings or the full report for each review were presented to the Audit & Risk Committee during the year.

18. Board staff have maintained a system for the follow-up of internal audit recommendations and reporting of results to the Audit & Risk Committee. Audit work during the year reported that the process for following up on agreed recommendations in internal audit reports was not operating in accordance with the approved Follow-up Protocol. A revised approach, potentially involving the use of DATIX, is currently being discussed with Internal Audit.
19. Our follow up of the recommendations from our Internal Control Evaluation issued in December 2018 confirmed that of the ten actions that should have been implemented, six have been completed in full, two had been partially completed and two remained outstanding:
- The recommendation relating to integration was not taken forward as agreed but has now been superseded by the MSG self-assessment, although HSCI governance remains a significant issue for the Board;
  - The recommendation related to providing the Clinical Governance Committee with assurance reports from the Information Governance and Security Group has been partially addressed but there are still improvements to be made;
  - The recommendation relating to the Clinical Strategy governance and reporting arrangements was not delivered;
  - Our recommendation regarding improving the quality of assurances to and from the Information Governance and Security Group were not implemented.

INTERNAL AUDIT COVER

20. Figure 1: Internal Audit Cover 2018/19



21. Figure 1 summarises the 2018/19 outturn position against the planned internal audit cover. The Annual Internal Audit Plan was approved by the Audit & Risk Committee at its meeting on 21 June 2018. To date, we have delivered 357 days against the planned 401 days. Work is ongoing to ensure that the remaining products from 2018/19 are substantially completed for the 12 September 2019 Audit & Risk Committee, although all audit products required by Audit Scotland and for year-end assurance have been delivered. We also experienced higher than expected levels of staff absence, which also led to delays in completion of the plan in year.

22. Following a recommendation from the External Quality Assessment (EQA), it has been agreed by the Chief Executive, Director of Finance and Performance, and Audit & Risk Committee, that outstanding 2018/19 audits not yet commenced will be risk assessed for possible inclusion in 2019/20, with additional time included within the 2019/20 plan.
23. A summary of 2018/19 performance is shown in Section 3.
24. Fieldwork on the remaining eight outstanding 2018/19 audits is well advanced and will be reported to the September 2019 Audit & Risk Committee without impacting on the delivery of the 2019/20 plan or on our ability to conclude on the adequacy and effectiveness of Internal Controls. A summary of 2018/19 performance is shown in Section 3.

## PERFORMANCE AGAINST THE SERVICE SPECIFICATION AND PUBLIC SECTOR INTERNAL AUDIT STANDARDS (PSIAS)

25. The FTF Partnership Board has produced as annual summary of activity for the year:

### FTF Partnership Board Annual Summary 2018/19

#### 1. Introduction

This report sets out a summary of Partnership Board meetings held in 2018/19.

#### 2. FTF Partnership Board Meetings

Meetings were held on the following dates:

- 18 September 2018
- 12 December 2018
- 12 April 2019

#### 3. Attendance

The following individuals attended meetings in person or via teleconference:

##### Members:

- Scott Urquhart, Director of Finance, NHS Forth Valley (Chair)
- Carol Potter, Director of Finance, NHS Fife
- Frances Gibson, Head of Finance-Governance & Assurance, NHS Tayside

##### In Attendance:

- |                 |                            |
|-----------------|----------------------------|
| • Tony Gaskin   | Chief Internal Auditor FTF |
| • Jocelyn Lyall | Regional Audit Manager FTF |
| • Barry Hudson  | Regional Audit Manager FTF |
| • Angela McEwan | NHS Forth Valley (minute)  |

#### 4. Business

The committee considered both routine and specific work areas during the year:

Key items discussed and outputs included the following:

- Review and update of Remit, Terms of Reference and Meeting Schedules
- Review of External Quality Assessment (EQA) of FTF Internal Audit Service
- Health & Social Care Integration issues
- Internal Audit Shared Service Agreement 2018-2023 - update and review
- Internal Audit Service Specification – update and review
- Governance Issues including Blueprint and Audit Committee Handbook
- Review of budget performance 2018/19
- Approval of budget proposals 2019/20
- Review of Performance including KPIs and Balanced Scorecard

#### 5. Conclusion

As Chair of the Partnership Board I can confirm that the breadth of the business undertaken, and the range of attendees at meetings of the Partnership Board has allowed us to fulfil our remit.

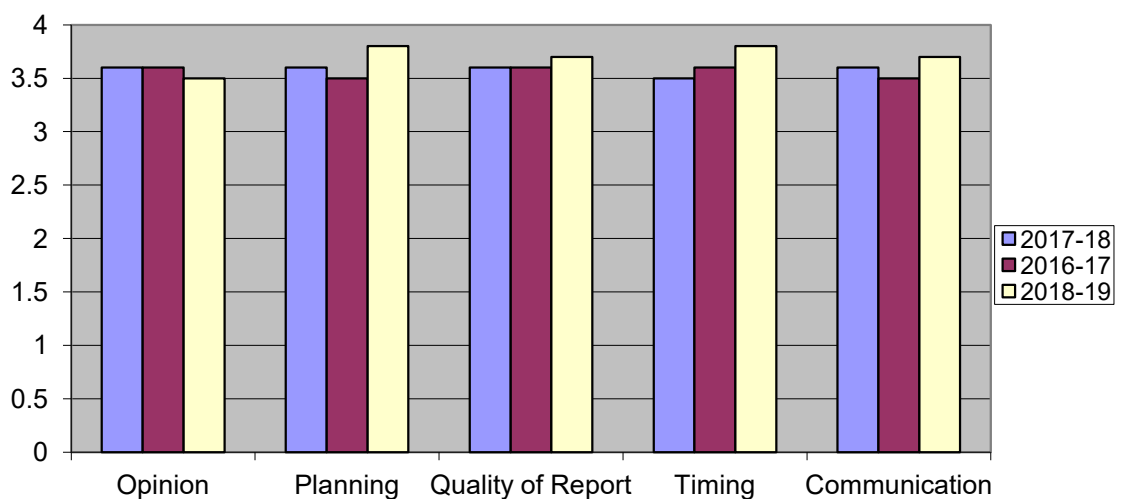
**Scott Urquhart**  
Chairperson, FTF Partnership Board

26. We have designed protocols for the proper conduct of the audit work at the Board to ensure compliance with the specification and the Public Sector Internal Audit Standards (PSIAS).

- 27. Internal Audit is compliant with PSIAS, and has organisational independence as defined by PSIAS, except that, in common with many NHSScotland bodies, the Chief Internal Auditor reports through the Director of Finance and Performance rather than the Accountable Officer. There are no impairments to independence or objectivity.
- 28. Internal and External Audit liaise closely to ensure that the audit work undertaken in the Board fulfils both regulatory and legislative requirements. Both sets of auditors are committed to avoiding duplication and securing the maximum value from the Board’s investment in audit.
- 29. Auditing standards require internal and external auditors to work closely together to make optimal use of available audit resources. External Audit seek to rely on the work of Internal Audit wherever possible and, as part of the external audit planning process an early assessment is carried out of the internal audit function. The adequacy of Internal Audit performance was reviewed by the External Auditors of NHS Fife, on behalf of the External Auditors of all FTF clients. The review concluded that *‘FTF generally complies with the Public Sector Internal Audit Standards (PSIAS) and has appropriate documentation standards and reporting procedures in place’*.
- 30. FTF has undergone a PSIAS External Quality Evaluation during 2018/19, conducted by the Internal Auditors of Midlothian Council. The results of that exercise, together with associated actions were reported to the Audit & Risk Committee on 16 May 2019. Implementation of these actions will be regularly reported to the Audit & Risk Committee throughout the year.
- 31. A key measure of the quality and effectiveness of the audits is the Board responses to our client satisfaction surveys, which are sent to line managers following the issue of each audit report. Fig 2 shows that, overall, our audits have been perceived as good or very good by the report recipients.

32. Figure 2: Summary of Client Satisfaction Surveys

Scoring: 1 = poor, 2 = fair, 3= good, 4 = very good.



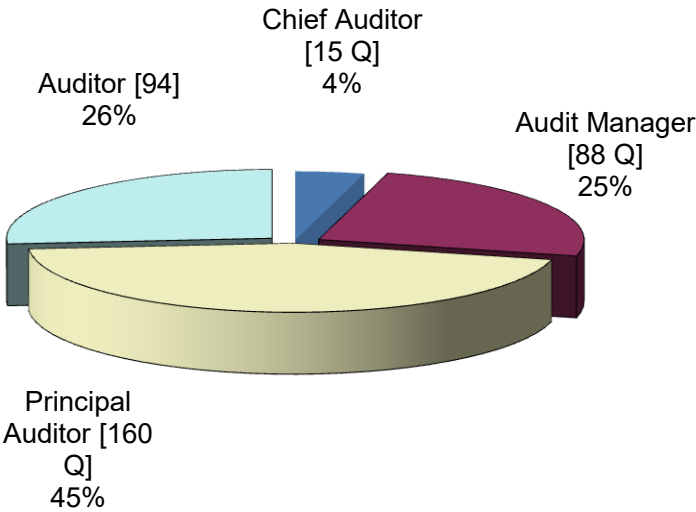
- 33. Other detailed performance statistics are shown in Section 3.

STAFFING AND SKILL MIX

34. Figure 3 below provides an analysis, by staff grade and qualification, of our productive time. In 2018/19 the audit was delivered with a skill mix of 82%, which exceeds the service specification requirement of 50%.

Figure 3: Audit Staff Skill Mix 2018/19

Audit Staff Inputs in 2018/19 [days] Q= qualified input.



ACKNOWLEDGEMENT

35. On behalf of the Internal Audit Service I would like to take this opportunity to thank all members of staff within the Board for the help and co-operation extended to Internal Audit throughout this year for the organisation.
36. My team and I have greatly appreciated the positive support of the Chief Executive, Director of Finance and Performance, Head of Corporate Governance & Board Secretary and the Audit & Risk Committee.

A Gaskin, BSc. ACA  
Chief Internal Auditor



## Corporate Governance

### Key arrangements in place:

- The Annual Review, held on 3 December 2018 (and followed by a separate public-facing session on 15 February 2019), highlighted excellent work undertaken locally in 2017/18 for the benefit of local patients in health care improvement activity, management of unscheduled care activity and the maintenance of financial control. The review identified eight action points which will be addressed in a written response to the Scottish Government by 30 June 2019.
- An updated Code of Corporate Governance was approved by the Audit & Risk Committee in May 2019 and subsequently approved by the NHS Fife Board on 29 May 2019. The covering paper noted that further changes to the Code will be required in the near future to reflect the work currently underway aligned to the implementation of the NHS Scotland Blueprint for Good Governance and also that standard Terms of Reference for 'mandatory' Board committees (i.e. Audit, Clinical Governance and Staff Governance) are presently being prepared, again to be adopted locally when finalised by the national group.
- Board Development sessions were held in December 2018 and February 2019, the latter session included Medical Education, Research and Development, Health Inequalities in Fife and the role of NHS Fife and Partners and Financial Planning 2019-20.
- A Board Development session was also held in April 2019 to discuss the results of members' self-assessment questionnaire against the NHS Scotland Blueprint for Good Governance. The self-assessment and an associated action plan were presented to the May 2019 Board meeting, with all actions scheduled for completion by October 2019. Members highlighted the challenges of effective governance of integrated health and social care, and noted that further work was required to improve lines of accountability, scrutiny and assurance in full support of partnership working. Management have advised that an update on the action plan will be presented to the Board in the Autumn.
- A new Head of Corporate Governance and Board Secretary was appointed in August 2018. Part of her role is to support the ongoing review of governance and further develop corporate governance arrangements.
- The Governance Statement was presented to the May 2019 Audit & Risk Committee meeting and is broadly in line with extant guidance.
- The 13 December 2018 Audit & Risk Committee was provided with an update on the revised NHS Audit and Assurance Committee Handbook and its implications. Significant changes were highlighted, including increased responsibility for concluding on the effectiveness of risk management arrangements, and the requirement for assurance mapping. Assurance mapping arrangements have not yet been fully developed and Internal Audit have set aside time to assist in this process in 2019/20.
- The Audit & Risk Committee self assessment was undertaken by a revised online format and the results were presented to the March 2019 meeting. The SBAR concluded *'In general, the Committee's current mode of operation received a positive assessment from its members and attendees, with no areas of major concern.'*
- The Fife Integration Joint Board, Internal Audit Output Sharing Protocol was presented to the March 2019 Audit & Risk Committee.

- NHS Fife has a revised Internal Audit Charter compliant with the Public Sector Internal Audit Standards.
- NHS Fife has an established process for the distribution and confirmation of compliance with SGHSCD guidance and circulars and has documented processes to ensure all policies and procedures are kept up to date as confirmed by B11/18 – Policies and Procedures.
- Other relevant reports included:
  - Internal Audit B10-19 Policies and Procedures – Safety Alerts, concluded that the migration of the manual system to the Datix Safety Alert system should be beneficial and enhance the effectiveness and efficiency of the process as well as identifying areas for improvement.
  - Internal Audit B12-19 Carbon Reduction Commitment (CRC) evaluated and reported on the controls established to manage the risks relating to CRC Energy Efficiency Scheme.
- A Best Value Framework is in place with each Standing Committee providing appropriate assurance as a component part of their Annual Assurance Statements.
- All Board Assurance Framework risks are considered by the Board and Standing Committees in line with a risk reporting timetable.
- The Strategic Objectives 2018-19 for NHS Fife were approved at the NHS Fife Board meeting on 25 May 2018 with each individual objective allocated to an Executive Director. These were reviewed and updated for 2019/20 at the May 2019 meetings of all governance committees and the NHS Board.
- Guidance for the Annual Operational Plan (AOP) was received on 27 February 2019 and it was agreed with SGHSCD that NHS Fife could consider the document through its governance committees during May and submit to the Board for approval on the 29 May 2019. The AOP 2019-20 was discussed at the May 2019 Finance, Performance & Resources Committee (FP&RC) and approved by the NHS Fife Board at its meeting on 29 May 2019.
- The Integrated Performance Report, presented to each meeting of Fife NHS Board, provides a clear summary of performance which enables the Board to make decisions and to conclude on progress, and explains variance and remedial action to address performance issues. In line with most Health Boards, the majority of targets are not being achieved although it is recognised that Fife often performs better than other Boards in Scotland. The IPR presented to the May 2019 meeting of the FP&RC included positive improved performance on Diagnostic Waiting Times and Outpatient Waiting Times. Whilst A&E performance was good, NHS Fife did not meet all of its targets and the Scottish Government 2018/19 Annual Review Letter highlighted a number of these areas.

**Planned and ongoing developments, including responses to previous significant internal audit reports:**

- A General Policies Update as of 31 March 2019 was provided to the May FP&RC: 11 (18.6%) policies remained overdue for review, a slight improvement from November 2018, where 18 (30.5%) were overdue. Actions to further improve performance, including a review of the current process for revising and approving general policies, were agreed.

- The Joint Strategic Transformation Group (JSTG) is responsible for monitoring implementation of the transformation programme and ensuring progress is reported to the Clinical Governance Committee (CGC). Concerns have been raised around the monitoring and delivery of transformation by both Internal Audit and by the External Auditors who issued a follow up of Internal Audit findings on transformation to the May Audit & Risk Committee. Internal Audit will further review this area in 2019/20.
- The six Board Assurance Framework (BAF) risks are monitored through their respective committees; an eHealth BAF is under development. The six BAFs were presented to the September 2018 and May 2019 Audit & Risk Committee. We would highlight that BAFs have remained largely static over the last two years.
- Internal Audit first recommended substantive developments to the Risk Management Framework, including consideration of Risk Appetite in 2015. These have been under development ever since and whilst they have been scheduled for completion on numerous occasions, they are still not complete or indeed imminent. Reporting to the Audit & Risk Committee should be improved to allow monitoring of staged milestones and key stages.
- NHS Fife has enhanced Board members' induction and provided specific training for Audit & Risk Committee members.
- NHS bodies are required to follow the Scottish Public Finance Manual (SPFM) including the Audit and Assurance Committee Handbook which was revised in March 2018, albeit NHS Boards were not formally notified. A paper to the 13 December 2018 Audit & Risk Committee highlights the key changes, their implications and the way forward.
- The Audit Follow Up process is in a transitional phase with the previous Follow Up Coordinator moving on to a new role. The Director of Finance and Performance is reviewing the arrangements, with a view to streamlining the process. Whilst the role is being undertaken on a temporary basis, the lead has not been identified for this role.
- The findings from our annual and interim reviews are not routinely being reported to the relevant Standing Committees.
- Annual Internal Audit Report B06/19 noted that Committees were not approving workplans until after the date specified in their Terms of Reference (ToR). This has now been addressed. All Standing Committee workplans for 2019/20 were presented to their March 2019 meetings.
- The self evaluation assessment for the Ministerial Strategic Group for Health & Community Care Integration Review Leadership Group has been completed. The evaluation largely identified arrangements as 'partly established' and identified issues around governance and accountability consistent with concerns raised by Board members and in numerous Internal Audit reports. Improvement actions have been identified and management have advised that report, which will include consideration of how actions will be monitored, will be prepared following a HSCI event for Board Members on 20 June 2019.
- Whilst there is a Board Assurance Framework (BAF) relating to integration, it is not possible to conclude that associated mitigating actions are operating effectively or that there is currently any realistic prospect of achieving the target risk score without further action. We would also highlight the Integration Principles adopted by the IJB but not yet considered by the Board.
- The annual assurance statement for Fife Integration Joint Board is due to be presented

to the Fife IJB Audit & Risk Committee on 5 July 2019, therefore the timing of this will not inform and provide assurance for the NHS Fife Board over the year 2018/19. It may not be feasible to redress this timing issue.

**Detailed Finding and Action Point Reference 1****Finding:**

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 risks 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.

**Audit Recommendation:**

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.

The template for Standing Committee Annual Assurance Statements could assist in this process by including:

- 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:
  - 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

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.

**Priority: 2****Management Response/Action**

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.

**Action by / Date:**

**Board Secretary / 31 May 2020**

**Detailed Finding and Action Point Reference 2****Finding:**

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.

**Audit Recommendation:**

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.

**Priority: 2****Management Response/Action**

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.

**Action by / Date:**

**Director of Finance & Performance and Board Secretary**

**31 March 2020**

### Detailed Finding and Action Point Reference 3

#### Finding:

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.

#### Audit Recommendation:

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.

#### Priority: 2

#### Management Response/Action

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)

#### Action by / Date:

**Internal Audit(1)/Board Secretary(2)/Director of Finance(3)**

**30 September 2019**

**Detailed Finding and Action Point Reference 4****Finding:**

There have been significant and persistent delays in taking forward agreed improvements to the Risk Management Framework, going back many years.

**Audit Recommendation:**

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.

**Priority: 2****Management Response/Action**

We accept the recommendation and a report will be provided as described above.

**Action by / Date:**

Director of Nursing

30 September 2019



## Clinical Governance

### Key arrangements in place:

- A Clinical and Care Governance Strategy was approved by Fife NHS Board on 25 April 2017 but as noted below, requires urgent review.
- The NHS Fife Clinical Governance Committee is a Standing Committee of Fife NHS Board and has an agreed Terms of Reference approved by the Board as a component part of the NHS Fife Code of Corporate Governance and has an agreed workplan scheduling its business for the year to meet the requirements of its remit.
- The NHS Fife Clinical Governance Committee provides an annual assurance statement to Fife NHS Board confirming that adequate and effective Clinical Governance arrangements were in place for the year. However, as noted below it was approved without consideration of all relevant factors.
- The Fife Health and Social Care Partnership Clinical and Care Governance Committee has an agreed Terms of Reference and has an agreed workplan scheduling its business for the year to meet the requirements of its remit. The committee reports to the Fife Integration Joint Board and its minutes and annual assurance statement are now presented to the NHS Fife Clinical Governance Committee.
- A Quality Report on the overall position and relevant data in relation to key themes is presented to each meeting of the NHS Fife Clinical Governance Committee and the Fife Health and Social Care Partnership Clinical and Care Governance Committee
- An Activity Tracker report detailing the results of any external reviews undertaken by regulatory bodies such as Healthcare Improvement Scotland and the progress made in addressing any issues identified is presented to each meeting of the NHS Fife Clinical Governance Committee and the Fife Health and Social Care Partnership Clinical and Care Governance Committee.
- The outcomes of the unannounced inspection undertaken by Healthcare Improvement Scotland at Victoria Hospital in September 2018 were included as a disclosure within the Governance Statement and agreed actions were followed up by the NHS Fife Clinical Governance Committee
- The annual review letter from the Scottish Government was issued to the Board on 31 January 2019 but contained no major issues in relation to Clinical and Care Governance. The Board will provide a formal response by 30 June 2019.

### Planned and ongoing developments, including responses to previous significant internal audit reports:

- Internal Audit Report B15/17 & B18/18 Clinical and Care Governance Strategy and Assurance concluded that *'the Clinical and Care Governance Strategy is not fully consistent, does not create a coherent and clear vision of responsibility for clinical governance and that there is no overall process for assuring progress that the strategy is being delivered as expected'*. Our Interim Evaluation of the Internal Control Framework (B08/19) reported that at that point only 2 of the 13 findings in this report had been fully addressed. The status report on the implementation of actions to address the findings in this report presented to the NHS Fife Clinical Governance Committee on 4 July 2018 was incomplete and no further update has been provided.
- The BAF for Quality and Safety included the need to address the findings of Internal Audit Report B15/17 & B18/18 as a gap in assurance but this was removed from the BAF and no explanation was provided in the SBAR supporting the BAF to indicate why

this had been removed. We previously identified that the findings from this report had not been included in the NHS Fife Follow-up system and, this continues to be the case despite being highlighted within our Interim Control Evaluation.

- The NHS Fife Adverse Events Policy has been updated and now includes guidance on the Duty of Candour provisions required by statute. An annual report on Duty of Candour describing its application in NHS Fife in 2018/19 is in development and will include all relevant aspects but was not presented to the CGC before it approved its annual assurance statement.
- During the year there were two relevant audit reports:
  - Internal Audit B16/19 - Management of Adverse Events considered the adequacy of organisational procedures for dealing with adverse events, how adverse event reviews are undertaken and actions and lessons learned from these taken forward. There were no material recommendations.
  - Internal Audit B18/19 – Medical Equipment and Devices considered whether action had been taken to address the recommendations made in our previous report on this subject (B17/17) and concluded that all recommendations had now been addressed.
- In response to an issue highlighted by Audit Scotland in their Management Report 2018/19 related to Organisational Resilience Self-Assessment the Board has agreed to document an action plan to monitor implementation of the NHS Scotland Health Resilience Unit standards and present this to the NHS Fife Resilience Forum in July 2019.

## Staff Governance

### Key arrangements in place:

- The Staff Governance Committee (SGC) Terms of Reference (ToR) are generally in line with the 4th Edition Staff Governance Standard.
- The SGC reviews the Staff Governance Annual Monitoring Return before its submission to SGHSCD. Areas requiring improvement are identified in the return as iMatter response rate, completion of staff appraisals on TURAS. These issues were not referred to in the SGC's Annual Assurance Statement for 2018/19 although reference to these matters as agenda items is incorporated in the Statement.
- Year-end assurance on the 2018-19 Staff Governance Action Plan was presented to the SGC on 3 May 2019. This highlighted significant issues related to compliance with core training, staff appraisals, low response to iMatter and no iMatter annual report produced by NHS Fife and sickness absence rate above the average for NHS Scotland. However, these issues were not mentioned in the SGC's Annual Assurance Statement for 2018/19, although reference to these matters as agenda items is incorporated in the Statement.
- All of the issues highlighted in the SGHSCD Staff Governance Monitoring Return and the Year-End Review of the 2018/19 Staff Governance Action Plan are recorded in the 2019-20 NHS Fife Staff Governance Action Plan and the actions associated with these all have a review date of September 2019.
- The NHS Fife Workforce Strategy is listed as a key control in the workforce sustainability BAF. It was approved by Fife NHS Board on 25 July 2018. High level updates regarding the strategy and the responsibilities of the NHS Fife Strategic Workforce Planning Group have been provided to the SGC in 2018-19. Whilst an update on action plan is not provided directly to the Committee. This work is addressed and monitored through the Workforce Steering Group and updates from this Group will provide assurance to the Committee.
- A revised NHS Fife Workforce Strategy will be presented to Fife NHS Board for approval on 31 July 2019. We have been informed that the associated action plan will be used as a basis for updates to the SGC in 2019/20. This area will be reviewed in B23/20 Workforce Planning.
- A Once for Scotland Workforce model has been established to create single standardised policies that will be used across NHS Scotland and therefore, all NHS Fife workforce policies will be updated when model policies are available.
- The SGC relationship with the Remuneration Sub-Committee is clearly defined.
- The SGC ToR include reference to assuring the Board that the staff governance arrangements in the Integration Joint Board are working effectively and its responsibility to escalate any issues to the NHS Fife Board if serious concerns are identified regarding staff governance issues within the services devolved to the Integration Joint Board.
- Both the Area Partnership Forum and SGC have received regular updates around monitoring compliance with the Staff Governance Standard.
- Attendance management continues to be a regular agenda item during 2018/19. This

reflects NHS Fife position of having a sickness rate slightly above the NHS Scotland average (NHS Fife – 5.51%, NHS Scotland – 5.39% for 2018/19). Scottish Government recently announced in PCS(AFC)2019/2 that NHSScotland should work towards reducing sickness absence by 0.5% per annum over 3 years, beginning on 1 April 2019 with the aim of achieving an overall NHSScotland average of less than 4.0% (not 5% as shown in the IPR). This will be extremely challenging given the changing demographic of the workforce will also be reviewed as part of B23/20.

- An annual report for the Remuneration Sub-Committee for 2018/19 concluded that *'appropriate arrangements were in place for the implementation of the circulars and the sub-committee fulfilled its remit and purpose'*. However, it has not undertaken a self assessment against the Audit Scotland methodology for the last two years.
- The Remuneration Sub-Committee received reports confirming that staff in executive and senior manager grades are appraised in accordance with PCS2013(ESM)01.

**Planned and ongoing developments, including responses to previous significant internal audit reports:**

- We have previously reported that the Staff Governance action plan does not contain SMART objectives or details of specific measures to be undertaken and that the Area Partnership Forum which oversees the implementation of the SGAP does not provide the SGC with an Annual Report concluding on its activities and assurances for the year. Our recommendations for change were not accepted but remain relevant.
- We previously reported that the SGC should receive an annual whistle-blowing report. This was not implemented; however relevant details are included in the governance monitoring return to SGC.
- Consultant appraisal figures were 93% for 2018/19 compared to 79% for 2017/18. GP appraisal figures were 99% for 2018/19 compared to 96% for 2017/18 and the Scottish average of 97%.
- As reported to the Executive Director's Group in May 2019, the compliance rate for completion of personal development plans within TURAS was 42% at April 2019 which is 3% above the trajectory set to achieve the NHS Fife target of 80% by October 2019.

### Detailed Finding and Action Point Reference 5

#### Finding:

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 '*Work Generated by the group shall be formally reported to EDG and the Staff Governance Committee as appropriate*' but does not include a specific responsibility to provide an annual update on progress against the Workforce Strategy Action Plan to the SGC.

#### Audit Recommendation:

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.

#### Priority: 2

#### Management Response/Action

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.

#### Action by / Date:

Director of Workforce

30 September 2019

### Detailed Finding and Action Point Reference 6

#### Finding:

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.

#### Audit Recommendation:

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.

#### Priority: 3

#### Management Response/Action

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.

#### Action by / Date:

**Director of Workforce**

**30 June 2019**

**Board Secretary**

**31 March 2020**

## Financial Governance

### Key arrangements in place:

- Financial performance continues to be reported as part of the Integrated Performance Report (IPR) to the Board and all the Standing Committees. The IPR presented to the May 2019 FP&RC stated the revenue position for the 12 months to 31 March reflects an under spend of £0.219m. This comprises an under spend of £6.869m attributable to Health Board; and an over spend of £6.650m aligned to the Integration Joint Board (health budgets delegated to the IJB), (£0.325m 'health' under spend and the impact of the risk share agreement (£6.975m). There is a small capital surplus of £2k against a Capital Resource Limit of £8.481m. The risk-share agreement has serious financial implications for the Board and will be the subject of further discussions.
- The audited financial statements will be presented to the Audit & Risk Committee on 20 June 2019 with approval of the accounts scheduled for the Board meeting on the 26 June 2019. To date there have been no significant issues highlighted by External Audit in relation to the annual accounts.
- There is adequate monitoring of the Board's financial position at NHS Fife Board and standing committee level with appropriate frequency. We commend the inclusion of Fife IJB's overall financial position within the financial reports within the Integrated Performance Report and specific inclusion of the risk share elements within the final forecast as well as regular review of the Financial Sustainability BAF by the FP&RC.
- The Annual Operational Plan 2018-19 and Regional Delivery Plan, including Financial Plan, were approved by the NHS Fife Board at its meeting on 14 March 2018. The financial plan for 2018/19 was approved by the Board as part of the overall Annual Operational Plan process.
- The Board Members' Register of Interests has been made available on the staff intranet and on the NHS Fife website.
- During the year there were three relevant audit reports:
  - Internal Audit B22/19 concluded that Losses and Compensations arrangements were broadly satisfactory
  - Internal audit review B28/19 – Financial Process Compliance found no evidence of failings in any of the financial systems reviewed and confirmed that the audit recommendations from the previous review had been implemented
  - Internal Audit B33/19 concluded that the Endowment Funds arrangements were Broadly Satisfactory.
- The Scheme of Delegation, Standing Financial Instructions and Financial Operating Procedures cover the required areas and also demonstrate an appropriate system of budgetary control including clear delegation to budget holders.
- Budget setting principles have been agreed for 2019/20 as part of a paper titled '*Financial Outlook 2019/20 to 2021/22*' to the FP&RC on 18 September 2018. We will review these principles as part of B24/19 Financial Planning.
- An update on the NHS Fife Property and Asset Management Strategy (PAMS) 2014-20 was presented to the September 2018 FP&RC prior to submission to the Scottish Government. Progress on the new PAMS has been reported to other FP&RC meetings which reported that it is being revised to reflect transformation. The 2017 Annual State

of NHSScotland Assets and Facilities Report was presented to the January 2019 FP&RC.

- NHS Fife has an appropriate Anti-Fraud and Corruption Policy and Response Plan and has an identified Fraud Liaison Officer.

**Planned and ongoing developments, including responses to previous significant internal audit reports:**

- Within B06/19 Annual Internal Audit Report 2018/19, we highlighted the overall increase in financial risk across NHS Scotland and the increasing difficulty in driving the efficiencies required to break even in future years. The reliance on non recurrent savings to achieve financial targets has also been identified within NHS Fife Management Report 2018/19 by Audit Scotland and governance of the Transformation Programme, which could be the primary vehicle for delivering such savings, still requires considerable improvement.
- The development of the five year financial plan is being undertaken in conjunction with the East of Scotland Regional Delivery Plan. Verbal updates have been provided to the NHS Fife Board during 2018/19 but the overall plan has not yet been finalised. We would highlight that Regional Planning is unlikely to deliver substantial recurrent savings of the order required by NHS Fife.



Information Governance
<p><b>Key arrangements in place:</b></p> <ul style="list-style-type: none"> <li>• An NHS Fife Information Governance and Security Group (IG&amp;SG) has an agreed Terms of Reference and meets on a quarterly basis to consider business scheduled in an agreed workplan.</li> <li>• The Acute Services Division Chief Operating Officer (COO) was NHS Fife's Senior Information Risk Owner (SIRO) in 2018/19 with the Director of Finance and Performance assuming responsibility for 2019/20. The Information Governance and Security Manager was the Data Protection Officer (DPO) in 2018/19.</li> <li>• An Executive Director's Annual Assurance Letter from the COO in post from 28 January to 31 March 2019 provided assurance regarding their SIRO role for this period and confirmed that neither the SIRO nor the DPO had taken on a role or tasks that may have resulted in a conflict of interests with their roles as SIRO and DPO. No Executive Director's Annual Assurance Letter was obtained from COO in place from 1 April 2018 to 27 January 2019 before her departure.</li> <li>• The Board has policies in place covering Information Security, Data Protection and Confidentiality. The Information Security Policy is under review currently and will be brought back to the next IG&amp;SG meeting on 28 August 2019 for approval for submission to the General Policies Group.</li> <li>• The NHS Fife eHealth Board has an agreed Terms of Reference and meets on a quarterly basis to consider business scheduled in an agreed workplan.</li> <li>• A Board Assurance Framework (BAF) section for eHealth – Delivering Digital and Information Governance and Security was prepared in 2018/19 and was approved by the eHealth Board on 24 May 2019.</li> <li>• Information Governance related incidents are reported to each meeting of the IG&amp;SG. In 2018/19 two incidents were considered serious enough to be reported to the Information Commissioner's Office but the ICO concluded that no further action was required.</li> </ul>
<p><b>Planned and ongoing developments, including responses to previous significant internal audit reports:</b></p> <ul style="list-style-type: none"> <li>• As the CGC is responsible for providing assurance on Information Governance to Fife NHS Board it is important that it receives regular, clear, unambiguous assurance regarding compliance with key legislative requirements. Whilst high level reports describing compliance with General Data Protection Regulations (GDPR) were presented to the January and March CGCs it received no overt reporting on compliance with the Networks and Information Systems (NIS) Directive, the Public Sector Cyber Resilience Action Plan or the NHS Scotland Information Security Policy Framework. More fundamentally, it did not receive an Annual Assurance Statement from the IG&amp;SG before it produced its annual report which concluded that adequate and effective Information Governance arrangements were in place.</li> <li>• The Information Governance Team has been subject to high staff turnover but is now established with a full complement of staff.</li> <li>• The Information Governance &amp; Information Security Management System action plan and associated work packages were not presented to the IG&amp;SG during 2018/19,</li> </ul>

although a status update was presented on 28 May 2019.

- We are pleased to note that assurance to the IG&SG regarding activity to achieve and maintain compliance with all key Information Governance requirements is to be substantially revised in 2019/20 and there will be greater scrutiny of compliance with its workplan. B31&32/19 will report on this area in more detail.
- Compliance with the legislative timescales for processing Freedom of Information Requests fell as low as 51% in 2018/19 but after remedial action was taken the compliance rate for the final quarter of 2018/19 improved to 69%.
- The NHS Fife Information and Digital Technology Strategy 2019-2024 was presented to the eHealth Board on 26 February 2019 but feedback was insufficient to allow approval at the next meeting as intended. In the meantime, an updated NHS eHealth Delivery Plan, which will be the vehicle for delivering the strategy will be presented to the eHealth Board for approval on 19 August 2019.
- In response to Audit Scotland recommendations the Board has agreed to:
  - document recovery processes for the ongoing improvements between primary and secondary platforms for the Trackcare and Patienttrack systems;
  - provide updates to the Board on progress on Cyber Security;
  - work towards full GDPR compliance by the end of 2019 and to conduct audits on a continuous basis to confirm that compliance is maintained.

**Detailed Finding and Action Point Reference 7****Finding:**

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.

**Audit Recommendation:**

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

- 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.

**Priority: 2****Management Response/Action**

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 CCG in September.

**Action by / Date:**

DPO/SIRO

30 September 2019

**Detailed Finding and Action Point Reference 8****Finding:**

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.

**Audit Recommendation:**

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.

**Priority: 3****Management Response/Action**

We accept the recommendation and a process will be implemented to ensure appropriate assurances are received in the event of a Director leaving post

**Action by / Date:**

Board Secretary

30 September 2019

## Performance against service specification

	Planning	Target	2018/19	2017/18
1	Strategic/Annual Plan presented to Audit & Risk Committee by April 30th	Yes	Draft Presented May 2019	No
2	Annual Internal Audit Report presented to Audit & Risk Committee by June	Yes	Yes	Yes
3	Audit assignment plans for planned audits issued to the responsible Director at least 2 weeks before commencement of audit	75%	78%	76%
4	Draft reports issued by target date	75%	65%	47%
5	Responses received from client within timescale defined in reporting protocol	75%	65%	64%
6	Final reports presented to target Audit & Risk Committee	75%	75%	73%
7	Number of days delivered against plan	100% at year-end	90%	90%
8	Number of audits delivered to planned number of days (within 10%)	75%	70%	80%
9	Skill mix	50%	74%	82%
10	Staff provision by category	As per SSA/Spec	Exceeded see chart	Pie
<b>Effectiveness</b>				
11	Client satisfaction surveys	Average score of 3	Exceeded – see Bar chart	

The priorities relating to Internal Audit recommendations are defined as follows:

Recommendations	Definition	Total
<b>Priority 1</b>	<b>Priority 1 recommendations</b> relate to critical issues which will feature in our evaluation of the Governance Statement. These are significant matters relating to factors critical to the success of the organisation. The weakness may also give rise to material loss or error or seriously impact on the reputation of the organisation and require urgent attention by a Director.	None
<b>Priority 2</b>	<b>Priority 2 recommendations</b> relate to important issues that require the attention of senior management and may also give rise to material financial loss or error.	Six (Ref: 1, 2, 3, 4, 5 & 7)
<b>Priority 3</b>	<b>Priority 3 recommendations</b> are usually matters that can be corrected through line management action or improvements to the efficiency and effectiveness of controls.	Two (Ref: 6 & 8)
<b>Priority 4</b>	<b>Priority 4 recommendations</b> are recommendations that improve the efficiency and effectiveness of controls operated mainly at supervisory level. The weaknesses highlighted do not affect the ability of the controls to meet their objectives in any significant way.	None.

**Priority 1 and 2 recommendations are highlighted to the Audit & Risk Committee and included in the main body of the report within the Audit Opinion.**

# Fife Health & Social Care Integration Joint Board

Supporting the people of Fife together



## UNCONFIRMED

### MINUTES OF THE FINANCE AND PERFORMANCE COMMITTEE HELD ON TUESDAY 21 MAY 2019, 2.00 PM, CONFERENCE ROOM 1, GROUND FLOOR, FIFE HOUSE

**Present:** Cllr David Graham (Chair)  
Cllr David Alexander  
Cllr Rosemary Liewald  
Martin Black, NHS Board Member  
Les Bissett, NHS Board Member

**Attending:** Fiona McKay, Head of Strategic Planning, Performance & Commissioning, Fife H&SCP  
Michael Kellet, Director of Health and Social Care  
Norma Aitken, Head of Corporate Service, Fife H&SCP  
Audrey Valente, Finance Business Partner  
Claire Dobson, Divisional General Manager (West)  
Julie Paterson, Divisional General Manager (Fife Wide)  
Evelyn McPhail, Director of Pharmacy  
Eileen Rowand, Executive Director, Fife Council  
Seonaid McCallum, Associate Medical Director  
Cindy Graham, Service Manager, Care at Home Services

**In Attendance:** Pearl Tate, Audit Scotland  
Andrew Henry-Gray (Minutes)  
Laura Penman (Minutes)

**Apologies:** Margaret Wells, NHS Board Member  
David Heaney, Divisional General Manager (East)

NO	HEADING	ACTION
1	<b>WELCOME AND APOLOGIES</b>	
	Cllr David Graham welcomed everyone to the meeting. DG noted that this is the last meeting for Evelyn McPhail and, on behalf of the committee, wished her well for her retirement and thanked her for the work done for the HSCP over the years.	
2	<b>DECLARATIONS OF INTEREST</b>	
	None.	



<b>3</b>	<b>MINUTE OF PREVIOUS MEETING</b>	
	<u>Decision</u> <ul style="list-style-type: none"> <li>The Committee agreed the minutes of the previous meeting.</li> </ul>	
<b>4</b>	<b>ACTION LOG</b>	
	<p>4(a) DG &amp; FM have been looking at additions and a few items have been added to the action log. DG stated that he remains open to members who wish any particular areas of the service to be looked at in further detail.</p> <p>5.1(a) Report from Brian Steven to come to next meeting.</p> <p>5.3(a) Ongoing as unavailable until financial outturn in June 2019.</p> <p>5.5(a) Paper detailing charging was sent to council policy &amp; coordination.</p> <p>5.5(b) CD will provide verbal update in today's meeting.</p> <p>LB raised concerns with the delayed action plan in reference to the financial monitoring report. DG also expressed his concern at the delay. ER provided further assurance that work is ongoing. MK noted that an extraordinary F&amp;P committee meeting is due to be scheduled prior to the IJB meeting on 21/06/2019 and therefore suggested adding this as an agenda item.</p>	<b>MK/FM</b>
<b>5</b>	<b>COMMUNITY HOSPITAL &amp; INTERMEDIATE CARE BEDS REDESIGN</b>	
	<p>CD provided verbal update on behalf of DH. Briefing already circulated to committee. CD reported that unfortunately the change manager leading this redesign is absent from work which has caused a significant delay in production of proposals. Therefore, the CH&amp;ICBR paper will now come to the F&amp;PC committee on 17/07/2019 then onward to IJB August.</p> <p>DG raised concerns about the ability to implement this task moving forward and queried if there are plans to move this task on should the staff member be off long-term. CD responded that currently they are looking at capacity around the change management team and noted that any free resources are being focused on the out-of-hours redesign.</p> <p>MB queried the financial implication of this delay. MK noted that no savings had been built into the current 2019/20 budget proposition around community redesign.</p> <p>LB raised an issue from the Brian Steven report around the setting up of a PMO (Project Management Office) and queried if this was one of the considerations. MK responded that change capacity for the partnership is likely to grow and therefore the setting up of a PMO is certainly something that is being considered.</p> <p>CD reported that they are looking at committee dates over the summer period with an aim to take it to the IJB in August.</p>	<b>CD/DH</b>



6	<b>FINANCE REPORT</b>	
	<p>AV presented the finance report in terms of the provisional outturn position for the HSCP for 2018/19. AV detailed an overspend of £9.2M (Fife Council £9.5m overspend; NHS Fife £300k underspend). As per risk-share agreement, the overspend is funded by both partners on a 72/28% basis and as a result NHS Fife, as part of a resource transfer, has given Fife Council £6.975m at year end.</p> <p>AV highlighted several areas of concern from the report which would need to be taken into account as part of any future financial strategy which include unachieved savings, inflation and cost pressures.</p> <p>AV detailed 6 areas of the overspend position:</p> <p><u>NHS</u></p> <ul style="list-style-type: none"> <li>• Provisional underspend of £4.2m in community healthcare (due to vacancies in community nursing and dental services among other reasons).</li> <li>• Overspend of £2.3m in hospital and long-term care (cost of complex care patients along with use of bank &amp; agency nursing)</li> <li>• Prescribing has provisional overspend of £2.1m (average cost &amp; volume increases)</li> </ul> <p><u>Council</u></p> <ul style="list-style-type: none"> <li>• Homecare has £2.5m overspend (increased demand on external care packages)</li> <li>• Adult placement £3.7m overspend (due to new care packages)</li> <li>• £3.6m overspend on Social Care – Other (majority is in relation to under achievement of savings: changing to deliver savings of £1.7m; and a management restructure saving of £440k)</li> <li>• Significant savings of £1.2m have been achieved during the year.</li> </ul> <p>AV also noted that, as part of the budget process for 2018/19, there were £12.2m savings approved by the IJB: of this, £8.8m has been achieved. In addition to the <i>changing to deliver</i> and <i>management restructure</i> savings there are also two other savings: <i>community redesign</i> and <i>out-of-hours</i> (£400k each).</p> <p>DG flagged that the management restructure has been on the savings proposals for some time and queried the position. MK reiterated that discussions are to continue but at a divisional level rather than across the partnership as a whole.</p> <p>LB noted from the SBAR that a systematic approach to planning transformational change and realistic timescales in relation to delivery of savings is required and queried what progress was being made. AV responded that a workshop is planned for 18/06/219 to look at potential savings for part of the budget setting process next year so they are bringing forward timescales for setting the budget and bringing forward proposals to give us the opportunity to look at due diligence, achievability and timescales. LB requested further clarification given that the transformational change is over-and-above the current year budget. MK explained that the focus is to deliver the budget for this year but also to start the process of looking at future year savings sooner. MK also highlighted that Paul Hawkins has instituted a re-engineering of the Joint Strategic Transformation Group that worked across the HSCP and NHS Fife. Engagement with this group will continue as well as with other current and new transformational programmes.</p> <p>DG queried where the transformational working group gives information or reports to in relation to the governance organisations of the two partners. MK explained that the Joint Strategic Transformation Group would report through HSCP governance mechanisms and NHS governance mechanisms: how Fife Council is to receive reports is still to be discussed.</p> <p>MB flagged that last year there was to be recognition of the overspend and how it would impact on the NHS because of the £1.6m which came at the end of last financial year</p>	

	<p>and 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 into the regular IJB reporting more information about the impact on the funding partners as part of the routine reporting on finance.</p> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>• Note and discuss the provisional outturn position at 31st March 2019.</li> <li>• Note and discuss the key risks and challenges highlighted in the first section of the report.</li> <li>• Direct escalation to partners of the financial position and comply in line with Integration Scheme to request additional funding.</li> </ul> <p><u>Decision</u></p> <ul style="list-style-type: none"> <li>• The Committee <b>noted</b> the information in the report and the recommendations.</li> <li>• The Committee <b>agreed</b> to accept the recommendations.</li> </ul>	
<b>7</b>	<b>MEDICINES EFFICIENCIES UPDATE</b>	
	<p>EM presented the Medicine &amp; Efficiencies report and highlighted that the programme is now in its 3<sup>rd</sup> year and has delivered in the region of £12m in savings. Work continues to focus on the 3 priority areas: formulary compliance; reducing medicines waste; and prescribing. EM highlighted data about cost per patient in relation to other boards - EM noted graph comparative data relates to health boards not other HSCPs - since the start of the process it has come down to the 4<sup>th</sup> lowest cost per patient in Scotland. Formulary compliance continues to improve. Currently developing a more comprehensive communications campaign about reducing medicine waste. Pharmacy assistants now working directly in a number of homes. Realistic prescribing is a change in culture for prescribers and will take time but is moving along. We continue to have risks to the delivery of the efficiencies including medicine shortages, Brexit and GP practice sustainability as well as the ability to recruit pharmacy staff.</p> <p>MB queried if the care home assistants would be time-limited. EM responded that this was done as a spend-to-save with the intention to recoup the cost over time.</p> <p>RL highlighted the roll-out of the medicines review which has been going on well with pharmacy staff and technicians at practice level, and queried if the pharmacy teams could be more involved with the drop-in centres, wells &amp; community get-togethers.</p> <p><u>Decision</u></p> <ul style="list-style-type: none"> <li>• The Committee <b>noted</b> the information in the report.</li> <li>• The Committee <b>acknowledged</b> the tremendous amount of work done in relation to the cost per patient work.</li> </ul>	
<b>8</b>	<b>PERFORMANCE REPORT</b>	
	<p>FM provided further detail in relation to the National Six Indicators (which are government targets) in that over the past two returns there has been a noted increase in A&amp;E admissions and attendances but there does seem to be an issue with compliance with returns being at 100%. FM to meet with Andrew McKay and Alistair Smith, Risk Team, to look into the admissions data.</p> <p>Work continues with GPs in the Kirkcaldy &amp; Lumphinnans areas with direct access to STAR beds. This would mean that the GP can call the care home if they have a patient who does not need to be admitted to A&amp;E but does require more support than they can</p>	



	<p>get at home. FM meeting with Kirkcaldy GPs to commence a similar model at Ostlers House.</p> <p>Local performance targets continue to show a downward trend in long-term care placements which is positive. Work to be undertaken to consolidate the performance framework.</p> <p>LB asked for clarification in relation to the performance of the assessment units &amp; STAR beds and patients waiting to be discharged to their preferred care home. FM explained that people staying in assessment beds are not classed as delays and are still financially assessed as long-term care. In terms of STAR beds, delays are due to changes in circumstances and/or challenges with care home availability.</p> <p>LB noted that in terms of delayed discharges, improvement activities are either complete or due to be completed soon and queried whether there are further plans in place for improvement. CD responded that the delay position is a lot less favourable than it was previously. What is being worked on now is a weekly care at home budget recovery group; looking at how to improve process around accessing care; and how to work differently with providers to ensure that we do have the capacity we need. CD noted that it is an ongoing challenge which always needs refreshed. DG noted that the committee may wish to look at this again going forward.</p> <p>MB asked for clarity about patients who are waiting to be allocated to a care home placement. FM explained that these patients are not boarders as they are still receiving care but that they are waiting for a care home of their choice. FM highlighted that there are currently about 100 care home vacancies across Fife though not necessarily where patients wish to be placed.</p> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>• For information.</li> </ul> <p><u>Decision</u></p> <ul style="list-style-type: none"> <li>• The Committee <b>noted</b> the information in the report.</li> </ul>	
<b>9</b>	<b>REVISION OF THE PERFORMANCE FRAMEWORK</b>	
	<p>FM detailed that in 2016 a performance framework was put in place and a review of this is necessary as a huge amount of work has been done since then. The proposal would be to bring quarterly reports on performance to the IJB. In between this it would be possible to do deeper dives in particular areas of interest for the Finance &amp; Performance Committee.</p> <p>LB welcomed the proposal and suggested dialogue with the health board to ensure that relevant information goes to where it is required. LB suggested that review of the process and integration with the health board may help to focus information and reduce the volume of the performance reports which come to the committee.</p> <p>MK added that if this is implemented correctly then it will help ensure the committee sees information it needs to see and has assurance that regular performance and quality reporting is being exercised.</p> <p><u>Recommendation</u></p> <ul style="list-style-type: none"> <li>• Information and Discussion - Members are asked to note the current position and provide any further comments for consideration in the review of the Integrated Performance Framework.</li> </ul> <p><u>Decision</u></p>	

	<ul style="list-style-type: none"> <li>The Committee <b>noted</b> the current position as presented.</li> <li>The Committee <b>suggested</b> that a workshop would be useful to look at this proposal in its entirety.</li> </ul>	
<b>10</b>	<b>CARE AT HOME – START MODEL</b>	
	<p>FM presented the report on behalf of DH. The in-house provision is now on Phase 3 which is the roll-out of the START model across the whole service.</p> <p>The programme had begun in 2016 with 18 care workers and now has 142 START workers.</p> <p>RL requested more details from the meeting with Totalmobile. FM reported that a meeting was held on 10/05/2019 with the care providers and moved the implementation date to 03/06/2019. Daily reports started on 11/05/2019 and feedback from the working group was very positive.</p> <p>MB flagged one section of the report assessment which states that 172 service users require an ongoing package which cannot be sourced and queried when this will happen. FM responded that this will be remedied as soon as possible and consideration is being given to new technologies which may be useful.</p> <p>LB welcomed the funding for 50 additional Support Workers but noted that 400 Support Workers had originally been deemed necessary. CG reported that the original plan had been to take staff from internal service but increase in demand had hampered this plan. The plan is to continue to try and take internal staff over but this will not happen as quickly as first thought and that 200 would be a good target for processing the current referrals.</p> <p>RL queried the demographics of recruitment and whether a younger workforce can be attracted to this work sector. CG explained that work is ongoing with high schools around Foundation apprenticeships and this year will see the start of Modern apprenticeships which will be a 2-year training plan to allow varied training which leads to a SVQ3 which is a higher qualification than is required for a frontline worker but would allow them to apply for coordinator posts in the future. An initial pilot of 4 apprenticeships has worked well. Also working with HR and using boosting on Facebook which has been shown to increase recruitment. RL queried how many can be taken on. CG replied that a manageable amount would be 10 a year at the moment.</p> <p><u>Recommendations</u></p> <ul style="list-style-type: none"> <li>The Committee is asked to note the growth in the START model in Fife and its contribution to positive outcomes for services users as well as achieving significant financial efficiencies.</li> <li>Note the challenges facing the service in meeting the growth in demand for care at home and rolling out the START model at scale across Fife.</li> <li>Endorse the future growth and development of this model as a key driver in managing Fife's demand for care at home services.</li> </ul> <p><u>Decision</u></p> <ul style="list-style-type: none"> <li>The Committee <b>noted</b> the information in the report.</li> <li>The Committee <b>agreed</b> to accept the recommendations.</li> </ul>	
<b>11</b>	<b>MAINSTREAMING THE EQUALITY DUTY AND EQUALITIES OUTCOMES PROGRESS REPORT / FAIRER SCOTLAND DUTY</b>	



	<p>FM presented the report. In 2016 an equalities outcomes report was published which was based on the Equalities Act 2010: The Fairer Scotland Duty placed further duties on the IJB. The report details 9 characteristics which we are currently consulting on via the new strategic plan. Important to sign off as a board so that the equality agenda is forefront in our EQIAs.</p> <p>DG queried how we can ensure voices coming to the table are from a wider opinion from across Fife and from different areas of expertise. FM explained that for people who represent organisations (e.g. independent care providers), we provide funding so that they have a worker who is represented on the IJB and we rely on these representatives going back to their organisations with anything we want them to consult on so that they can feed in the views of their organisations.</p> <p>MK added that the role of representatives is very important and that work is being done to build that representation from the localities upward with active locality groups in each of the 7 areas of Fife.</p> <p>MB queried how we rotate representation. NA explained that there is already an existing mechanism for rotation. DG noted that it may be worth informing members of this process.</p> <p><b>Recommendation</b></p> <ul style="list-style-type: none"> <li>• Decision – The IJB is asked to:</li> <li>• Note the requirements of the Equality Act 2010.</li> <li>• Consider and approve the draft Mainstreaming the Equality Duty and Equality Outcomes Progress Report.</li> <li>• Agree the proposal to review equality outcomes as part of the process of producing the Strategic Plan, and in conjunction with the work around reducing health inequalities.</li> <li>• Consider any further action to be taken to ensure compliance with the Fairer Scotland Duty.</li> </ul> <p><u>Decision</u></p> <ul style="list-style-type: none"> <li>• The committee <b>agreed</b> to accept the recommendations in the report.</li> </ul>	
<b>12</b>	<b>UPDATED TERMS OF REFERENCE, SKILLS MATRIX, COMMITTEE SELF-ASSURANCE QUESTIONNAIRE AND ACTION PLAN</b>	
	<p>This is continuing on the work begun by Jen McPhail last year and picks up on some of the recommended improvements which were highlighted by the auditors. Questionnaires have been completed and returned and are brought back to the committee today. Legal advice has also been sought on how it would be possible to co-opt additional members onto any of the committees if necessary. The skills matrix highlights gaps where it may be necessary to co-opt or bring in members but may require further discussion or even a working group to take forward.</p> <p>LB queried the wording in appendix 3 in the terms of reference where it was stated that 3 members would be nominated by NHS Fife and 3 members would be appointed by Fife Council and asked if there was a difference between being <i>nominated</i> and <i>appointed</i>. NA suggested that <i>nominated</i> may relate to keeping a balance of political groups and that NHS members are <i>appointed</i> by NHS boards.</p> <p>LB queried why the committee would co-opt additional members when there are current vacancies on the committee. NA responded that it may be necessary to get the necessary skill mix but advised that this would be for further discussion.</p> <p>The committee should now produce an action plan to address any issues and review all</p>	

	<p>of these documents regularly. These items should be added to the committee workplan.</p> <p><u>Recommendations</u></p> <ul style="list-style-type: none"> <li>• The Executive Lead for the Committee to discuss with the Committee the anonymised comments from the Committee Self-Assessment questionnaires and produce an Action Plan for the Committee to address any issues.</li> <li>• Analyse the Skills Matrix for the Committee and discuss how the necessary skills and expertise can be made available to the Committee to mitigate any risks.</li> <li>• Review the Terms of Reference for the Committee to include how the Committee could co-opt additional members with the necessary skills to fill the skills gap and take on board suggested amendments from comments from the Auditors.</li> </ul> <p><u>Decision</u></p> <ul style="list-style-type: none"> <li>• The Committee <b>agreed</b> to accept the recommendations.</li> </ul>	
<b>13</b>	<b>ANY OTHER COMPETENT BUSINESS</b>	
	MB highlighted the recent good attendance at the H&SC stall in Rothes Halls. MK stated that this was welcome feedback and reported that footfall had been good.	
<b>14</b>	<b>DATE OF NEXT MEETING</b>	
	Wednesday 17/07/2019 at 2.00pm in Conference Room 1, Ground Floor, Fife House, North Street, Glenrothes	

# Fife Health & Social Care Integration Joint Board

Supporting the people of Fife together



## UNCONFIRMED

### MINUTES OF THE FINANCE AND PERFORMANCE COMMITTEE HELD ON TUESDAY 18 JUNE 2019, 10.00 AM, CONFERENCE ROOM 1, GROUND FLOOR, FIFE HOUSE

- Present:** Cllr David Graham (Chair)  
Cllr Rosemary Liewald  
Martin Black, NHS Board Member  
Les Bissett, NHS Board Member  
Margaret Wells, NHS Board Member
- Attending:** Fiona McKay, Head of Strategic Planning, Performance & Commissioning, Fife H&SCP  
Michael Kellet, Director of Health and Social Care  
Norma Aitken, Head of Corporate Service, Fife H&SCP  
Audrey Valente, Finance Business Partner  
David Heaney, Divisional General Manager (East)  
Claire Dobson, Divisional General Manager (West)  
Julie Paterson, Divisional General Manager (Fife Wide)  
Helen Hellewell, Associate Medical Director  
Euan Reid, Lead Pharmacist
- In Attendance:** Lisa Cooper, Clinical Services Manager, Out of Hours Service  
Julie Shields, Head of Ambulance Service, Fife  
Dr Babar Akbar, Clinical Lead GP, Out of Hours Service  
Alison Clyne, Audit Scotland  
Andrew Henry-Gray (Minutes)
- Apologies:** Cllr David Alexander  
Carol Potter, Director of Finance, NHS Fife  
Rose Robertson, Deputy Director of Finance  
Steve Grimmond, Chief Executive  
Evelyn McPhail, Director of Pharmacy  
Eileen Rowand, Executive Director, Fife Council

NO	HEADING	ACTION
1	<b>WELCOME AND OPENING REMARKS</b>	
	Cllr David Graham welcomed everyone to the meeting.	
2	<b>DECLARATIONS OF INTEREST</b>	
	None.	



3	APOLOGIES							
	Apologies were noted.							
4	OUT OF HOURS URGENT CARE REVIEW: REVISED PROPOSAL							
	<p>CD presented the revised proposal with additional input from Lisa Cooper, Julie Shields and Dr Babar Akbar.</p> <p>CD also provided costing figures for the various options:</p> <table><tr><td>Option 1 (Status Quo)</td><td>£6.518m</td></tr><tr><td>Option 2 (Brought to IJB in December 2018)</td><td>£6.337m</td></tr><tr><td>Option 2.1 (Two centre model plus NE Fife addendum)</td><td>£6.468m</td></tr></table> <p>DG thanked the team for the effort in putting the proposal together. The proposal was opened to questions from the committee.</p> <p>LB sought clarification that this committee was to only consider the financial and performance implications of the proposal rather than the wider clinical issues and this was confirmed.</p> <p>Committee members sought clarity on several topics including use of buses, efficiency savings, salaried GPs: there was discussion around these topics and further explanation was provided.</p> <p>LB requested that more detailed financial information be provided to the committee. CD to forward this information to the committee prior to the IJB meeting on 21/06/2019.</p> <p>MB asked for assurance that the addendum had been considered with Fife wide consultation and not just NE fife representation. MK responded that there was work done in NE Fife but reiterated that work was also done in communities in Fife, particularly in and around this area of Glenrothes, and highlighted the very strong evidence that this engagement has been carried out by the team as requested by the IJB at its December meeting and is detailed in the report appended with the SBAR.</p> <p>MB raised his own concerns with the proposed plan under the current staffing levels. CD and team provided explanation of change to current staffing roles, additional specialist paramedic practitioners, innovation and GP fellows programme. MB wished it noted that he remains unconvinced that the proposed plan is sustainable with the current level of staffing. DG highlighted the importance of bringing any potential financial issues (i.e. having to pay enhancements due to staff shortages) back to the committee at the earliest opportunity. CD confirmed that service managers do not have the ability to offer any enhancements at all.</p> <p>MW noted that a dynamic model such as that which has been presented will inevitably be very complex and requested assurance about how it will be overseen. CD explained that Public Health have offered to support with the evaluation around the implementation of the new urgent care model albeit with a finance element: CD will work with AV around this. Any evaluations would be multi-faceted and would be brought forward to this committee and the C&amp;CGC.</p> <p>LB highlighted that he felt a commitment was given to local communities that</p>	Option 1 (Status Quo)	£6.518m	Option 2 (Brought to IJB in December 2018)	£6.337m	Option 2.1 (Two centre model plus NE Fife addendum)	£6.468m	CD
Option 1 (Status Quo)	£6.518m							
Option 2 (Brought to IJB in December 2018)	£6.337m							
Option 2.1 (Two centre model plus NE Fife addendum)	£6.468m							



	<p>meaningful engagement would be an ongoing process and raised a concern that the paper does not give enough assurance that communities are going to be engaged in further planning and development. DG agreed that community engagement should not end after the IJB decision. MK agreed that such a promise was given to local communities and that the commitment is there and are detailed in the final pages of the report. The committee felt that this should be made clearer ahead of the IJB meeting. MK to revise and strengthen this section of the report.</p> <p><u>Decision:</u> The committee agreed to recommend that the IJB be asked to approve:</p> <ul style="list-style-type: none"> <li>- the draft transport policy and procedure</li> <li>- the implementation of the revised model for the flexible delivery of Out of Hours Urgent Care in Fife</li> <li>- the plans for ongoing communication and engagement</li> </ul> <p>with the following caveats:</p> <ul style="list-style-type: none"> <li>- MB wished his concerns around sustainability to be noted but was otherwise happy to agree with the recommendation.</li> <li>- Further breakdown of financial numbers to be distributed by CD to committee members before Friday.</li> <li>- Strengthening of the commitment to further engagement with Fife community groups up to and beyond the IJB decision.</li> </ul>	<b>MK</b>
<b>5</b>	<b>CONSULTANT REPORT UPDATE</b>	
	<p>MK presented the SBAR and action plan which details the actions the SLT have taken forward since the previous report to the committee on 13<sup>th</sup> March 2019: with the aim of giving some idea of the recommendations set out in the consultant's report. The proposal was opened to questions from the committee.</p> <p>LB questioned MK suggestion that some of consultant comments were incorrect. MK reiterated that he stood by his comments from the original SBAR where he made it clear that it was his view that some of the consultant's comments were not factually accurate and that he owed it to the committee and the team to express own view. However, MK expressed that this should not and does not undermine the other recommendations.</p> <p>LB expressed concern that not all the consultant recommendations had been addressed. MW stated that everything which is a recommendation needs to be itemised without omission regardless of sensitivity and each needs to be addressed. MK suggested that the recommendations in the report were not clearly defined and some were overlapping and open to interpretation: an assessment around key areas was made by MK alongside SLT based on an examination of a long report and they drew out key areas of recommendation. MK noted that this was a judgment call and would be happy to have a discussion if items were missed. DG suggested that it needs to be more explicit that the issues have been addressed. MK/SLT to revisit the recommendations and make it clearer that these points have been addressed.</p> <p>Members noted that the action plan has taken a lot of time to arrive and expressed a desire to see dates for review, more movement and additional detail. DG agreed that more dates for review are required. It was noted that there are lots of committees and groups set up but no steps yet, no PMO report until November and no transformational change this year. Need for a much more comprehensive and detailed report in order to</p>	<b>MK/SLT</b>

	<p>provide assurance to the IJB. MK noted that progress comments are fair but that work is ongoing even today and that perhaps this was not articulated enough. There is lots of progress but work needs to be accelerated around PMO or how change is capacitated in partnership. AV highlighted a budget workshop due to take place in the afternoon, involving all SLT and team managers, to talk about budget and gap as the start of process to address issues and this work will link back to the strategic plan.</p> <p>DG summarised that the committee needs to make sure that what is in the action plan is what we need to be looking at. If there are points in the report, or points that are not in the report, that members think should be in the action plan then this should be highlighted to DG or MK in order that proper assurance can be given to the IJB. If there are parts of the report that we either cannot action, are not valid or are not accurate then we can evidence that we have at least looked at it and said that there are reasons why we cannot action them. Members to highlight points which still need to be addressed and send to chair or MK.</p> <p><u>Decision:</u></p> <p>The committee were invited to:</p> <ul style="list-style-type: none"> <li>- Note the report attached</li> <li>- Note the actions already underway in relation to the recommendations in the report</li> </ul> <p><u>The committee agreed that:</u></p> <ul style="list-style-type: none"> <li>- There is a need to look again at the recommendations in the consultant report and to be more explicit in detailing that they have been addressed.</li> <li>- Further work is required on the action plan to provide more detail and dates for review.</li> </ul>	ALL
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<b>6</b>	<b>ANY OTHER COMPETENT BUSINESS</b>	
	The chair expressed his thanks that the papers for today's meeting were numbered correctly this time round and reminded committee members to continue to submit reports on time to help with this process.	<b>ALL</b>
<b>7</b>	<b>DATE OF NEXT MEETING</b>	
	Wednesday 17/07/2019 at 2.00pm in Conference Room 1, Ground Floor, Fife House, North Street, Glenrothes	



**REPORT OF THE PHARMACY PRACTICES COMMITTEE MEETING HELD ON MONDAY 20<sup>TH</sup> MAY 2019, AT 11AM WITHIN MEETING ROOM 1, CAMERON HOUSE, CAMERON BRIDGE, LEVEN, KY8 5RG**

**Present:**

**Appointed by NHS Fife**

Mr Martin Black (**Chair**)  
Mr Andrew Baillie, Lay Member  
Mr Paul Gillon, Lay Member

**Nominated by Fife Area Pharmaceutical Committee**

Mrs Margaret Ryan, APC Representative Non Contractor Pharmacist  
Mr Campbell Shimmins, APC Representative Contractor Pharmacist

**In Attendance:**

Mrs Joyce Kelly, Primary Care Manager, Medical Directorate, Corporate Services  
Ms Morag Shepherd, Independent Legal Assessor, Central Legal Office  
Mrs Karen Brewster, Note Taker  
Miss Dianne Watson, Note Taker

**INTRODUCTION/BACKGROUND**

**APPLICATION FOR INCLUSION IN NHS FIFE'S PHARMACEUTICAL LIST**

1. The meeting was called to consider an application submitted by Mr Umar Razzaq, to provide general pharmaceutical services from premises situated within Windygates General Store, Milton Road, Windygates, Fife, KY8 5DF.
2. Under Regulation 5(10) of the NHS (Pharmaceutical Services) (Scotland) Regulations 2009 ("The Regulations") as amended, the Pharmacy Practices Committee (PPC) were required to determine whether the granting of the application was necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood in which the applicant's proposed premises were located.
  - a) The Regulations require that the Committee shall have regard to:-
    - the pharmaceutical services already provided in the neighbourhood of the premises named in the application by persons whose names are included in NHS Fife's Pharmaceutical List;
    - any representations received by the Board under paragraph 1 of the aforementioned Regulations;
    - any information available to the Committee which, in its opinion, is relevant to the consideration of the application;

- the consultation analysis report submitted in accordance with regulation 5A;
  - the pharmaceutical care services report; and
  - the likely long term sustainability of the pharmaceutical services to be provided by the applicant.
3. The Committee noted that written notification of the application from Mr Razzaq was issued to the under-noted within 10 working days of the application being received:-

- i. NHS Fife's Area Pharmaceutical Committee
- ii. NHS Fife's GP Sub Committee
- iii. Pharmacies in Buckhaven, East Wemyss, Kennoway, Leven, Lundin Links, Markinch, Methil and their respective Head Offices
- iv. Local Community Representative

It was also noted that the Application had been provided to NHS Fife's Director of Pharmacy and the Divisional General Manager of the relevant Health and Social Care Partnership.

4. The Committee noted that written representations were received from the under noted within the required 30 days of written notice being sent to them:-

- i. NHS Fife's Area Pharmaceutical Committee
- ii. Boots Pharmacy Head Office
- iii. East Wemyss Pharmacy
- iv. Leven Pharmacy
- v. Lloyds Pharmacy Head Office
- vi. Omnicare Pharmacy Head Office
- vii. TW Buchanan (Chemists) Ltd
- viii. Well Pharmacy Head Office
- ix. Councillor David Alexander, Community Representative
- x. Mrs Evelyn McPhail, Director of Pharmacy

5. The Chair determined that the meeting should take the form of an oral hearing and the applicant and those who submitted a representation were given the opportunity to attend. Those who accepted the invitation are listed below:-

- i. Mr Umar Razzaq, Applicant assisted by Mr Stephen McKinney
- ii. Councillor David Alexander, Community Representative
- iii. Mr Michael Buchanan, representing TW Buchanan (Chemists) Ltd
- iv. Mr Christopher Freeland, representing Omnicare Pharmacy
- v. Mr Nick Johnston, representing Well Pharmacy
- vi. Mr Niral Nathwani assisted by Mr Robin Brownlie, representing Lloyds Pharmacy
- vii. Mr Duncan Scott, representing Leven Pharmacy
- viii. Mrs Joanne Watson assisted by Ms Denise Brunton, representing Boots Pharmacy

6. It was noted that copies of the following had been supplied to the members of the Committee, the Applicant and those who submitted a representation and had accepted the invitation to attend the hearing.

- Application Form A (1), Consultation Analysis Report (CAR) and a Floor Plan of the proposed premises
- Representations received from:-

NHS Fife's Area Pharmaceutical Committee

Boots Pharmacy Head Office  
East Wemyss Pharmacy  
Leven Pharmacy  
Lloyds Pharmacy Head Office  
Omnicare Pharmacy Head Office  
TW Buchanan (Chemists) Ltd  
Well Pharmacy Head Office  
Councillor David Alexander  
NHS Fife's Director of Pharmacy

- A map of the area indicating the location of the proposed Pharmacy, existing Pharmacies and GP Surgeries
- An extract from the proposed Fife Local Development Plan
- The monthly average number of prescriptions dispensed by Pharmacy Contractors in Buckhaven, East Wemyss, Kennoway, Leven, Lundin Links, Markinch and Methil

**No.**

#### **01/19 CHAIR PERSON'S WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the hearing, and introduced the PPC members. Before starting the Hearing the Chair notified those present that Mr Duncan Scott of Leven Pharmacy had submitted his apologies on the morning of the hearing but had provided a copy of his presentation for consideration by the Committee.

The group were also advised that the applicant had provided additional information for consideration which was an email from K Innes, Senior Addiction Nurse - Cameron Hospital, a letter from the recently re-formed Windygates Community Council and a letter from O Wunam, Wok Inn Chinese Restaurant.

The Chair asked those present if there were any objections to this additional information being submitted for consideration. There were no objections.

#### **02/19 DECLARATION OF MEMBERS INTERESTS**

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

There were no declarations of interest, nor were any persons making representation paid advocates.

#### **03/19 FORMAT OF MEETING**

The Chair briefed those in attendance of the intended format of the meeting.

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

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

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

## 04/19 APPLICANT'S ORAL SUBMISSION

Mr Razzaq thanked everyone for attending to discuss and consider his application to open a new pharmacy from premises situated within Windygates.

Mr Razzaq spoke to his presentation as follows:

"The neighbourhood and location of the proposed pharmacy is that of the village of Windygates in its entirety. It is bounded in the North by Markinch Burn and to the South by the River Leven. To the East, Kennoway Burn travelling down the A915 to where it meets the River Leven and to the West, River Leven at its nearest point to Milton Road travelling North in a straight line to where it meets Markinch Burn.

Windygates is a self-sufficient, distinctive village which includes: a Primary School, Nursery, Church, Post Office, Hairdressers, Beauty Salon, 2 convenience stores, Bowling Club, Football Club, Sports Therapy Clinic and a Community Centre. This shows the residents of Windygates have all the services for day to day needs.

Windygates Community Council has also recently been reformed.

Interestingly. There was also once a pharmacy in Windygates, located on Station Road.

It is possible, employees of both Diageo and Cameron Hospital here at Cameron Bridge will also access services in Windygates.

There are currently no healthcare services in Windygates. While the absence of a community pharmacy does not automatically necessitate the need for one, we are then required to look at whether the current provision of pharmaceutical services is adequate.

According to the latest figures from the Fife Council's Know Fife Dataset the population of Windygates is just over 2000. This can be considered to be a sufficiently large population when you are measuring access to pharmaceutical services. In actual fact Windygates is one of the largest villages in Scotland in terms of population size that does not have a pharmacy or any sort of local healthcare service provision. These are examples of villages in Fife very similar in profile and some smaller in terms of population that have had a new pharmacy contract granted in recent times including Crossford, East Wemyss, Kinglassie and Townhill which was granted recently with a population of around 1300.

A village with a population of around 2000 is more than enough to sustain a new pharmacy, and I have a business plan in place to accommodate this so viability is not an issue, even with the Sunday opening. Considering the prescription volumes that the nearby pharmacies are dispensing, the granting of this contract will not affect the viability of other Pharmacies in the Levenmouth area.

The lack of a current GP surgery should not be an indicator that a pharmacy is not required or viable. In actual fact, the opposite is true, it indicates inadequacy and highlights the need for a pharmacy even more. The provision of a pharmacy will provide, in addition to pharmacy services, an entry point into primary health care services in a neighbourhood where there are absolutely no health services at present.

According to Scottish index for Multiple Deprivation data, 385 people in Windygates are placed in the top 30% of worst areas in Scotland for accessing services. While it may not be the most deprived area this statistic is applicable because of the difficulties people of Windygates face in actually accessing services. This sort of low scoring for geographical access places these residents of Windygates alongside some of the most remote and rural areas in Scotland.

Smoking is the single biggest cause of preventable ill health and premature death in Scotland. From looking at the Scottish Governments statistics website which replaced Scottish



Neighbourhood Statistics, Windygates is split into three data zones. For Windygates East, data zone which accounts for 706 people, the % of pregnant women smoking was a massive 33% which was more than double the Scottish average of 16% and significantly higher than Fife at 21%. NHS Fife is the second worst Health Board in Scotland in terms of achieving their Smoking HEAT targets and has consistently failed to achieve these in the past few years. Taking all this into account, a new pharmacy in Windygates offering the Smoking Cessation Service 7 days a week, will go some way into reducing smoking rates in Windygates and possibly Fife as a whole.

From figures taken from Fife Council's Know Fife dataset, approximately 36% of the population of Windygates consists of the elderly and children which is a staggering 740 people who are most in need of pharmaceutical services. Also, Windygates, like the Levenmouth area as a whole has very much an ageing population. 53% of the population is over 45 which equates to over 1000 people and will result in an increased need for local healthcare services in the coming years in Windygates. 29% of residents, which is roughly 590 people, have one or more long term health conditions, these are people who require regular healthcare for monitoring and treatment of the condition and would most definitely benefit from having a local pharmacy. The need for these patients to make repeated trips to Pharmacies outwith their neighbourhood adds to the inadequacy of existing services.

Going back to the issue of access to pharmaceutical services, it is apparent that residents have to make significant travel efforts to access a pharmacy given there are no health services of any description available in Windygates. Also, all of the nearest Pharmacies are clustered around Doctor's Surgeries and from speaking to residents, not in a place where residents of Windygates would normally travel given that Windygates is well serviced for day to day living.

The nearest pharmacies are:-

Lloyds in Kennoway 1.7 miles  
Omnicare in Methil 1.7 miles  
Boots in Buckhaven 2.3 miles  
Well in Methil 2.5 miles  
Boots in Methil 3.3 miles  
TW Buchanan in Leven 2.7 miles  
Leven Pharmacy 2.7 miles  
Boots in Leven 2.9 miles

The nearest pharmacy as mentioned is currently in Kennoway. There is a major barrier to this pharmacy due to the steep hill on Kennoway Road, which is the only route from Windygates to Kennoway. Walking to Kennoway from Windygates is therefore difficult. In fact Kennoway, which in Gaelic, translates to 'Head of the Den' actually gets its name from its topographical situation. From Windygates Cross this would take a fit and healthy individual around 30 minutes to walk to the pharmacy in Kennoway. For an elderly person or a mother with children, it would take considerably more. I do not believe walking to this pharmacy is a reasonable option for a person with a pram, wheelchair or for the elderly. This barrier to accessing the nearest pharmacy to Windygates is a clear indication of inadequacy.

I have spoken to many residents who have expressed their concern that they were unable to obtain their medicines during the bad weather in the past, as Kennoway was essentially cut off for 3 days during the 'beast from the east'.

To walk to the nearest pharmacy Omnicare in Methilhill, would involve crossing the steep pedestrian overpass over the A911 and then crossing the busy A915 and along the B932. This is a long and difficult route and would take a fit and healthy individual around 35 – 40 minutes. Again, this cannot be considered a reasonable journey to make for residents of Windygates to access pharmaceutical services. Due to the distance and having to cross the steep overpass, this walk is wholly inadequate for a person with a pram, wheelchair or for the elderly.

Due to the distance involved, it is also not reasonable to expect anyone from Windygates to walk to any of the other nearest Pharmacies in Methil, Buckhaven or Leven, therefore they have to be accessed by public transport or car.

In terms of buses, a patient wishing to travel by bus to the nearest pharmacy in Kennoway would take the 43 Service. This service is very infrequent and comes once every hour. (There is another bus to Kennoway, 41 Service but this only arrives 4 times during daytime hours so is not a service people rely on nor does it make much difference to the overall frequency of buses to Kennoway). For a resident wishing to take the bus to the next nearest pharmacy, Omnicare in Methil, they would need to take the 44 in the opposite direction, which is again very limited with just one bus coming every hour. It is clear that including bus waiting times and the wait in the pharmacy, a round trip using public transport to either Lloyds in Kennoway or Omnicare in Methil, would take considerable time and cannot be considered adequate.

For a resident travelling to Leven, by bus, they could use the 43 or 44 just mentioned which both terminate at Leven Bus Station or the X4 service which is also limited at one every hour. None of these buses stop outside any of the pharmacies in Leven and would require a further walk to the pharmacy. Due to the distance involved in travelling to Leven a round trip by bus again would take considerable time so is therefore inadequate.

There are no direct buses from Windygates to Boots in Buckhaven, Boots in Methil or the Well Pharmacy in Methil and would require having to walk from the nearest bus stop or changing to a second bus service. A round trip to any of these Pharmacies is again very lengthy and wholly inadequate.

Bus services, no matter how frequent, do nothing to reduce inadequacy.

The return fare to Kennoway and Methil is £3.50 and to Leven is a whopping £4.50. The prohibitive cost of bus fares is yet another barrier to accessing pharmaceutical services.

The difficulty in accessing the nearest pharmacies and complaints about the frequency and cost of public transport have been echoed by local residents numerous times in the CAR. A key theme in the CAR was 'a new pharmacy would be beneficial for those who rely on public transport as the service within the neighbourhood is limited and can be costly'.

From census data, 20% of households in Windygates do not have access to a vehicle. This means approximately 400 people have no choice but to walk or rely on public transport when accessing pharmaceutical services. A further 41% of households have access to only one vehicle, and given the lack of employment opportunities within the village it would be reasonable to suggest that the car would be used to commute to a place of work and so would not be available to other members of the household during normal working hours, leaving them with no option but to walk or use public transport to access services. This is further validated by census data which shows just under 70% of those in employment in Windygates commute to work by car, with only 11% using the bus.

In 2012, a PPC for NHS Fife granted an application in Crossford. One of the grounds for granting the contract was the assumption that on the day of the site visit, the PPC noted a number of mothers with children "which could mean that some had no access to a car during the day, leaving them isolated during working hours". The situation is much the same in Windygates.

For residents of Windygates, it is clear that a lengthy round trip to access their nearest pharmacy cannot be considered in any way adequate. Why in 2019, should residents of Windygates (especially the elderly and parents with young children) be forced to walk up a steep hill or wait an hour for a bus to access pharmaceutical services, especially when there are numerous villages in Scotland who have less of a population, yet have a pharmacy. I believe a community

pharmacy should be just that and lie in the heart of a community where it is easily accessible.

There is a chronic shortage of housing in the Levenmouth area and as a result there are numerous new developments planned which will increase not only the population but demand for pharmacy services.

There are plans to build some 1500 houses in Buckhaven in the coming years and there is land at Halfield Gardens in Kennoway which is earmarked for 190 houses. There are also 260 houses being built at the Castlefleurie Development in Leven which is located near to Windygates. What is interesting to note about this development is some of the children from here are registered with the Primary School in Windygates, so it is possible some people may access services in Windygates also. In addition, planning has been granted for 75 houses on land at Temple, which would increase the population of Windygates further.

Some contractors do provide delivery of prescriptions which is currently the only pharmacy service available to residents in Windygates. This in no way constitutes an adequate pharmaceutical service. Services such as CMS, eMAS and Smoking Cessation require face to face access to a Pharmacist. A delivery service is not a core NHS service and can be withdrawn at any time.

In terms of the premises itself I do not envisage any issues with converting it into professionally fitted out and modern premises with a consultation room. It will also be DDA compliant and fitted with a hearing induction loop system and will meet all the requirements of the Equalities Act 2010.

The Post Office which is currently located in the premises will be moving a short distance to the convenience store on Station Road. This will allow the premises to be used solely as a pharmacy and also free up parking space.

It terms of opening hours for the proposed pharmacy these are:

- 9am – 6pm Monday to Friday
- 9am - 5pm Saturday
- 10am – 4pm Sunday

This would provide an extra 6 hours of access a week to a pharmacy compared to what is available from the current network at the moment.

The Saturday opening will be a great benefit to local residents especially considering only 2 pharmacies in the Levenmouth area are open after 1pm.

The Sunday opening hours I believe would be a great benefit too, with the only Sunday opening pharmacies both being located some distance away in Kirkcaldy.

The Sunday rota service in Levenmouth ceased in 2007. There was possibly a lack of demand then but considering that was 12 years ago, Community Pharmacy has changed drastically since then with the New Pharmacy Contract. Just like Pharmacies no longer need to be near GP Surgeries, Sunday opening pharmacies do not need to be near to Out of Hours Service. I operate a pharmacy open on a Sunday which is not in an area where there is an Out of Hours Service and have experienced firsthand the huge benefits especially with services like Minor Ailments, Smoking Cessation, EHC, Unscheduled Care and Pharmacy First. With these services its likely a Sunday opening pharmacy will take the pressure off the Out of Hours Service in Kirkcaldy, considering the well documented shortage of Out of Hours GPs in Fife as people are more likely to visit a pharmacy first. This will be a huge coup, not only for Windygates but for the Levenmouth area as a whole.

An added benefit of Sunday opening would be for substance misuse services. After contacting

the Addictions Team based here in Cameron Hospital, I got this reply from Katryn Innes, who is Senior Addiction Nurse for this area.

Mr Razzaq referred to Katryn Innes's email which read:

"The number of patients in the Kennoway/Windygates area is 53. This encapsulates postcodes of KY8 5. Out of 53 patients, 22 of these patients are having to travel to Leven Pharmacies to have their Opiate Substitute Therapies dispensed as there is no capacity in the Lloyds Kennoway pharmacy. As a service we have approximately 356 in the Levenmouth area. There are also patients who are having to travel to Leven from the Kennoway/Windygates area. Some of these patients have physical health problems which impact on their mobility. This is causing problems with concordance as they are frequently missing days of their Opiate Substitute Therapy.

However, many of our patients are not evidencing stability and would also benefit from a 7 day pharmacy due to level of risk of overdose. There have been 11 drug related deaths in the area. Given that the drug related deaths are at an all time high, I would welcome a 7 day pharmacy for our service users. I have discussed this previously in a business meeting but was advised pharmacist that this would be at the discretion of the individual pharmacy and had previously been rejected due to staffing costs accrued for the Sunday opening.

I would like to take this opportunity to wish you all the best in your new business venture. Should you require any further assistance, please do not hesitate to contact me".

Mr Razzaq then referred back to his presentation.

Q1. Do you think the area identified by Windygates Pharmacy describes the neighbourhood where the proposed pharmacy is situated?

89% responded yes and by looking at the comments I don't think there was any real arguments against the defined neighbourhood.

Q2. Do you think there are gaps/deficiencies in the existing provision of pharmaceutical services within the neighbourhood?

I think this is perhaps, the most important question from the consultation since the comments point to inadequacy of existing services. A massive 82% which is 116 respondents answered yes. This question received the highest number of comments. It's clear on this question the public were compelled enough to come forward and elaborate on the issues. Some of the comments from the public include:

- You have to travel to get to one and not everyone can afford to make a bus or taxi trip
- Well there are no pharmacies! I have to travel to Kennoway or Methil to get to one and I don't have a car which makes it difficult. The Lloyds in Kennoway are terrible anyway as they never have my medication in
- Sometimes no Pharmacist in Kennoway. Elderly not able to access public transport to nearest pharmacy
- As a pensioner I struggle to get to the Lloyds in Kennoway. It's often a real hassle and they rarely have my medication in stock so I need to make multiple journeys. A new pharmacy is absolutely needed in Windygates
- It is very difficult for me to get to Lloyds in Kennoway so this is very much needed. I sometimes need to take a taxi to Lloyds to get my medication which I cannot afford so I am relying on this proposal getting approved

- It costs around £6 each way in taxis to Buchanan Chemist (now Omnicare) at Methilhaven Road and I have to go sometimes twice or three times a month, it's a lot of money so having one in the village would be amazing
- A chemist in Windygates is desperately needed. We have been crying out for this for years now. Make this happen please. Will make things so much easier for me as I can then easily get to a pharmacy to get my young daughter's medication

The key issues here were:

- Difficult access to a pharmacy without transport especially for elderly/families with young children
- Limited and costly public transport
- Complaints about the nearest pharmacy

Q3. Do you think there will be a positive or negative impact on the neighbourhood in having a Community Pharmacy?

In this question it is clear there is a lot of support for the new pharmacy with an overwhelming majority of people in agreement that a new pharmacy will be positive for the neighbourhood.

Q4. Do you think the pharmaceutical services being proposed by Windygates Pharmacy are required within this neighbourhood?

Again the majority of people responded that the proposed services are required within Windygates.

After analysis of the 16 non respondents, 15 all provided other positive comments or supported the pharmacy in Q4, so it should not be assumed these people do not think the services are required but rather the opposite.

Q5. Do you think there is anything missing from the list of services provided?

Most people did not think there was anything missing. For people who responded yes, we will already be providing some of these services for example collection/delivery service.

Q6. What are your thoughts about how a Community Pharmacy in the neighbourhood will work with/help other National Health Services such as GP Practices?

What's interesting to note is there is a number of comments in this question again pointing to difficulty in accessing services and complaints about the local pharmacy, even when the question does not necessarily ask for this. This shows people's strong feelings regarding these issues and further highlights the inadequacy of existing services to the neighbourhood.

One comment:

People will be able to order their prescriptions at the pharmacy and Minor Ailments can be dealt with more easily without making appointments at doctor's surgeries which for some in our area is 2 bus rides away.

Q7. Do you believe the proposed pharmacy would have a positive or negative impact on existing NHS Services?

Majority of people answered positive.

There was only a small number of comments in the section mainly relating to reducing pressure on Pharmacies and GPs.

Q8. What do you think about Milton Road as the location of the proposed pharmacy?

Majority of comments which equalled 92, were happy with the location of the proposed pharmacy or had no complaints. Most people thought Milton Road was a good, central location.

Q9. What do you think about the proposed opening hours?

The vast majority, which was over 100 comments, were happy with the opening hours. There were a mix of comments ranging from people who thought the opening hours were good/excellent/very good/ideal and perfect.

- Brilliant.....been needing a Sunday opening pharmacy for a while now. There will be no need to travel to Kirkcaldy for Minor Ailments on a Sunday now.
- The hours are brilliant. It'll be the only pharmacy open in this area on a Sunday. The nearest at the moment is Asda in Kirkcaldy.

Q10. Do you support this application

Again, in keeping with the theme of the CAR there is a large majority of people who support the application. After analysis of the 19 non responders, 18 of them had given other positive answers or comments so it could be argued these people support the application as well.

One of the local GPs from Kennoway Medical Group, Dr Mullan, has also responded to the consultation. I'm sure the committee have already seen this, but I just wanted to highlight some responses.

In response to Q2. Do you think there are gaps/deficiencies in the existing provision of pharmaceutical services within the neighbourhood? Dr Mullan commented 'Lloyds Pharmacy in Kennoway have a very poor service and are providing inadequate cover for this area with Minor Ailments, Chronic Disease Services etc'.

In response to Q3. Do you think there will be a positive or negative impact on the neighbourhood in having a community pharmacy? Dr Mullan commented 'I think people of Windygates and surrounding areas will be better served by a local service'.

In response to Q10. Do you support this application? Dr Mullan commented 'As a GP in Kennoway, I am frustrated by the service my patients get from our local Lloyds Pharmacy. I would be excited by the prospect of having a proactive new pharmacy service'.

For a GP who is well placed to know the local areas healthcare needs, to make these comments is rare in a Public Consultation for a new pharmacy contract and further cements the fact that existing services are inadequate.

From the CAR we can see there is a high level of support for a new pharmacy in Windygates. It is absolutely clear from the public consultation, the comments do not relate to convenience but inadequacy of existing services. The most common theme from the CAR undeniably is the difficulty people in Windygates face when accessing Pharmacy Services which is a big indicator of inadequacy.

Looking at the small number of negative comments in the CAR I think these are centred around 2 issues:

- Parking – Although Milton Road can be busy at times and the parking could be better, I have visited the proposed site on numerous occasions at different times of the day and have always managed to get parked within a very short walking distance. I believe most people will walk to the proposed pharmacy given its central location in the village. There is on street parking outside the shop, across the road and right along Milton Road. There is also parking not far on Station Road. As mentioned previously the relocation of the Post Office will also free up some parking at the proposed site. Due to the parking concerns, I have an agreement in place with the owners of the Chinese Restaurant across from the proposed premises for patients to use their car park should it be needed. Considering the restaurant does not open until 5pm every day, patients will have sole use of the car park for the majority of the time the pharmacy is open. (letter from the owner confirming this has been circulated).
- Provision of Methadone/Substance Misuse Services – I appreciate there are often concerns regarding Methadone in new pharmacy applications particularly in villages. However, in reality I do not think this will be a problem and I have experience in dealing with such issues when opening another new pharmacy. I will look to work closely with the local community on this matter to alleviate any of their concerns. It is both unfair and wrong to discriminate Methadone patients as a cause of any potential problems and I believe I have a professional and moral obligation to offer this service.

Before I conclude, I would like to talk about some of the comments made by the APC in their letter. They mentioned the distance of the nearest pharmacy but there was no mention of any difficulty in accessing this pharmacy either by bus or walking which has been highlighted in the CAR numerous times.

There was mention of the NHS Fife Pharmaceutical Care Services Plan. These care plans are used as a guide and the PPC are not bound by them. Of all the recent new pharmacy contracts granted across Scotland, none were identified in any of their Care Plans. There was no mention of the CAR by the APC which is a requirement of the application process.

The APC have gone on to mention information from the Care Plan which states the population per Community Pharmacy for the Levenmouth locality was 3667, which is the second lowest in Fife. The average population per Community Pharmacy is seen as a guide especially when other factors haven't been taken into consideration e.g Levenmouth being the most deprived area in Fife, and the large volumes of prescriptions dispensed by these Pharmacies in Levenmouth.

Even if you were to take the APC's argument, if this contract was granted, the population per Community Pharmacy would go down to 3333 which would still make Levenmouth the second lowest and not change anything in that respect.

They went on to say, on page 5 of the CAR, the Committee noted comments related to the nearest pharmacy in Kennoway, specifically that no Pharmacist is available. There was a concern as to whether an additional pharmacy may exacerbate any issues related to the availability of the Pharmacist workforce in Fife. I think consideration should have been given here to the effect of not having a Pharmacist on the local community and if having a pharmacy in Windygates would alleviate this. They also failed to mention anything else from page 5 of the CAR, where a much larger number of people had commented on difficulty in accessing services.

I would also like to point out that any potential shortages in pharmacist workforce has no bearing on the Legal Test and in my 10 years of being a contractor and operating Pharmacies

from Aberdeen in the North to Hawick in the Scottish Borders, have never had in instance where a pharmacy has been without a Pharmacist. We already have a Pharmacist in place, should the new contract be granted and have a relief Pharmacist who has agreed to cover weekends. Due to the small number of pharmacies open on a Sunday, pharmacist cover on a Sunday is not problematic.

On the final point made by the APC, I accept there was no plans submitted along with my application. Having investigated the GPhC standards mentioned by the APC, and having previous experience registering premises with the GPhC, I have no doubt the proposed premises meets them all.

In conclusion, the neighbourhood is that of Windygates. It has a large population of over 2000 and there are no healthcare services of any kind located in the village.

Sunday opening will give residents of Windygates an extra 6 hours of access to a pharmacy than what is available at the moment.

The only services available to residents in Windygates are that of delivery services which can be withdrawn at any time and cannot be considered adequate.

Residents are forced between a lengthy or difficult walk or an infrequent bus service to access services. Bus services do nothing to reduce inadequacy.

There is a high level of support in CAR with the majority of comments highlighting barriers in accessing services especially for the elderly and people without cars including comments from a local GP all of which indicate inadequacy of existing services.

Given all the reasons above, I believe this contract is necessary and desirable and respectfully ask that it should be granted.

## **05/19 INTERESTED PARTIES QUESTION THE APPLICANT**

05/19.1 Mrs Watson asked Mr Razzaq to direct her to the GPs response in the CAR. Mr Razzaq informed her that this information was not provided in the CAR, only the amount of responses. Mr Razzaq had a copy of Dr Mullan's letter.

The Ms Shepherd explained that the CAR was an anonymised report but the comments were stated within the document.

Ms Watson stated that Mr Razzaq had mentioned that the Post Office which is currently located in the premises will be moving a short distance to the convenience store on Station Road and asked if the move had already gone through.

Mr Razzaq believed this had not gone ahead yet but the owner was not local, but it would only take him four weeks to open.

Ms Watson asked if the wording on the Chinese Restaurant's private parking sign would change.

Mr Razzaq said it would not change as the Chinese take away would only be open from 5pm onwards so the pharmacy would have sole use up until 5pm therefore this would not be an issue.

05/19.2 Mr Nathwani asked how many pharmacy applications Mr Razzaq currently had ongoing.

Mr Razzaq stated that currently he had only one application.



Mr Nathwani asked if the Post Office staff knew that they were moving premises.

Mr Razzaq was unsure if they knew.

Mr Nathwani informed him that he had been into the store a few weeks prior to the Hearing and the staff had no idea.

Mr Razzaq stated that he could only tell him what the owner told him.

Mr Nathwani asked the Applicant what areas were included in the CAR.

Mr Razzaq confirmed that on looking at the responses the vast majority were from Windygates.

Mr Nathwani felt it was interesting that Kennoway wasn't involved in the responses to the CAR.

Mr Razzaq stated that he had no influence on who responded to the CAR.

Mr Nathwani asked the Applicant where people would access a bank, GPs, shopping etc.

Mr Razzaq was unsure, but believed maybe some people would travel to Leven, but people cannot time their illness with their shopping.

Mr Nathwani asked where the new pharmacy, if the application was granted, would deliver to, if it would be only the residents of Windygates or if other areas would be included.

Mr Razzaq was unsure but stated that it would possibly be outside Windygates too.

Mr Nathwani asked where the 'lined up' Pharmacist lived.

Mr Razzaq confirmed that the pharmacist lived in Edinburgh.

Mr Nathwani asked if there would be closures if the 'Beast from the East' were to come back.

Mr Razzaq did not believe this would happen.

Mr Nathwani had noted that public transport from Windygates was an issue and stated that this would also be the same if it was reversed.

Mr Razzaq confirmed that the main concern of people from Windygates was Saturday and Sunday opening for residents and not people coming into the village from surrounding areas.

05/19.3 Mr Johnston asked the Applicant if the previous pharmacy in Windygates had closed because it was not viable.

Mr Razzaq declared that the previous pharmacy closed in the 1970's and did not believe this was due to viability. He pointed out that there was no comparison now to pharmacy services in the 1970's.

Mr Johnston asked where Mr Razzaq obtained his figures on the population of 2000 from.

Mr Razzaq confirmed that he obtained his figures of 2002, from the Know Fife Data Site which was a study carried out by the local council.

Mr Johnson pointed out that in Mr Razzaq's business plan the new pharmacy would be open Saturday and Sunday and asked if he felt this would be viable.

Mr Razzaq stated that commercially he knew the benefits Saturday and Sunday opening could

bring to a pharmacy.

05/19.4 Mr Freeland asked Mr Razzaq if he knew of any formal complaints that had been submitted regarding Lloyds in Kennoway.

Mr Razzaq was unaware of any formal complaints.

Mr Freeland asked if Windygates would lose their Post Office.

Mr Razzaq confirmed that the Post Office would move along the street to a bigger store.

Mr Freeland asked if the parking at the Chinese Restaurant had always been available.

Mr Razzaq confirmed that it was a private car park.

Mr Freeland asked if he had something in place to secure the parking.

Mr Razzaq confirmed that he had an official agreement in place with the owner of the Wok Chinese Restaurant.

Mr Freeland asked if the new pharmacy would offer Methadone/Substance Misuse in the same area as the consulting room as he felt this could prove difficult.

Mr Razzaq confirmed these services would be administered in the same area. Mr Razzaq referred to the plans and pointed to the area on the right, which he believed was a big enough area, if this proved to be difficult they could move to bigger premises in time.

Mr Freeland asked the size of the proposed pharmacy.

Mr Razzaq confirmed the pharmacy would be 600<sup>2</sup>ft and believed this was adequate for a modern pharmacy.

Mr Freeland disagreed as he had visited the premises that morning and felt it was small.

Mr Razzaq stated that it looked smaller due to all the shelving but this would be taken away.

Mr Freeland asked if Mr Razzaq had evidence of the support from the Community Council.

Mr Razzaq confirmed that he had received a letter of support from the Community Council, which had been shared with the group.

05/19.5 Mr Buchanan asked Mr Razzaq if he had dealings with any other businesses.

Mr Razzaq confirmed that he did but this was not relevant to this application.

Mr Buchanan stated that Mr Razzaq was involved in Real Estate.

Mr Razzaq confirmed he was but again pointed out that that was not relevant to this case.

Mr Buchanan believed this was a speculative business and that this application was not viable as the population had not increased much over the past years.

Mr Razzaq informed him that other pharmacies run by him would disagree.

At this point the Chair intervened and informed Mr Buchanan that he was there to ask questions not make statements.

Mr Buchanan had no further questions.

05/19.6 Mr Alexander from the Community Council had no questions.

**06/19 COMMITTEE MEMBERS QUESTION THE APPLICANT**

06/19.1 Mr Shimmins asked Mr Razzaq if he felt that in his experience a 7% return for the CAR was a good return.

Mr Razzaq believed it was a good return, which would be different in certain areas but felt it should be based on quality not quantity.

Mr Shimmins asked Mr Razzaq if he had contacted the GPhC and if he felt the pharmacy would meet their standards.

Mr Razzaq confirmed that he was in contact with the GPhC and having registered premises previously had no doubt these premises would meet the standards required. Crossford Pharmacy is smaller and there were no issues there.

06/19.2 Ms Ryan pointed out that the proposed pharmacy would be open 365 days per year and asked if Mr Razzaq had secured an additional Pharmacist.

Mr Razzaq confirmed he would employ a Locum Pharmacist at the weekend and that this would not be an issue as only a few pharmacies are open on Sundays.

Ms Ryan asked if he envisaged carrying out Independent Prescribing services .

Mr Razzaq stated that this would be possible but not at the moment.

06/19.3 Ms Ryan referred to Mr Razzaq 's presentation and asked if he had proof that it would be possible that employees of both Diageo and Cameron Hospital here at Cameron Bridge will also access services in Windygates and asked if he had proof of this.

Mr Razzaq had no proof but reiterated it would be possible that they would access pharmaceutical services in Windygates if the application were to be granted.

Mr Gillon pointed out that Windygates had a small population and asked Mr Razzaq if he realised that these circumstances would not be based on his other pharmacies, but on its own merit.

Mr Razzaq confirmed that he realised this.

Mr Gillon believed that previously the 49 bus service used to go through Windygates and ended in Baintown.

Mr Razzaq confirmed that he had looked at Traveline Scotland and this service is either no longer available or runs after 6pm.

Mr Gillon asked if he had considered Moffat and Williamson.

Mr Razzaq confirmed that they do not run very often.

Mr Gillon asked Mr Razzaq if he knew that Castlefleurie was not relevant to his proposed neighbourhood.

Mr Razzaq agreed that he was aware and reported that only the area at Temple was included

in his proposed neighbourhood.

Mr Gillon referred to the email from Katryn Innes which states that the number of patients in the Kennoway/Windygates area attending Addiction Services with a degree of instability is 53 and asked if he could guarantee that these patients would use the Windygates pharmacy.

Mr Razzaq could not guarantee this but felt that many would use the Windygates Pharmacy due to health/mobility issues as it would be easier to access.

Mr Gillon asked Mr Razzaq if he had any previous experience with Long Term Drug Therapy.

Mr Razzaq confirmed that he had in another area. He reported that people are against Methadone but believed that this is unfounded. The local community were against it but after having worked with them at a local Community Council meeting, where we had a good turnout, we were able to alleviate their concerns.

Mr Gillon asked if he felt that 141 returns was a good response from the CAR.

Mr Razzaq believed it could have been better, although felt it was in line with most areas.

Mr Gillon indicated that the Pharmacist he had lined up was from Edinburgh and asked where the relief pharmacist was from.

Mr Razzaq confirmed that the relief pharmacist was also from Edinburgh.

Mr Gillon stated that the excess opening hours of the proposed pharmacy cover could be withdrawn at any time.

Mr Razzaq confirmed that he was not looking to withdraw the excess opening hours in the future.

Mr Gillon asked if he was aware of any Community Council or anyone who would not want a pharmacy in their neighbourhood.

Mr Razzaq believed some do not agree due to administering Methadone.

Mr Gillon asked how many parking spaces there was at the Chinese Restaurant.

Mr Razzaq confirmed that there was 15 spaces.

06/19.4 Mr Baillie asked where the boundary for Windygates ended and Kennoway began.

Mr Razzaq confirmed that there was a sign at Kennoway Burns as you go up the hill towards Kennoway.

## **07/19 INTERESTED PARTIES' ORAL SUBMISSIONS**

### **Councillor David Alexander**

07/19.1 Councillor Alexander confirmed that he agreed with everything Mr Razzaq had included in his application. He advised the group that he had lived in Windygates for 35 years and that he now lives in Kennoway. He has represented the Windygates community for 34 years. He believed that the previous Pharmacist had died and was not replaced and that he tried for 20 years to reinstate a pharmaceutical service without any success, therefore he was delighted with this application.

The Community Council has reformed to its full complement of 11 members. He stated that

when Kennoway was cut off due to the 'Beast from the East', Windygates was not affected as severely. He believed many elderly people would benefit from the proposed application as this would encourage them to go out.

He confirmed that there are 25-30 houses situated at the Cross in Windygates and that the Chinese restaurant is no longer used as a restaurant but more as a take away from 5pm therefore the car park is empty in the mornings.

The owner of Post Office owns 2 or 3 other shops so he will be moving the staff and they have been informed.

Fife Council subsidise part of the bus service but with fewer services and higher prices they cannot continue to do this. Most elderly people have bus passes but they have to apply for this. Councillor Alexander believed the proposed application was both necessary and desirable.

### **INTERESTED PARTIES QUESTION COUNCILLOR ALEXANDER**

07/19.2 Ms Watson had no questions for Councillor Alexander.

07/19.3 Mr Nathwani had no questions for Mr Alexander.

07/19.4 Mr Johnston asked Councillor Alexander if residents from Windygates were able to access pharmaceutical services from Methil or Leven during the 'Beast from the East'.

Councillor Alexander advised that he was unsure.

07/19.5 Mr Freeland had no questions for Councillor Alexander.

07/19.6 Mr Buchanan stated that Buchanan's were open during the 'Beast from the East' and delivered to Kennoway.

The Chair intervened and reminded him this was a statement not a question.

Mr Buchanan referred to the Community Council's letter and asked what he meant by 'wanting alternative services'.

Councillor Alexander did not recall sending a letter but remembered once he looked through his papers, albeit it had been in November 2018. Once he identified the letter he then stated that he had been referring to a delivery service.

Mr Buchanan asked Councillor Alexander who he had written to at the time the letter was sent to the Board.

Councillor Alexander could not recall but believed he had written to the residents of Kennoway.

### **THE APPLICANT QUESTIONS COUNCILLOR ALEXANDER**

07/19.7 Mr Razzaq had no questions for Councillor Alexander.

### **COMMITTEE MEMBERS QUESTION COUNCILLOR ALEXANDER**

07/19.8 Mr Shimmins asked Councillor Alexander if he knew where the residents of Windygates accessed pharmaceutical services generally.

Councillor Alexander believed they may go to Kennoway but felt that they may rely on

neighbours, family members or buses.

Mr Shimmins asked Councillor Alexander what his understanding was of the services provided into Kennoway and Windygates.

Councillor Alexander believed it would probably be a delivery service as Windygates do have a lot of drug users.

07/19.9 Ms Ryan had no questions for Councillor Alexander.

07/19.10 Mr Gillon asked about the complaints regarding Lloyds in Kennoway.

Councillor Alexander reported that the complaints had been in relation to a note on Lloyds door regarding having no Pharmacist due to unforeseen circumstances.

Mr Gillon asked Councillor Alexander, being a former resident of Windygates, attended the GP services in Kennoway.

Councillor Alexander confirmed that he uses Leven.

07/19.11 Mr Baillie had no questions for Councillor Alexander.

07/19.12 The Chair had no questions for Councillor Alexander.

**Mr Christopher Freeland, Omnicare Pharmacy**

07/19.13 Mr Freeland spoke to his presentation as follows:

"I would like to thank the Committee for allowing me the time to forward my argument against this application.

I hope to demonstrate there is currently no inadequacies in the pharmacy service to the neighbourhood of Windygates and therefore it's neither necessary or desirable to grant this application.

As superintendent pharmacist and joint owner of Omnicare Pharmacy we have 10 branches located between Fife and the Lothians. Over 15 years we have heavily invested in all branches to ensure they are able to cope with current and future demographics and population in each area along with all additional services coming through to community pharmacy.

In November 2018 we bought and took over the running of Buchanans Pharmacy, a long established family business serving Methil and surrounding areas. As you will have seen this morning during your visit to the pharmacy we are undergoing a modernisation of the pharmacy to cope with current and future demands on community pharmacy. Robotics is a mechanisms which we strongly believe helps with these demands and not only have we recently installed a dispensing robot in the pharmacy we use another robot at a central branch to produce dosettes for all our branches to alleviate the pressure of this process. The branch will be fully renovated in June to accommodate a full dispensing area, large consultation area and additional supervision area.

Our pharmacy provides all core services along with the supply of just in case boxes, pharmacy first service along with having over 1,000 patients registered for eMAS and 300 registered for CMS. The staff are all enthusiastic at promoting these services. This is recognised in the fact we have the highest rate of customers quitting smoking through the smoking cessation clinic run by Marie. You may have noticed this morning in the consultation room the support she gives and has seen over 1,000 people over the last 4 years.

Although not a recognised service we also have a designated delivery van operating 9 until 5.30 all week for anyone requiring the service in Methil and surrounding areas including Windygates. We collect repeat prescriptions from all local surgeries including Kennoway and a recent leaflet drop in Methil, Kennoway and Windygates demonstrates our commitment to providing a complete pharmacy service to everyone.

### Neighbourhood

I wouldn't argue with the defined neighbourhood, however it's not a neighbourhood for all purposes, in fact I would argue most residents travel outwith to go to work, visit the local GP, dentist, optician, pharmacy or do the weekly shop.

There is ONLY two small convenience stores and a few takeaways so for all amenities people will leave Windygates on a daily basis. The Post Office which exists solely in the proposed location of the pharmacy will presumably close.

Residents of Windygates enjoy a higher than average car ownership with Scottish census data showing households have 1 or even 2 cars. Residents have access to a 41 bus 4 times a day and number 43 travelling 11 times a day to nearby Kennoway.

Residents also enjoy better than average health and score low in the Scottish index of multiple deprivation, which means that the residents are not living in a deprived area which generally leads to higher need for health service output.

Residents of Windygates have access to 9 local pharmacies with the furthest being 3 miles away and the closest in Kennoway being just over a mile away. We offer a home delivery service along with many other local pharmacies. We deliver all year round and during bad snow a 4x4 was used to deliver medication and have never had a pharmacy closed even in extreme conditions. In these situations we have very reliable staff who work together as a team to ensure we deal with any extra demands.

### The CAR

I think if you were to look at most consultation analysis reports for pharmacy applications you will find an overwhelming support for a new pharmacy. Who doesn't want a pharmacy within walking distance or within a very close proximity to where they live. So positive responses to the questions asked in the CAR are going to be in the majority.

What I think is significant in this CAR is that yes there is support for a new pharmacy, however of the 8% of the population of Windygates that responded, 17 stated there is no gaps in the existing pharmacy service in the neighbourhood.

Again 14 people actually responded to say having a pharmacy in Windygates would have a negative impact on the neighbourhood.

17 were unsure whether pharmacy services are required in Windygates.

Additionally 9 people commented in question 6 that a pharmacy is not required – there are enough pharmacies already in the area.

And finally 18 answered no to supporting this application.

You can interpret the findings in the CAR whatever way you want, however I don't get the impression there is significant support from the community of Windygates.

## Proposed Premises

In terms of the proposed pharmacy premises, the first issue which was raised in the CAR is the availability of parking something which is not an issue at all other local pharmacies. There is limited parking outside and even with parking available in the Wok Inn car park, this had always been available yet parking issues were still raised in the CAR.

Secondly, the size of the pharmacy in the plans and visiting the shop seems to me it is not large enough to fit all the facilities needed for a modern pharmacy. The layout has a supervision area inside the consultation room which is totally impractical and I feel for the staff that may be working there with no staff area.

## Viability

Viability of a pharmacy in Windygates is also questionable with a low population of 1,680, certainly not above 2,000, and as I said earlier many leave the neighbourhood to work elsewhere or travel out with to carry out normal day to day activities so even if there was a pharmacy in Windygates how many people would actually use it?

Additionally, Scottish Census data indicates a high number of people in:

- 'very good health' or 'good health'
- with no long terms conditions

So many people don't use or need healthcare services.

New housing is not significant enough to affect pharmaceutical care to the neighbourhood either.

The most up to date pharmaceutical services in NHS Fife's report explains that overall there are no identified gaps in the provision of pharmaceutical services in NHS Fife. Additionally it mentions there is no under provision in terms of opening hours for NHS Fife, with the actual number of community pharmacies open seven days a week increasing from 8 to 9 with an increase in pharmacy opening hours.

This is a mobile neighbourhood with high car ownership, a buses service and pharmacies offering deliveries to the housebound. I believe the provision of pharmaceutical services in the neighbourhood and the level of service provided by those contractors to the neighbourhood is currently adequate and it is neither necessary or desirable to have an additional pharmacy.

## Conclusion

In conclusion it is my opinion that: -

- The defined neighbourhood is not a neighbourhood for all purposes
- Patients have the choice of two pharmacies within close and easy access from Windygates where residents will also visit their GP or go about their daily business
- It's a mobile population with high car ownership
- The population is in good health
- The local pharmacies work hard to improve pharmacy services to the population so I would strongly suggest services to the neighbourhood are adequate and the application should not be granted as it's neither necessary or desirable
- Do you think the pharmacy is viable to open on Sunday when 9 pharmacies in Fife are already open"



## **THE APPLICANT QUESTIONS MR FREELAND**

- 07/19.2 Mr Razzaq asked Mr Freeland how many weekly deliveries Omnicare made to Windygates.
- Mr Freeland was unsure but considered it was between 12 and 15 deliveries.
- Mr Razzaq felt that this was not many.
- Mr Freeland pointed out that Omnicare provide a collection and delivery service to many other areas.
- Mr Razzaq reminded Mr Freeland that a collection and delivery service could be withdrawn at any time.
- Mr Freeland confirmed that he was aware of this.
- Mr Razzaq reiterated 'a collection and delivery service' not face to face.
- Mr Freeland confirmed this was the case.
- Mr Razzaq asked if Omnicare provided Smoking Cessation, eMAS or a Pharmacy First Service.
- Mr Freeland confirmed that they did not provide Pharmacy First.
- Mr Razzaq pointed out that Mr Freeland had said that the population of Windygates had not changed much and informed him that there had been new housing developments.
- Mr Freeland was of the opinion that the change was not enough to affect pharmaceutical services.
- Mr Razzaq asked Mr Freeland if he agreed that there was a regular hourly bus service.
- Mr Freeland agreed it was.

## **INTERESTED PARTIES QUESTION MR FREELAND**

- 07/19.3 Councillor Alexander asked Mr Freeland if he was aware that the parking lot for the Wok Inn Chinese Restaurant had chains across the entrance.
- Mr Freeland advised that he was not aware of this.
- 07/19.4 Mr Buchanan had no questions for Mr Freeland.
- 07/19.5 Mt Johnston asked Mr Freeland if Omnicare had capacity to provide Nomad Trays.
- Mr Freeland confirmed that they did not.
- Mr Johnston asked Mr Freeland if Omnicare provided Methadone dispensing.
- Mr Freeland confirmed they did not.
- 07/19.6 Mr Nathwani had no questions for Mr Freeland.
- 07/19.7 Ms Watson had no questions for Mr Freeland.

## **COMMITTEE MEMBERS QUESTION MR FREELAND**

07/19.8 Mr Shimmins asked Mr Freeland if Omnicare provide a Needle Exchange Service.

Mr Freeland confirmed that Omnicare do not provide Needlex but would be happy to provide this if there was a need.

Mr Shimmins asked if Omnicare deliver Pharmacy First or was aware of any Pharmacies who provided this to the housebound.

Mr Freeland confirmed that Omnicare did not provide Pharmacy First and he did not know of any pharmacy that delivered this to the housebound.

07/19.9 Ms Ryan had no questions for Mr Freeland.

07/19.10 Mr Gillon asked Mr Freeland if the collection and delivery service driver for Omnicare was a qualified Pharmacist.

Mr Freeland confirmed that he was not a qualified Pharmacist so there was no face to face service.

07/19.11 The Chair asked Mr Freeland if Omnicare provided a delivery service from Monday to Saturday.

Mr Freeland confirmed that this was the case.

The Chair stated that walking from Windygates to Methilhill was not easy with a pushchair or pram and asked if Mr Freeland agreed.

Mr Freeland agreed it was not an easy walk.

***At this point the Hearing adjourned for lunch.***

## **INTERESTED PARTIES' ORAL SUBMISSIONS CONTINUES**

### **Mr Nick Johnston, Well Pharmacy**

07/19.12 Mr Johnston thanked the Committee for inviting him along today to provide his representation.

Mr Johnston spoke to his presentation as follows:

“Neighbourhood

We disagree with the applicant's neighbourhood and propose the following:

North – Markinch Burn

East – A916 to A911

South – A911 to Milton Road

West – open land between Milton Road and Markinch Burn. The western boundary we propose the same as the Balcurvie School boundary.

The neighbourhood is based on physical and geographical boundaries. We contend the applicant's neighbourhood extends too far West and patients closer to Markinch would consider themselves part of that area rather than part of Windygates. Windygates is primarily a residential area, there are very little commercial outlets in this neighbourhood.

Windygates is a small neighbourhood with 1,600 residents according to the 2011 census data.

The area is fairly affluent, mobile and in modest health in nature due to the following statistics:

- 55.9% of the households in the neighbourhood are owned outright or with a mortgage, this is 12.7% higher than the national average of 44%.
- 52.4% of the neighbourhood is in very good health, which is again 5% higher than the national average.
- 15.7% of households do not have access to a car which is almost 11% lower than the national average of 26% and 42% of households have 2 or more vehicles which is also 10% higher than the national average.

All services and amenities necessary for the course of normal living are located out with this area. The facilities available in the neighbourhood are limited to hair salons, convenience store and a pub/restaurant. There is also a small primary school, Balcurvie, in the neighbourhood which currently has 30 children on the role.

The proposed pharmacy is not in a good location for parking. Since the car ownership is so high in the neighbourhood it is inevitable that residents will use their cars to access the small number of services in the immediate area. Residents could choose to access services in Leven, Kennoway or Methil.

There are no significant plans for housing growth in the short to medium term that would increase the pharmaceutical need in the neighbourhood.

#### Services available

Pharmaceutical services are provided outwith the neighbourhood from adjacent neighbourhoods. Within a 2 mile radius there are 4 pharmacies providing pharmaceutical services to the neighbourhood. These are from a range of contractors. The closest being just over 1 mile away in Kennoway. We are located 2.5 miles away from the proposed site and offer a full range of pharmaceutical services along with a free delivery service. We deliver into this neighbourhood on a weekly basis.

The services available in our pharmacy are as follows:

CMS, eMAS, Supervision Services, EHC, Smoking cessation services, blood pressure services, trimethoprim and pharmacy first along with Flu services. MDS services are also provided from the branch with scope to provide more if required.

We are not at capacity in any area of the pharmacy.

We are not aware of any complaints to the HB with regard to service provision locally.

#### Access to services

It is possible for residents to access nearby pharmaceutical services by car or by public transport. On both my visits to Windygates, one being on a Friday, I saw no residents walking around the area.

There is also a free and unconditional prescription collection and delivery service available to support access to medication.

#### Adequacy

The regulatory test is one of adequacy, whilst we strive for excellence the regulatory test is adequacy. Arguments of convenience should not be considered as part of this process when

the neighbourhood under consideration is already being adequately served.

There is already adequate access to pharmaceutical services available to the neighbourhood from the existing pharmacies outwith the neighbourhood.

The burden of proof is on the applicant to prove that pharmaceutical services are inadequate. From the presentation today, we contend that there is insufficient evidence for the application to demonstrate any inadequacy of pharmaceutical services.

#### Summary

The neighbourhood is affluent, healthy and mobile, with a choice of pharmacies in different locations within a 2 mile radius.

The neighbourhood in question already had adequate access to pharmaceutical services from outwith the defined boundaries.

We respectfully request that the application be refused as it fails to fully satisfy the regulatory test.

“Thank you.”

#### **THE APPLICANT QUESTIONS MR JOHNSTON**

07/19.13 The Applicant asked Mr Johnston how many deliveries Well Pharmacy provided to Windygates.

07/19.14 Mr Johnston confirmed there were five regular deliveries to Windygates

The Applicant did not think this was very many.

Mr Johnston stated that they would be open to as many deliveries as needed.

Mr Razzaq asked if there was access to the pharmacy by bus.

Mr Johnston reported that the 43, 44 and the X4 services passed the pharmacy, so at least three per hour.

Mr Razzaq pointed out that the he had looked at the route and only the 44 service goes through Methil, so there was not three buses per hour passing Well Pharmacy. He asked if there was a good bus service.

Mr Johnston confirmed there was.

Mr Razzaq asked Mr Johnston if he agreed that the collection and delivery service could be withdrawn at any time.

Mr Johnston agreed.

Mr Razzaq asked Mr Johnston if he agreed that Pharmacy First could not be delivered.

Mr Johnston agreed.

Mr Razzaq asked Mr Johnston if he agreed that the walk from Windygates to Methil was challenging and asked if he expected residents to make this journey on foot.

Mr Johnston did not expect people to walk to Well Pharmacy but believed that if they were shopping outwith Windygates they would use Well Pharmacy.

## **INTERESTED PARTIES QUESTION MR JOHNSTON**

The Interested Parties had no questions for Mr Johnston.

## **COMMITTEE MEMBERS QUESTION MR JOHNSTON**

- 07/19.15 Mr Gillon asked Mr Johnston if he believed that five or six deliveries to Windygates would have a significant impact on his business.

Mr Johnston confirmed that this was a third of his deliveries and it would also impact the driver.

- 07/19.16 Mr Baillie asked Mr Johnston to clarify the boundary in his presentation.

Mr Johnston stated that the boundary between Windygates and Kennoway would be East along the A916 to A911 as set out in his presentation.

- 07/19.17 The Chair asked Mr Johnston where the demographics came from that 46% of the population were not healthy.

Mr Johnston did not have specific information on this.

### **Mr Niral Nathwani, Lloyds Pharmacy**

- 07/19.18 Mr Nathwani spoke to his presentation as follows:

"I would like to thank the Panel for allowing me to speak today.

The Applicant's reason for making this application seems to be that the Pharmaceutical Services provided by the current Contractors are inadequate only because there are not pharmacy premises in their definition of the neighbourhood.

There are, as the Panel is aware numerous examples from Pharmacy Practice Committee Hearings and numerous National Appeal Panel Hearings that adequate Pharmaceutical Services can be provided to a neighbourhood from pharmacies situated outwith that neighbourhood. This is the case in Windygates.

Indeed the Panel will see from the advice and guidance for those attending The Pharmacy Practices Committee they must consider what are the existing Pharmaceutical Services in the neighbourhood or in any adjoining neighbourhood.

I do not disagree with the Applicant's definition of the neighbourhood, however I am sure that on their site visit the Panel found it difficult to determine where Kennoway ended and Windygates began, and vice versa as I did.

There are numerous existing pharmacies situated near to the defined neighbourhood which the residents of Windygates (which is a Rural Village) currently utilise, indeed the Lloyds Pharmacy in Kennoway is only 1.3 miles from the Applicant's proposed site. The residents, I believe, also use the pharmacies in Leven. The Applicant's proposed opening hours include a full day opening on a Saturday and 6 hours on a Sunday, I note that Fife Health Board in their Pharmaceutical Care Services Plan indicate that the current provision of Pharmaceutical services on a Sunday is adequate to meet the needs of the residents of Fife. The Applicant has stated these opening hours simply to add some substance to his application not because there is a need. I would also question the viability of a pharmacy opening for 59 hours per week at the location. The Applicant could at any time reduce these hours to the minimum Health Board expectation of 9am to 5.30pm Monday to Friday and 4 hours on a Saturday.

On visiting the Applicant's proposed site, I noted that the existing Post Office only opens from 9am to 1pm Monday to Friday, which I assume this is because of a lack of demand. I also asked the counter assistant if she knew where the pharmacy was to be sited, she said they had only heard through rumour about a pharmacy and had no detail. She very kindly phoned her Line Manager who was also unsure of the situation. I found this surprising as any refitting of the premises which may affect the security of the Post Office would surely have had to be discussed with them. Upon reading the Landlord's letter to the Applicant (dated 25<sup>th</sup> October 2018) there is no mention of the existing Post Office.

Information about Fife's towns and villages shows that Windygates has a population of 1,860 making it 38<sup>th</sup> of the 65 listed towns and villages in Fife. The population has also hardly increased since 2011. I could also see no evidence of major house building and therefore the population is likely to remain static for the foreseeable future as well. I would have to question the viability of a pharmacy in Windygates.

The following is taken from the NHS (Pharmaceutical Services) (Scotland) Regulations as amended.

Should the panel deem the existing service inadequate but also consider the applicant's business not likely to be viable, and therefore not securing adequate provision of pharmaceutical services, the application should be refused.

The Applicant may point out that Contracts have been granted in other parts of Fife with small populations. There is however a major difference in the circumstances, for example Falkland population 1,150. Falkland is a rural village. Falkland is also used by the residents of Strathmiglo population 910 or the residents of Freuchie population 1,240.

It is interesting to note that according to the Scottish Index of Multiple Deprivation the 6 datazones that represent Windygates (SO1009612 to SO1009617) the residents ranking shows the neighbourhood to be fairly affluent and this is also reflected in the Health Statistics ranking.

Falkland and Freuchie are ranked in their 4 datazones SO1009668 9669 9670 and 9671, 2,542, 1,410, 996 and 746.

Situated at the Applicant's proposed site are the Wok Inn pub restaurant, the Village Convenience Store, Therapy Works, Concept Kitchen and Bathrooms and Williamsons Electrical Contractors. This can hardly be seen as the centre of a Community.

Kennoway, however, have the following businesses:

A Coop Foodstore, Beauty and the Beach, Tasty Treats, a Chinese takeaway, Kings Taxi Office, Ramzan Curry House, Stuarts Bakers, a Premier Convenience Store and Post Office, Lorraine Hair Care, Keystore Convenience Store, a pizza takeaway, the Little Friary Fish and Chip Shop, Scotbet Bookmakers and the GP surgery. I am sure the residents of Windygates are travelling outwith Windygates to use these facilities.

It is obvious that on a regular basis the residents of Windygates are leaving the village to access services such as supermarkets, banks and GPs and this is the same for Pharmacy Services.

The Panel must take account as to whether the granting of an application would adversely impact on the security and sustainable provision of existing NHS primary medical and pharmaceutical services in the area concerned.

All existing pharmacies offer all core services and the Lloyds Pharmacy in Kennoway is fully engaged with AMS, CMS (currently 793 Live patients) eMAS (currently in Band 2 the most

common banding for pharmacies in Scotland). The pharmacy benefits from having an Accredited Checking Technician as well as a full trained Pharmacy Team. Jenny one of our dispensers is on also track to achieve the Accredited Checking Technician Qualification. Our Kennoway branch has no capacity issues, as well as the Dispensary Team the pharmacy also utilise the off-site Assembly Facility, which ensures there will never be any capacity issues. Although Collection and Delivery is not a core service this free service is offered by all existing Lloyds Pharmacies, and if a patient is genuinely housebound then a pharmacy in Windygates would make no difference to their access to Pharmaceutical Services. I would also point out that there has been no growth in prescription numbers over the previous 12 months to March 2019. Robin Brownlie, the Regional Manager, has also informed me that we are currently looking at relocating the branch to a bigger unit of approx 100sqm. This means that if it goes ahead it will have the modern European Pharmacy Network layout and be able to provide more services.

Mr Nathwani referred to the email from Katryn Innes and disagreed with her statement that there was no capacity in the Lloyds Pharmacy in Kennoway for 22 patients who have to travel to Leven for their Opiate Substitute Therapies. He advised that when we took over the pharmacy we carried out a refit so that we had the capacity to provide this service.

I note that Councillor Alexander pointed out that many years ago there was a pharmacy in Windygates however it closed, I assume it was not viable.

The Area Pharmaceutical Committee do not support this application and both they and Evelyn McPhail (Director of Pharmacy for Fife HB) state that the granting of this application may exacerbate the current shortfall of pharmacists and pharmacy technicians in NHS Fife. Evelyn also states that there are no deficiencies/gaps in the provision of Pharmaceutical Services in Windygates, identified in the Pharmaceutical Care Plan, and points out that pharmaceutical services are currently being provided by other pharmacies.

The CAR report shows that from a population of 6,470 (the combined population of Kennoway and Windygates) only 141 responses were received, 2.17% of residents. I find it difficult to believe that all the responses only came from the residents of Windygates (1,860) however even then the response rate is only 7.5% and of those only 116 in response to Question 2, do you think there are any Gaps/Deficiencies in the existing provision of pharmaceutical services in the neighbourhood replied positively. 116 represents only 1.8% of the residents, or 6.2% hardly overwhelming support.

In response to Question 4, do you think the pharmaceutical services being proposed by Windygates Pharmacy are required within this neighbourhood only 102 respondents agreed with this statement, 1.6% or 5.4%.

The residents of Windygates on a regular basis travel outwith the neighbourhood to meet their daily needs and access services including pharmacy services.

Having examined the NHS Fife 2018/19 Pharmaceutical Care Services Plan, I can see no reference to there being a need for a pharmacy in the Applicant's proposed neighbourhood.

This is the 2018/19 plan I quote:

"There are 85 contracted Community Pharmacies in Fife. These are well distributed across the region and meet the access needs to the vast majority of the population with no large gaps identified. In addition the Report has not identified unmet need for new Community Pharmacies across Fife, although the services delivered through existing pharmacies may require ongoing scrutiny. It would appear that overall there are no identified gaps in the provision of Pharmaceutical Services in NHS Fife and it is important to continue to support the development of Community Pharmacy services through staff training and ensuring a robust infrastructure for continued delivery of Pharmaceutical Services that meet the needs of the

population.”

As regards Sunday opening (and I quote from the Fife Health Board Pharmaceutical Care Services Plan):

“In September 2010 a NHS Fife Pharmaceutical needs assessment of Out of Hours Community Pharmacy Provision on Sundays included a benchmarking exercise which showed the NHS Fife provision of pharmaceutical services on a Sunday to be at least in line with, if not more generous than other similar NHS Board areas i.e. most Health Board areas have fewer Sunday opening pharmacies per head of population than Fife.”

Indeed , eight of the nine Sunday opening pharmacies are located in the same areas/towns as the NHS Fife Primary Care Emergency Services where prescriptions on a Sunday are generated.

This application is all about convenience as current services are adequate.

Convenience is not a reason to grant a Pharmacy Contract.

I would therefore ask the Panel to refuse this application as it is neither necessary nor desirable in order to secure the adequate provision of Pharmaceutical Services in the neighbourhood in which the premises are located.”

#### **THE APPLICANT QUESTIONS MR NATHWANI**

07/19.19 The Applicant asked Mr Nathwani how many deliveries Lloyds made to Windygates in one week.

Mr Nathwani considered there were approximately 10 deliveries in a week to the area.

The Applicant asked if Mr Nathwani felt it was reasonable for the elderly to walk from Windygates to Kennoway to obtain pharmaceutical services.

Mr Nathwani did not and confirmed that was the reason they provided a collection and delivery service.

The Applicant asked if Lloyds in Kennoway delivered a Pharmacy First service.

Mr Nathwani confirmed that Lloyds in Kennoway did not offer this service.

#### **INTERESTED PARTIES QUESTION MR NATHWANI**

07/19.20 Councillor Alexander asked Mr Nathwani if the CAR included the figures for Kennoway and Windygates.

Mr Nathwani was unsure, he felt it was hard to tell.

07/19.21 Mr Freeland had no questions for Mr Nathwani.

07/19.22 Mr Johnston had no questions for Mr Nathwani.

07/19.23 Ms Watson had no questions for Mr Nathwani.

#### **COMMITTEE MEMBERS QUESTION MR NATHWANI**

07/19.24 Mr Shimmins had no questions for Mr Nathwani.



07/19.25 Ms Ryan stated that Mr Nathwani had mentioned a possible relocation for Lloyds Pharmacy and asked if it would be a different unit and in what timescale.

Mr Nathwani confirmed that he was only looking at the moment.

07/19.26 Mr Gillon pointed out that it would have helped if the boundary map was clearer but confirmed there is a steep hill leaving Windygates then another steep hill leading to Kennoway. He asked Mr Nathwani about capacity issues mentioned in Katryn Innes's email.

Mr Nathwani said he was surprised by the statement in the email as Lloyds in Kennoway have offside dispensing for patients.

Mr Gillon asked if Lloyds in Kennoway would be moving to larger premises.

Mr Nathwani confirmed that this was in the early stages.

Mr Gillon reported that NHS Fife's Pharmaceutical Services Report stated that there were no large gaps identified in pharmaceutical services, but felt if this was the case this panel would cease to exist.

Mr Nathwani agreed but declared that it was written in the Services Report.

Mr Gillon asked Mr Nathwani if he believed that losing 10 deliveries to Windygates would have a significant impact on the business.

Mr Nathwani stated that losing 10 deliveries may not have a great deal of impact on the business but if the application were granted, this would take away over the counter prescriptions.

Mr Gillon asked if more prescriptions are taken over the counter than there are deliveries.

Mr Nathwani confirmed this was the case.

The Chair asked Mr Nathwani if he knew how many prescriptions were taken over the counter in the Kennoway branch.

Mr Nathwani was unsure and felt it was hard to say as he did not have an exact figure.

The Chair asked if he knew how much impact a new pharmacy would have on Lloyds Pharmacy in Kennoway.

Mr Nathwani believed it could take away around 30% of their business, and stated that they dispense 85% of their prescriptions from the GP Surgery in Kennoway.

The Chair referred to the 2010 NHS Fife's Pharmaceutical Services Report regarding Sunday opening which Mr Nathwani referred to in his presentation.

Mr Nathwani confirmed that in the notes in the Report it was quoted provision on Sunday opening is inline or better than the rest of Scotland.

The Chair pointed out that the Report was 9 years out of date.

07/19.27 The Chair asked those present if he was required to read Mr Scott's letter out again. It was agreed that this was not needed.

## **Ms Joanne Watson, Boots Pharmacy**

07/19.28 Ms Watson spoke to her presentation as follows:

“Thank you for giving me the opportunity to speak today.

### Neighbourhood and proposed site

- The applicant has listed the facilities in the neighbourhood, and whilst we do not dispute these are in the neighbourhood so defined, any facilities in the village centre that a resident would be likely to visit at the same time are very limited.
- Facilities consist of a Post Office and convenience store (which may close should the application be successful), newsagent, beauty salon, takeaway etc.
- The population of Windygates is estimated at around 1850 people (2011 census data). This population estimate includes houses on Station Road and Bridgend Gardens below the A911.
- According to Scottish Government Urban/Rural Classifications, Windygates is classified as accessible rural which is a settlement of less than 3,000 people and within 30 minutes' drive of a settlement of 10,000 or more.

### Adequacy

- The applicant is not proposing to offer services that, if not already provided, could not be provided by one of the existing pharmacies.

### Access

- When you drill down into the national statistics data for the super output areas (SOAs) that essentially make up the applicant's defined neighbourhood it shows a level of car ownership higher than the national average with 83% of households in Windygates having access to a private vehicle.
- It could be suggested that with high car ownership in the Windygates area, along with the availability of dial-a-ride services, the bus service is reasonable for the demand.
- Concessionary bus travel is available to those who are eligible (generally the disabled and those over 60). National Entitlement Card holders can travel on all local bus and scheduled long distance coach services throughout Scotland for free at any time of day and for any number of journeys.
- All our pharmacies are DDA compliant:
  - Boots Leven has a level, step free entrance with power assisted doors. Extensive car park to the rear of the store with disabled spaces. Most parking in Leven is free for 2 hours.
  - Boots Methil has parking directly outside with disabled car parking, a level, step free entrance with power assisted doors.
  - Boots Buckhaven has on street parking outside and a ramped entrance.

The CAR report and representations

It is worth noting that:

Not all respondents support the application (page 10) for the reasons quoted on page 11”.

### **THE APPLICANT QUESTIONS MS WATSON**

07/19.29 The Applicant asked Ms Watson if Boots’ Collection and Delivery Service was provided to the housebound patients only.

Ms Watson confirmed that it was housebound patients only.

The Applicant asked Ms Watson if she thought it was reasonable to expect patients to travel on two buses to access pharmaceutical services at Boots in Buckhaven.

Ms Watson felt this would be fine as patients would have to travel on two buses to access GP services.

Mr Razzaq asked how many deliveries Boots in Buckhaven provided to the Windygates community.

Ms Watson confirmed there were three to five deliveries made to Windygates per week.

Mr Razzaq had noticed a sign in Boots Buckhaven and Methil informing customers that if their prescription was submitted on a Monday they would not be able to collect it until one week later. Do you feel seven days is acceptable.

Ms Watson stated that the turnaround for prescriptions for Boots in Leven was 72 hours, and believed this could be specific to the GP surgery turnaround.

Mr Razzaq asked if she felt this was a good service.

Ms Watson said she could not answer that question as she did not know the nearby surgery turnaround.

### **INTERESTED PARTIES QUESTION MS WATSON**

07/19.30 Councillor Alexander asked Ms Watson if, when she visited the convenience store in Windygates, she noticed that the unit next door was vacant.

Ms Watson stated that she had not noticed but did not think this was part of the same premise.

Councillor Alexander confirmed that the new owner had purchased three stores so both these premises could be made into one.

There were no questions from the other Interested Parties.

### **THE COMMITTEE QUESTION MS WATSON**

07/19.31 Mr Shimmins had no questions for Ms Watson.

07/19.32 Ms Ryan asked Ms Watson if she knew how often the ‘Dial a Ride’ service ran, if it was five or seven days.

Ms Watson was unsure but informed the group that her customers had to book this service in

advance.

Ms Ryan asked if this could travel out of area.

Ms Watson confirmed that it did.

07/19.33 Mr Gillon asked Ms Watson if the five deliveries from Boots to Windygates was over the three branches.

Ms Watson confirmed this service was mainly provided by the Leven Boots Pharmacy.

Mr Gillon asked how many prescriptions Boots delivered to the residents of Windygates.

Ms Watson did not have any figures as she believed she could not access this information easily.

Mr Gillon believed she could look at the system linked between the pharmacy and the GP Surgery to access this information.

#### **Mr Michael Buchanan, TW Buchanan (Chemists) Ltd**

07/19.34 Mr Buchanan reported that he had been in business for 25 years providing a pharmaceutical service to the community which included all core services.

He advised that the Collection and Delivery Service was provided Monday to Friday from 9.00am to 5.30pm, 52 weeks of the year. He took over in 1987 and collected from all surgeries. Anyone from Windygates who meets the criteria could apply for the service.

Windygates is within the delivery area but there has not been much demand from Windygates residents for this service, only 12 are delivered in a week.

Mr Buchanan believed the proposed pharmacy was too small to delivery pharmaceutical services.

He was unsure if the private parking at the Wok Inn Chinese Restaurant accounted for disabled parking or not.

Mr Buchanan believed that the population had not changed much, 1680 to 2000, a relatively small increase since 1980 in his opinion.

Mr Buchanan stated that the previous pharmacy located on Station Road in Windygates was not viable, the owner could not sell it so passed it onto the manager.

Mr Buchanan believed that this application was not viable as there were limited resources. A population of 2000 could not support a pharmacy in Windygates. He wondered who would be financing this, in his opinion it would be the NHS.

Mr Buchanan felt there had been a high level of responses and believed if this proposed application was granted other pharmacies would suffer through money being diverted from existing services, to keep this new pharmacy going.

#### **THE APPLICANT QUESTIONS MR BUCHANAN**

07/19.35 The Applicant asked Mr Buchanan about the criteria applied to provide a collection and delivery service.

Mr Buchanan explained that Windygates residents would have to register for the service which

was a necessity to demonstrate they were eligible like anyone else.

Mr Razzaq stated that Mr Buchanan had mentioned the new pharmacy being non viable, which may have been the case a long time ago but community pharmacy had changed over the years.

Mr Buchanan did not feel it had not changed where income was concerned.

### **INTERESTED PARTIES QUESTION MR BUCHANAN**

- 07/19.36 Councillor Alexander pointed out to Mr Buchanan that the previous pharmacy had been there over 30 years ago and the population in Windygates had more than doubled now.

There were no further questions from the other interested parties.

### **THE COMMITTEE QUESTION MR BUCHANAN**

- 07/19.37 The Committee had no questions for Mr Buchanan.

### **08/19 INTERESTED PARTIES SUMMING UP**

- 08/19.1 Mr Buchanan stated that he had introduced a service which was an Application (app) that patients could access 24 hours a day and that there is a window of 42 – 72 hours for delivery.
- 08/19.2 Ms Watson had nothing else to add.
- 08/19.3 Mr Nathwani felt he had heard nothing today to make him think that pharmaceutical services within the area were inadequate, this application was neither necessary nor desirable. He believed this application was not viable and it was clearly about convenience.
- 08/19.4 Mr Johnston had nothing else to add.
- 08/19.5 Mr Freeland reiterated that this application should not be granted due to the fact there were two pharmacies nearby the proposed site, there was a high car ownership in Windygates and adequate pharmaceutical services within the area.
- 08/19.6 Councillor Alexander believed there was a demand for pharmaceutical services in Windygates. Car ownership was high but there was a high number of elderly people living within the village who cannot walk far. As for the impact on the NHS funding, they made over 200,000 last year. He stated that small communities need pharmacies and pointed out that East Wemyss had a pharmacy. There had been houses built between 2011 and 2019 and another development waiting at Fernhill, just up the road from the Cross in Windygates. In his opinion there was definitely a demand for pharmaceutical services.

### **09/19 APPLICANT SUMMING UP**

- 09/19.1 It is absolutely clear residents of Windygates face major barriers in accessing pharmacy services thus making the existing services inadequate.

Evidence for this inadequacy is demonstrated in the CAR.

A new pharmacy would go a long way to solving this inadequacy and is both necessary and desirable for this neighbourhood.

## **10/19 NOTIFICATION OF OUTCOME**

- 10/19.1 The Chair asked all those present whether or not they felt they had had a fair hearing. They all confirmed that they had.
- 10/19.2 The Chair thanked the Applicant and the interested parties for their attendance and before asking them to leave advised them that the decision would be notified to them in accordance with the timescales laid down in Schedule 3 of the Regulations. Those present were given the option to wait to hear the decision.

## **APPLICANT, INTERESTED PARTIES, CLO REPRESENTATIVE AND PRIMARY CARE MANAGER WITHDREW FROM THE MEETING.**

## **11/19 COMMITTEE DISCUSSION**

- 11/19.1 The PPC were required and did take into account all relevant factors concerning the issue of:-
- a) Neighbourhood
  - b) Adequacy of existing Pharmaceutical Services in the neighbourhood and, in particular, whether the provision of Pharmaceutical Services at the premises named in the application were necessary or desirable in order to secure adequate provision of Pharmaceutical Services in the neighbourhood in which the premises were located.

### **11/19.2 Neighbourhood**

Having considered the evidence presented to it by the Applicant, the interested parties, the Consultation Analysis Report, NHS Fife's Pharmaceutical Services Report and the PPC's observations from the site visit, the PPC had to decide firstly the question of the neighbourhood in which the premises to which the application related were located.

The committee noted the neighbourhood as defined by the Applicant. The Committee also took into account the views expressed by the interested parties.

When seeking to define the neighbourhood the committee took into account a number of factors:-

- Although there was a school and a church there was no bank or supermarket for a weekly shop or pharmaceutical services within the neighbourhood, therefore residents would have to travel outwith the village to access these services.
- The Topography from Windygates to Kennoway, where the nearest pharmacy is situated, is hilly. For those on foot the road to Kennoway proved to be a challenge due to the hilly nature of the walk. Especially for the elderly, disabled and families with pushchairs.

While having accepted the observations by Mr Johnston of the proposed neighbourhood, the Committee agreed the neighbourhood was that as defined by the Applicant and not as described by Mr Johnston as his view of the neighbourhood was more rural and non-residential.

North: Markinch Burn

East: Kennoway Burn travelling down the A915 to where it meets River Leven

South: The River Leven

West: River Leven at its nearest point to Milton Road travelling North in a straight line to where it meets Markinch Burn

### 11/19.3 **Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability**

Having reached a conclusion as to the defined neighbourhood, the Committee was then required to consider the adequacy of Pharmaceutical Services within or to that neighbourhood and, if the Committee deemed them inadequate, whether the granting of the application was necessary or desirable in order to secure adequate provision of Pharmaceutical Services in the defined neighbourhood.

In order to assist the Committee in reaching their decision, they took into account the following:-

#### **Consultation Analysis Report**

The Committee noted from the CAR:

- 141 people had responded to the questionnaire, 119 individuals, 3 from Groups/Organisations and 19 unknown.
- There is a high level of support for a new community pharmacy from those who responded.
- There are non existing services based within the neighbourhood, therefore residents currently have to travel outwith to access pharmaceutical services which requires access to transport.
- A new pharmacy would be beneficial for those who rely on public transport as the service within the neighbourhood is limited and can be costly.
- The elderly population would benefit from a local, easily accessible pharmacy.
- There is an expectation that a new pharmacy will ease pressure on waiting times at GP Practices and other pharmacies in the area.
- The proposed location of the pharmacy was considered to be ideal as it was central, however the lack of parking facilities at the location was highlighted.
- The majority of respondents were in favour of the proposed opening hours.

#### **NHS Fife's Pharmaceutical Care Services Report**

Although the Health Board Report had failed to identify any gaps in pharmaceutical services within the neighbourhood identified by the applicant, the Committee recognised that the topography for residents in Windygates to access pharmaceutical services at the nearest pharmacy in Kennoway is of great significance.

#### **Evidence presented at the Hearing by the Applicant and Interested Parties :**

The Committee went on to discuss the Collection and Delivery Service into the neighbourhood and agreed that it was not a full pharmaceutical service being offered by Lloyds in Kennoway or from the surrounding pharmacies.

They noted that single car ownership in the neighbourhood was 83% and that households with access to two cars was 41%. It was also noted that there were only thirteen buses within a nine hour period, but the consensus of the responses to the CAR was that it was a limited service and could be costly.

The Committee were of the view that there was not a high demand for a Collection and Delivery Service and that a Pharmacy First Service could not be delivered through the Collection and Delivery Service as it required face to face contact with a Pharmacist.

The Committee were surprised at the lack of knowledge of the Interested Parties on how many prescriptions were handed into their pharmacies, although they felt that the local pharmacists may know the answer to that question.

The PPC noted that if the methadone/substance misuse service was delivered in the same area as the consultation room the pharmacists would have to time the visits so this may prove difficult.

The PPC considered the APC's concerns around the proposed pharmacy and that it may not meet the GPhC's standards.

### **The Viability**

Due to the lack of demand for a collection & delivery service provided to the neighbourhood from pharmacies in the surrounding area, the Committee were of the view that a new pharmacy contract would have no significant effect on existing pharmaceutical services.

As a result the Committee accepted that the applicant's justification for viability and long-term sustainability was sufficient.

### **Adequacy**

The Committee had not seen any evidence from the interested parties that the service they provide is adequate other than the limited delivery service.

From the responses highlighted in the CAR it was considered that the existing pharmaceutical services provided by the pharmacy in Kennoway were inadequate due to the poor service, the failure to occasionally full-fill prescriptions and the unavailability of a permanent pharmacist.

This discussion led to the Committee having conflicting views. One member's view was that the current service was adequate but at the same time was fiercely critical of the service currently provided.

The remaining members highlighted that they had not been provided with sufficient evidence either through the documentation provided to them by the interested parties, or during their oral presentations that convinced them that the current service was adequate.

### **Necessity/Desirability**

For the reasons set out above it was the view of the Committee that the provision of Pharmaceutical Services to the neighbourhood was currently inadequate and for the reasons discussed the provision of a pharmacy was not necessary in order to secure adequate Pharmaceutical Services but was desirable.

**IN ACCORDANCE WITH THE STATUTORY PROCEDURE THE PHARMACIST CONTRACTOR MEMBERS OF THE COMMITTEE AND THE NOTE TAKERS WERE EXCLUDED FROM THE DECISION PROCESS**

## **12/19 COMMITTEE VOTE AND DECISION**

In accordance with the Legal Test, the Committee considered whether existing provision of Pharmaceutical Services in the neighbourhood was adequate. If it decides that such a



provision is adequate, that is the end of the matter and the application must fail.

In considering the application the Committee took account of all relevant factors concerning neighbourhood and adequacy of existing Pharmaceutical Services in the neighbourhood in which the premises were located, in terms of regulation 5(10).

It also took account of all information available to it which was relevant to the application.

The Committee were of a split view therefore the Chair had the casting vote and the application was granted.

**13/19**

#### **ATTENDEES RETURN TO MEETING FOR DECISION**

The Pharmacist Contractor Members of the Committee, Primary Care Manager and the Note Takers returned to the meeting for the Decision.

Meeting Closed.